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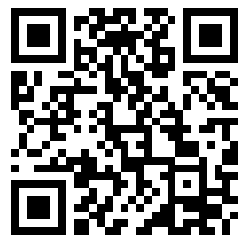
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## Original Communications.

### DISEASES OF THE HEART IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.;  
Physician to the Samaritan Hospital for Women and Children.

(Continued from page 519 last vol.)

**Diagnosis and Prognosis.**—The diagnosis is easy enough if the case is well marked, and the effusion is serous and moderate in quantity. In such cases as these the patient may make a complete recovery, and be none the worse for the seizure. If the effusion is thick and fibrinous, as we have seen, it may cause roughening, or adhesion of the surfaces. Delirium is an important diagnostic symptom, and when it occurs early in the disease it may lead to the impression that the brain is the seat of mischief. When delirium supervenes in the course of rheumatic fever, it would be a culpable error not to investigate the condition of the heart at every visit—exposing the patient, however, as little as possible. Orthopnoea is also an important diagnostic sign. The disease is very fatal in weak and strumous children.

**Morbid Anatomy.**—There is effusion of serum, sometimes of a transparent lemon colour, or of a reddish tinge, or there is pus in the pericardium with coagulable lymph, and adhesion between the two membranes. The two surfaces when torn asunder at this stage present a honeycombed, or tripe-like appearance. The white spots so commonly found on the surface of the heart after death have been shown by Sir James Paget to arise from previous inflammation.

**Causes.**—As in the idiopathic affection, acute pericarditis is extremely rare, yet it does now and then occur, and may escape detection in the absence of pain about the heart; as an accompaniment of acute rheumatism it is very common. "In 5 cases of pericarditis, in 2 of acute, and in 4 of chronic endocarditis, and in 2 more in which both the pericardium and the endocardium were involved, making a total of 13 out of 39 cases, or exactly 1 in 3, rheumatism was certainly known, or alleged on good

grounds to have been the starting point of the mischief." (a) "Of pericarditis not in alliance with rheumatism, Crovisart gives five cases, and it was complicated with inflammation of other parts in all of them except one, and in this it was caused by a severe blow upon the region of the heart." (b) It may arise from the extension of pleurisy or pneumonia, or be associated with renal disease, chorea, measles, or scarlatina. (c) Andral has met with it as a complication of small-pox, and in the last stages of tubercular disease of the lungs with vomicae, and with chronic asthma and bronchial congestion. A case in which the pericardium was greatly inflamed, and contained an abundance of turbid yellow serum and lymph, is recorded by Dr. Dyce Duckworth. The child was only eight months old, and the disease appeared to follow on enlargement of the bronchial and mesenteric glands. After death, no tubercle was found in the pericardium or brain, but it was general in the pleurae, lungs, liver, and spleen. (d)

**Treatment.**—The objects to be aimed at are to reduce the inflammation, and to favour the absorption of the effused fluid. Leeches may be applied to the cardiac region in strong subjects, and there can be no question of their service where the pain is very acute, and the pulse is frequent and hard, but venesection is never necessary

(a) West "On the Diseases of Infancy and Childhood," 1859 p. 481.

"In 2 cases of pericarditis, in 3 of acute, and 1 of chronic endocarditis, or in 6 out of 39 instances, the disease of the heart was traced to an attack of scarlet fever. The cardiac symptoms did not manifest themselves in the acute stage of the affection, but during the process of desquamation. They were accompanied by fever and anasarca, which, however, did not exceed mere puffiness of the face and extremities, until, in the two instances of pericarditis, both of which ran a chronic course, dropsy came on as the consequence of the heart disease."—*Ibid.*

(b) Dr. P. M. Latham, "On Diseases of the Heart," New Syd. Society, 1876, vol. i., p. 219.

(c) "Pericarditis is not frequent in cases of acute Bright's disease from scarlet fever in the young, since it only occurred in 1 in 14, or 7 per cent. of the patients under 16 years of age."—Sibson, "On Pericarditis, Reynold's System of Medicine," vol. iv., p. 408.

(d) "Path. Transactions," 1875, vol. xxvi., p. 246.

in children, however robust they may be, because reduction of the strength has to be feared, especially as the complaint frequently follows rheumatism, when the constitution, already low, will not bear further depression, and the blood, in many instances, is poor and aqueous. A strong mustard poultice is about the best application; its action is quick, it can be obtained at a moment's notice, and when the child complains of the smarting it may occasion it can be removed at once. In two cases of acute pericarditis accompanying rheumatic fever in children, aged respectively eleven and thirteen years, I found these poultices act most beneficially, quickly relieving the præcordial distress and uneasiness, and I believe controlling the effusion. The chest should be covered with cotton wool immediately the poultice is removed.

The next remedy of service is counter-irritation. I should not hesitate to employ a blister whilst the skin is reddened from the rubefacient effects of the mustard; indeed, I think this is the time to apply it. The surface should be painted over with strong blistering fluid, and the chest protected afterwards with cotton wool. I have never known it do any harm, but the late Dr. Sibson was opposed to blistering, on the ground that it inflicted local injury, tainted the blood by increasing its fibrin, and prolonged the inflammation. He strongly advocated "the application of chloroform over the seat of suffering, combined with belladonna liniment, sprinkled on cotton wool, and covered with oiled silk."—(Op. cit., p. 433.) After the action of the blister, an ointment composed of equal parts of savin and mercurial ointment should be spread on lint, and applied to the præcordial region. Another excellent application, after the blister has risen, is a combination of mercurial ointment and powdered opium (ʒj. ad ʒj.) recommended many years ago by Dr. Beale.

Hot fomentations are unsatisfactory, because they necessitate exposure of the patient's chest during their employment, and it is doubtful whether they can be borne hot enough to be of any benefit. Then there is the danger of getting a cold or chill, which ought to be guarded against, and so likely is this to happen that, if the case goes on satisfactorily, it is a great mistake to institute frequent stethoscopic examinations of the chest.

Mercury may be given as an aperient, but not with the view of fulfilling any special indications, and in rheumatic cases it requires great caution. If inflammatory fever runs high, and there is thirst, elevation of temperature, and scanty turbid urine, then a general antiphlogistic treatment may be carried out, and aperients, diuretics, nitrate, and bicarbonate of potash will be required. Even aconite is sometimes useful if the skin lacks moisture, and quinine may be given advantageously in small doses, if the temperature is disposed to run high, and there are indications of exhaustion.

Opium should be employed if there is much pain, as the continuance of it further reduces the strength of the patient, it diminishes the cardiac contractions, and controls the hurried circulation; but if the heart gets feeble, the respiration hurried, and the countenance at all livid, then stimulants, in the form of wine or brandy, ammonia, and ether, will be required.

*Chronic pericarditis* is usually a sequel of an acute attack of rheumatic fever, and is not frequent in children. The chief symptoms are pain in the region of the heart, and inability to lie on the left side, or with the shoulders low. The changes produced in the pericardium where the acute attack has not ended in resolution, are thickening or adhesion of the pericardial surface, and effusion of lymph or pus. In consequence of this change the action of the heart is embarrassed, and the muscular structure of its walls becomes hypertrophied. When adhesion takes place, the action of the heart is rolling or tumbling, and it can be observed over a large space: the apex is seen beating in the epigastrium, which is retracted. With these changes the face is often dusky and anxious, and if with the acute pericardial attack the endocardium

has been also involved, we may have evidences of valvular disease.

The *treatment* consists in meeting the symptoms that arise, by blisters to the chest, active saline aperients to relieve the oppressed circulation, and anti-rheumatic remedies, as iron, quinine, and iodide of potassium.

Pericardial effusion may be the result of acute or chronic pericarditis. The physical signs are a gradual increase in the transverse dulness just below the base of the heart, and displacement of the lungs. The dulness may extend across the thorax from the right nipple to the line of the left axilla, and as high up as the top of sternum. "And in all pericardial effusions, whether great or small, it is the upward extension of dulness which affords the means of diagnosis from enlargement of the heart.

The amount of effusion by separating the heart from the chest wall causes its impulse to be weak, and bulging of the præcordia may ensue. The liver, spleen, and diaphragm are depressed. Adherent pericardium leads to dilatation and hypertrophy of the heart.

The symptoms in the case of a lad, æt. 13, who came under my notice in 1864, were as follows:—The patient was suffering from rheumatic fever. On the fifth day of the attack, acute pericarditis came on, and four days later there were all the symptoms of extensive pericardial effusion. The patient had to be propped up in bed from the severity of the dyspnoea, and he could not lie down for a moment without threatening suffocation. The pulse, throughout small, became fluttering, and for some hours imperceptible at the wrist; the skin was bathed in sweat, low muttering delirium was frequent, and the patient's life was despaired of. The dulness extended nearly across the sternum from one nipple to the other, and as high as the second rib. The heart's action could not be detected, but there was no palpable prominence of the præcordial region. The patient recovered without any after bad effects, either local or constitutional.

The *treatment* consists in giving aperients and diuretics. Blisters and counter-irritants should be applied to the chest. When there is no chance of the effusion becoming absorbed, an aspirator should be passed through the fifth intercostal space, and some of the fluid drawn off. (a)

An interesting case of pericardial effusion is recorded by Dr. Barlow, in a boy six years of age. "Twice the pericardium was tapped by the aspirator, and twice the abdomen, with marked effect, and without any bad effects from the operation. The child was feverish throughout, and neither the fever nor the considerable ascites could be satisfactorily explained during life, but after death these were found to be due to tubercular peritonitis. (b)

The purely passive form of effusion from obstruction to the circulation presents the same symptoms, and the treatment is also similar.

#### ALCOHOL AS AN ANTISPASMODIC. (c)

By BENJAMIN WARD RICHARDSON, M.D., F.R.S.,  
President of the Medical Temperance Association.

In my essay on Intermittent Pulse, written twelve years ago, I expressed, on the subject of treatment, that alcohol was the sheet-anchor of treatment in extreme cases, and I gave a formula for its administration which has been very often used. Since I have taken up the advocacy of the principle of total abstinence from all alcoholic drinks I have been challenged in respect to the above-named passage as if there was something in it entirely contradictory to my present views.

Such contradictory method does not, however, lie for a

(a) Gee on "Auscultation and Percussion." 1870. P. 248.

(b) "On a Case of Pericardial Effusion, in which Paracentesis was Performed."—*Practitioner*, 1873, vol. xi., p. 265.

(c) Essay read at the First Meeting of the Session 1880-81 of the Medical Temperance Association.

moment at my door. No man can lead an active out-spoken life and at the same time a life of continued learning (in which the student's is always the first part), without finding that something he has said requires correction, or it may be retraction. Conscious of this fact I have ever aimed respectfully to follow the best examples of men who, under a like experience, have been obliged to take action on themselves, and at once to correct or to retract altogether whatever in my own mind and clear judgment I have seen occasion to recall.

In the present instance there is no necessity either for correction or for retraction. Between the general use of alcohol as a supposed food or luxury, and its use as a medicinal agent, there is the broadest distinction, a distinction as broad as that which exists between opium as a food to the opium eater and opium as a medicine for the sick, I have never given up the medicinal use of alcohol. On the contrary, it has been my steadfast duty to learn, with all possible accuracy, the therapeutical value which alcohol really possesses; to compare it, in respect to its action, with other medicinal agents with which it is therapeutically allied, and to make sure when to administer it and how to administer it with prospect of good and certain success.

In this sense I have specially devoted my attention to the study of alcohol as an antispasmodic. If alcohol have any particular medicinal virtue it must be in this direction of action,—I mean as an antispasmodic,—that it is most useful. All our physiological observation upon the effects of alcohol point in that direction. Alcohol relaxes. It relaxes the arterial vessels to their extreme subdivisions: it relaxes muscles until they fail to respond to their nervous stimulus. "Helplessly drunk" is the common phrase employed to designate the man or woman who is paralysed by alcohol.

Alcohol relaxes the organic muscular fibre so completely that the relaxation induced by it extends even after death. In performing one of my experiments for what I called in my communication to the Royal Society on resuscitation in 1865, *artificial circulation*, I found that when a rabbit was suddenly killed in the usual way by a blow on the back of the neck, such was the resistance due to the shock exerted on the blood-vessels it was easier instantly after death to rupture the aorta by the pressure of an injected fluid than to inject fluid over the arteries into the veins. I found also that the diffusion of some agents over the body immediately before or immediately after death intensified this resistance while others reduced it. Chloroform and all its allies of the chlorine group intensified it. The alcohols, methylic and ethylic, and their respective ethers, together with methylal, amyl nitrite, and some other analogous bodies, so reduced it, that the injection through the minute circulation was most easily effected.

Comparing these facts I was led almost immediately after my first experiments with amyl nitrite in 1860-2, to put alcohol and the nitrite in the same position as relaxing chemical agents on organic and voluntary muscular fibre. Thus, therapeutically, alcohol came under the old head of an antispasmodic, and it is as such that I have since more carefully studied its clinical value.

In making this explanation I do not wish to assume that alcohol is of no other medicinal use than as an antispasmodic. It is an antiseptic. It reduces the animal temperature, and in that respect may be considered a febrifuge. It coagulates blood and albuminous fluids, and in that sense may be called a styptic. Its values in all these directions are different and, perhaps in all, comparatively little when tested by the side of other agents; but I leave these considerations to keep to the great one,—its service as an antispasmodic.

In this regard ethylic alcohol holds a place peculiar to itself. It acts very much more slowly than amyl nitrite, ethylic ether, or methylic alcohol. For that same reason the relaxing action is much longer held on. Thus, in sharp spasms, such as that of angina, colic, tetanus, asthma, the action of amyl nitrite is quick, determinate, and at the same time evanescent, while the action of alcohol is too

slow to effect relief in any such space of time as would prove to be useful during emergency. What is more, the quantity of alcohol that is required to produce a relaxing effect in such cases is so great that other evils are apt to arise from the complication.

It is scarcely correct, therefore, to say that alcohol is a good antispasmodic in cases of acute, tonic, or tetanic spasm. But in such cases it becomes a convenient and compatible vehicle for the more active direct antispasmodics, and as such I frequently prescribe it. Thus, in pure spasmodic asthma, I commonly order for an adult the following mixture:—

Amyl nitrite, m. iij. ;  
Alcohol, sp. gr., '830  $\bar{3}$  ss. ;  
Distilled water,  $\bar{3}$ i. ss.

To make a draught.

This, with more water added to it, to render the dose agreeable to the taste, is very rapid in its action. I have at the present time a patient suffering from spasmodic asthma, who for two years past has always carried this compound with him. He has invariably some preliminary indications of an acute attack in the form of constriction across the chest, rapid and strong action of the heart, and coldness of the hands and feet. Before he took the remedy above named he found more relief from a sharp walk, or even a run, than from any other course of treatment, and he sometimes could stave off an attack by this plan. Now he at once takes his draught in cold water—ice-water if he can get it—drinking it slowly, and he so certainly obtains the desired relief, that for fifteen months he has not had one continued attack. In this instance the alcohol keeps up the action of the nitrite, and this mode of administration contrasts well with the mode of administration I originally suggested, by inhalation. He first was treated by inhalation of the nitrite, and so obtained relief, but it was a temporary relief only and not comparable in result to the present method. In this instances the sufferer is a total abstainer from alcoholic beverages, for which reason so small a dose of alcohol as half a fluid ounce suffices, often without repetition, to keep up the relaxation. He is, however, instructed to repeat the dose every half-hour for three times, if relief should not follow at once. A few times he has been obliged to take a second portion.

I have followed the same mode of using alcohol with the amyl as antispasmodic in cases of angina pectoris, but I cannot say with the same good result. Paroxysms of angina in those who are subject to them are so terrible that they keep the sufferer ever on the point of expectation and dread that they are about to occur. The result is that patients constantly have resort to the alcoholic remedy, a practice which in truth leads to two bad results. In the first place, a craving for alcohol is soon created. In the second place, that craving once established itself keeps up a condition of alcoholism which is most depressing; which promotes trepidation and anxiety, and which prompts the seizure. Further than this the alcohol, if long continued, keeps up a form of acid dyspepsia, during which the urine becomes charged with uric acid, the secretions of the skin are made very acid, and the whole body is thrown into a state of rheumatic or rheumatoid disorder. Lastly, the effect of the alcohol as a continued antispasmodic is soon lost, unless the dose be steadily increased, when the action of the amyl is, from the dilution, itself also reduced in efficacy.

Except, therefore, in rare instances, I have given up the employment of alcohol as a menstruum for amyl nitrite in angina, and have returned to the plan of administration by inhalation—a plan that usually leads to instant relief, does not cause dyspeptic disturbance, and does not lose signally in its effect, even after several months,—I had almost said years,—of employment. I have, in fact, a case of angina in which, after two years and eleven months, the nitrite has, on every occasion, at once subdued the spasm.

Let me, in parenthesis, dwell for a moment on the

question of loss of effect from medicinal substances. This, as I think, turns greatly on the solubility of the substance in the blood, and the fluids of the tissues. If the substance be very soluble, so that great portions may be taken before there is saturation, the effect first produced is soon liable to be lessened unless the quantities be increased, whereupon there is, in time, set up by it a series of systemic changes which are physiologically different from those which, in the first instance, were simply useful. If, on the other hand, the substance is practically insoluble in the blood and fluids of the tissues, the secondary effects due to increasing absorption are avoided, and the agent continues to exert its primary influence from much the same dose for a long, and practically an unlimited period. Alcohol and amyl nitrite are examples of this rule. Alcohol, easily absorbed and diffused, requires an increasing dose, leading to new and unnecessary phenomena. Amyl nitrite, comparatively insoluble, repeats its action again in the same manner, and with good effect. Anhydrous ether, another antispasmodic, resembles amyl nitrite in this respect, but, being more soluble, not so completely. Ether may, however, be repeated an immense number of times without losing its effect, and without exciting systemic changes or structural devastations.

The diffusibility of alcohol in the blood and through the body renders it, therefore, a bad antispasmodic where it is often required. But this very fact of diffusibility makes it as useful in other cases, when an equable diffusion through the body is the best line of practice to be pursued. In illustration I may mention examples of shock or stun, mental or physical, as cases in point. During shock, as from a blow or from fright, the pallor of the face indicates the resistance that has occurred in the terminals of the circulation, while the heart, sharing, through its vessels, in the same catastrophe, is unable to meet the strain to which it is subjected. Here alcohol acts perfectly as a restorative, when it can be administered and absorbed. Diffused through every part, it causes a relaxation, under which the heart is relieved, the circulation is set free, and the animation is restored. In short, just because a man intoxicated from alcohol bears shocks which might be fatal to a sober man, so a man under shock is relieved by alcohol. In the first instance the body was in a condition under which the organic motor fibre is enfeebled by the alcohol, and rendered irresponsive to the concussion; in the second instance the contracted organic fibre is relaxed by the alcohol.

It is no paradox to say that in this particular mode of action, in cases of stun, alcohol resembles blood-letting. The old practitioners drew blood from persons who were stunned by physical or mental shock, and if they succeeded in getting a current of blood they were accustomed to witness a quick reanimation. I have seen this phenomenon myself in the early part of my career. What occurs from this process is relief to the right side of the heart, with removal of pressure and of resistance to the heart-stroke, so that the heart is enabled to rekindle motion. The relaxing influence of alcohol is of the same character of relief.

For a similar reason alcohol is a good agent to administer just before the administration of those anæsthetics which produce contraction of arterial fibre and convulsive spasm. This action belongs to all the members of the chlorine anæsthetic family, to chloroform singularly, and is no doubt, as I have pointed out over and over again, the chief cause of danger from them. To give a dose of alcohol therefore, a dose sufficient to produce a demonstrable physiological effect, before administering chloroform, is sound physiological practice; and I attribute much of the success which attended the administration of chloroform in my hands to this detail. I noticed so often that a full dose of alcohol lessened the duration and intensity of the second or convulsive stage of chloroform, that I invariably gave a full dose before beginning to apply the inhaler. In my lectures on *Materia Medica*

to the Royal College of Physicians I made this point a matter for direct demonstration. I showed the action of chloroform alone, of ether alone, and of chloroform after a subcutaneous injection of alcohol, on the hearts of three guinea-pigs that had been let sleep to death in the vapours. In the animal that had died under chloroform alone the heart was dead and the lungs pale: in the animal treated with ether alone the heart was beating briskly on the two sides, and the lungs were filled with blood. In the animal that had been treated first with alcohol and then with chloroform the heart was beating regularly on both sides, and the lungs were filled with blood.

Again, I showed an analogous experiment in my experimental lectures on Artificial Respiration. I showed two rabbits that had been made to cease to breathe in chloroform vapour, but one of which had previously been injected with alcohol. I started the process of artificial respiration in the two at the same time, as they came out of the narcotising chamber; and demonstrated that while the one that had been charged with alcohol was restored with the utmost readiness, the other was hopelessly beyond restoration.

The antispasmodic action of alcohol is here shown at its best, and I should still, were I about to take or to administer chloroform, prescribe a preliminary dose of alcohol. For ether and nitrous oxide such a precaution would not be necessary; for methylal it would not be necessary. Those agents themselves play the same part as alcohol; they relax the arterial fibre.

(To be continued.)

#### ACUTE LARYNGITIS DURING THE CONVALESCENCE OF SMALL-POX. (a)

By KENDAL M. St. J. FRANKS, F.R.C.S.I.

Surgeon to the Adelaide Medical and Surgical Hospitals, Dublin.

LARYNGEAL complications in small-pox are not at all uncommon, the frequency with which they occur varying with the type of the epidemic. In the epidemic in Dublin in 1871, laryngitis was found in a large number of cases, and to it a great number of the fatal results were due. In the epidemic which lately visited this city, Dr. Harvey, one of the physicians of the Cork Street Fever Hospital, informs me that it occurred frequently, and was almost the rule in the confluent cases. It does not appear, however, to have been particularly severe, the fatal cases being generally complicated with some pulmonary mischief, especially with pleurisy. In every epidemic one thing is certain, that the severity of this complication, as well as the particular kind of laryngitis, depend on the period at which the complication occurs, and that the earlier it appears the milder is its course. It seems to be of three forms: firstly, a pustular form appearing about the sixth day of the disease, or a few days subsequently. In it the larynx shows signs of inflammation—not very severe—and on the mucous membrane more or less distinct pustules may be seen; sometimes confluent, sometimes discrete. It is probably an extension from the mouth and pharynx. This pustular laryngitis may come on in cases of small-pox, even when it otherwise runs a normal course, and in a few cases may prove rapidly fatal. Trousseau mentions the cases of three small-pox patients, who, on the eighth day of the disease, were suddenly seized with a fit of suffocation, which carried them off in a few seconds before there was time for any one to come to their assistance. In one of them an autopsy showed indications of inflammation of the larynx and variolous pustules below the glottis. This form, however, in the majority of cases, causes little or no inconvenience.

(a) Read before the Surgical Society of Ireland. Discussion will be found on page 10.

The second form is an acute laryngitis coming on between the ninth and twelfth days of the disease, about the period when the swelling of the face has reached its maximum. It is a complication of confluent small-pox, and is often preceded by a confluent eruption on the mucous membrane of the throat and larynx. It is characterised by extensive inflammatory exudation into the sub-mucous tissue of the larynx, causing the parts to look thickened, tumefied, and red, sometimes completely blocking up the opening. The symptoms of suffocation may be so rapidly developed that a fatal issue may ensue before relief can be obtained, or on the other hand, the laryngitis may pass into a subacute form, and be so insidious that urgent symptoms may not be developed for a considerable period. It is illustrated by the case which I bring before you to-night.

The third form is the most alarming, and was first described by Dr. Rühle, who made fifty-four post-mortems in one epidemic. He considers "the essential peculiarity of the laryngeal affection to be of a croupous or diphtheritic inflammation. Dr. Morell Mackenzie has known permanent paralysis to have followed two cases of small-pox in which the larynx was affected. In these cases, usually beginning about the tenth day of the variola, we find acute inflammation of the larynx, with infiltration of the ventricular bands and aryteno-epiglottidean folds; such that in a short time the whole opening in the larynx may be closed up, the mucous surfaces being covered with false membrane. This condition is exceedingly dangerous, and treatment is so often of no avail that Dr. Mackenzie (a) says it is almost useless. Dr. Harvey tells me that in the Cork Street Fever Hospital during the past few years, he has often known the pharynx and tonsils to be covered with diphtheritic membrane, but he had no opportunity of examining the larynx. He looked upon it as diphtheria complicating small-pox, and treated it as such, most of the cases doing well.

The case which I am about to bring before the notice of the Society forcibly illustrates the second form. I have alluded to, and is interesting as illustrating the slowness with which the laryngitis developed and threatened to destroy life, as well as from the subsequent progress and results of the case.

Mary M., *æt.* 37, married, and the mother of a large family, was admitted to the Throat Hospital on the 12th of February, 1879. Eleven weeks previously she had been admitted to Cork Street Fever Hospital with confluent small-pox. Laryngeal troubles appeared during the fever, but were not severe. As far as I could find out, they dated from the eleventh or twelfth day. When she recovered sufficiently from the variola she was moved into the convalescent ward, about seven weeks after her admission. She remained in this ward for about four weeks more, during which time, the laryngeal symptoms becoming gradually worse, leeches were applied over the thyroid cartilage, and she was ordered to keep the throat poulticed. On Saturday, February 8th, she left the hospital contrary to the advice of the medical officers. On the 10th she applied at the general dispensary of the Adelaide Hospital, where she was examined by Dr. Walter Smith. At his request I saw her at the same time. We found enormous œdema over the arytenoids, with great inflammatory swelling of the ventricular bands. There was only a very small chink for breathing. We told her that she should at once get into hospital as an operation might be required at any time, and I gave her an order for admission to the Throat Hospital in York Street. She however did not seek admission till two days later, when the dyspnoea became so urgent she thought she was choking. I saw her on Thursday morning in company with Dr. Pope. She was placed in a warm room, with steam playing about the bed, and poultices kept constantly to the neck. On examining the larynx the condition of the parts was much the same as that previously noted, only now the space through which

she breathed was scarcely larger than a crow-quill. The front of the neck was swollen and tumid; the skin brawny. It was almost impossible to make out the margin of the thyroid cartilage with the fingers. Moreover, she stated that for the last two days she had not been able to swallow, even fluids. She was accordingly fed during the day with nutrient enemata. On visiting her again at 5.30 p.m., she did not seem worse, so we determined to continue poulticing and vapour, and to postpone operative measures till they might become absolutely necessary. At 8.30 I was summoned, as she had had a bad attack of spasm, and had grown livid. Dr. Walter Smith came with me, and with his assistance and that of Dr. Pope I determined to operate at once. Chloroform was administered, but on attempting to keep up its effects with ether, spasm came on. On raising the mask the face was discovered to be quite livid, and breathing to have ceased. We thought life was extinct, as she had become pulseless. However, taking the line of incision from the centre of the chin and top of sternum, I rapidly made an incision, an inch and a-half long, down to the trachea with a Worthington's knife, and then plunging into the trachea I pushed on the director. The hæmorrhage was trifling. Instantly she drew a long breath, and when the spasmodic coughing—incident on opening the trachea—had subsided, she seemed greatly relieved. I found considerable difficulty in trying to pass a Durham's canula along the director, but this difficulty instantly disappeared when I substituted my finger for the director. I stayed with her the whole night, and kept a piece of flannel, wrung out, every ten minutes, in hot water, over the mouth of the tube. Nutrient enemata were given every two hours, with a teaspoonful of brandy in each. At 3 a.m., the pulse was 116, full and good. Respiration 26, and easy. The temperature 101°—the highest point reached. The next day I left her in charge of Mr. William F. Elsner, who paid great attention to the case. In the evening the temperature was 100·8. From this time the temperature gradually fell, and became normal the fourth day after operation. Recovery now proceeded uninterruptedly, save for diarrhoea of a very fetid character, which came on on the 15th, two days after the operation. The diarrhoea was checked with ten minims of laudanum administered in each enema, but the fecor only disappeared after a large enema of gruel had been given.

The dysphagia, from which she had suffered two days previous to admission, continued for the following seven days, during which period she was fed exclusively *per rectum*. On the 18th of February, she was able for the first time to swallow a little nutriment, and on the 22nd the enemata were discontinued, and she was fed entirely by the mouth. The dysphagia was not caused by any obstruction to the passage of the food, but to the violent fits of coughing which every attempt at swallowing induced. On March 6th she complained of pain over the thyroid cartilage, and there was a great deal of induration in this situation. The next day the swelling had increased, and the surface had become red and tense. Two days later fluctuation was distinct. I opened the abscess at once and evacuated a good deal of pus—about two ounces. The next day she declared she felt better than she had done since she came into hospital.

On the 15th of March, one month after operation, an examination of the larynx showed the following state of affairs:—The epiglottis was very pale and uninfamed, there was no œdema of it or infiltration of any kind. The mucous membrane covering the arytenoid cartilages and forming the aryteno-epiglottidean folds was of a dusky red colour, and somewhat infiltrated, though not to so great an extent as before operation. The ventricular bands, or false vocal cords, were densely infiltrated, and of a bright red colour. They met in the middle line, the right one being more swollen than the left. Posteriorly between the bands and the arytenoids there existed a small opening about the size of a crow quill. The vocal

(a) Reynold's System, Vol. 3, p. 455.

cords were completely hidden from view. The voice was quite aphonic; she complained of a good deal of cough, and the expectoration through the tube was very foetid. The tube had to be frequently removed and cleaned, as it got quickly blackened and coated inside with thick tenacious mucus.

The local treatment adopted now was in the first instance—iodoform. This was dissolved, nearly  $\mathfrak{zj}$ . in  $\mathfrak{zj}$ . of ether, and this was applied to the larynx every second day. The moment the solution reached the mucous membrane the ether evaporated, and left a fine film of iodoform all over the parts. Whenever any increase of congestion was noticed, a solution of chloride of zinc, 40 grains to the ounce, was substituted. This treatment was continued to the 2nd of April, by which time the ventricular bands had lost a great deal of their bright red colour, and were beginning to assume much the appearance and form of chronically hypertrophied tonsils. I now determined to try and burn these tumefied bands away, and I began with the terchloride of antimony. This caused some pain, which soon subsided after each application. On May 13th nitrate of silver, fused on to the bulbous end of a silver laryngeal probe, was substituted for the terchloride, and repeated in five days. The antimony was not again resorted to till June 24th, when the lunar caustic was used freely, and repeated on the 26th. Subsequent to this latter cauterisation the voice sounded for the first time. In two days it had become fairly strong, though very hoarse. Large ulcers were seen on the inner surfaces of the tumefied bands. The nitrate of silver was employed with occasional intermissions up to the end of July, when I sent her for a fortnight to the convalescent home. Once only an acute attack followed the free use of the caustic, and as this subsided the voice was found to have gained in strength. During these treatments she was taking cod liver oil persistently.

On her return from the convalescent home the larynx was examined, and a great improvement noted. The lumps had shrunk a good deal, and the opening between them and the posterior laryngeal wall had increased in size, so as to be as large as the tube in the trachea through which she breathed. During the next three months the larynx was brushed out about twice a week, either by myself or by one of my colleagues at the Throat Hospital, Dr. Pope or Dr. Peel. At the end of this time, as little progress had been made, I determined to try the local effect of tincture of iodine. The opening, though a little larger than the tracheal canula, did not allow of the cords being seen, the voice having scarcely gained anything in tone or strength since she had been at Stillorgan. On October 25th, eight months after operation, the first application was made. It caused but a short spasm, and the pain was not severe. It was used two or three times a week. At the end of a month, when she essayed to speak, and closed the canula with her finger, about the posterior third of the vocal cords came into view. On the 10th of January of this year, eleven months after operation, I fitted a cork into the canula, with directions to keep it in all day if possible, but to remove it at night. This she was able to do, and continued doing so till the 14th of February. Though, apparently, the tube might have been removed with safety during this period, I preferred to leave it in its place, firstly because I was still using the iodine, and this could be applied more freely as long as she had the tube to breathe through, and was thus protected against spasm; and secondly, she was *enervate*, and expected her confinement about the middle of February. This expectation was realised on the 16th, just a year after the tracheotomy. All passed off well. While she was confined to bed she kept the tube uncorked, but as soon as she was able to go about she kept the cork *in situ* day and night for a week. As it then broke, she removed it altogether, and presented herself at the Throat Hospital on the 13th of March last. The opening in the larynx looked much larger; the vocal cords could be seen, about half of their length moving freely. The ventricular

bands, though still tumefied anteriorly, had shrunk posteriorly so as to leave a good breathing space. There was no sign of inflammation anywhere, the larynx being, if anything, anæmic.

Accordingly, on the 20th of March, I removed the canula altogether. The external wound soon closed up. This was thirteen months and some days since the operation. Since this date I have frequently seen her, and applied tincture of iodine to the larynx. She has had no sign of a relapse. I have not now seen her for two or three months, but have heard that she is at home with her children, and suffers no inconvenience from her throat.

The case is, I think, interesting, as illustrating (1), a result not often attained in the virulent form of laryngitis following small-pox; (2), the long and tedious treatment often necessary to bring laryngeal cases to a successful issue; and (3), the value of the local use of iodine in tumefactions in the larynx, and the comparative safety with which it can be applied.

## Clinical Records.

### VICTORIA PARK HOSPITAL FOR DISEASES OF THE CHEST.

#### *A Case of Pleurisy with Endocarditis and Pericarditis—Autopsy.*

Under the care of Dr. PEACOCK.

MARY C., *æt.* 26, general servant, was admitted into Victoria Park Hospital on December 6th, with the following history:—

She had been quite strong until two months ago, when she had an attack of pleurisy on the left side, accompanied by a severe sore throat. Since that time she had had a cough with muco-purulent expectoration and streaky hæmoptysis (the blood probably proceeded from the throat); she had also suffered from pain in the back and lower part of the chest, palpitation and night sweats, and had lost flesh. There had been no diarrhœa.

On the 3rd of December she had a shivering fit and a pain over the mid-sternum. There had been occasional swelling of the feet and legs for three weeks. The patient was an only child and knew nothing about either of her parents.

On admission, she weighed 5 st. 13 lbs., height being 4 ft. 10 in. There was much emaciation. The pulse was regular, 140. The temperature in the evening was 102.4, but on the next day it fell to 99 deg., and afterwards remained normal. There was some œdema of the feet and legs, which pitted slightly on pressure. The urine contained about one-fourth albumen, and a very few granular casts were seen under the microscope; it was acid, specific gravity 1010, abundant in quantity, but not passed unusually often.

Physical examination of the chest: Heart's impulse in the fifth interspace and nipple line, somewhat diffuse. The cardiac dulness was of a triangular shape, reaching as high as the third costal cartilage, and a little to the right of the sternum. A loud presystolic murmur was heard at the apex, and a distinct to and fro rubbing sound over the fourth left costal cartilage. Apex of the left lung impaired resonance, breathing harsh; some rhonchi. Left and right axillæ a little sharp crepitation heard on drawing a deep breath; the same signs at the right base. Left base impaired from the angle of the scapula, dull from the ninth rib; vocal vibrations diminished; respiratory murmur not heard, but loud pleural creaking sounds heard on drawing a long breath.

Dec. 10th.—Considerable dyspnoea came on suddenly yesterday evening, and has persisted since with more or less abatement. The presystolic murmur no longer audible, otherwise the physical signs are unchanged. The abnormal sounds at the apex appear to vary considerably in time, being at one time systolic, at another time diastolic.

11th.—Respirations 42 per minute. The patient considerably cyanosed. Pulse very regular at the wrist, both in force and frequency, though the heart's action appears to be regular. Pulse very small, still the same quantity of albumen in the



urine, *i.e.*, one-fourth. Præ-systolic murmur heard at the apex, and variable pericardial friction sounds. Moist and dry sounds over the upper lobes of both lungs; dulness posteriorly at both bases; vocal vibrations absent, breath sounds feeble and distant, occasional sharp crepitation. Patient vomited several times yesterday and this morning.

12th.—Patient died rather suddenly this morning at 2 a.m. She did not appear to lose consciousness at any time. Autopsy made fourteen hours after death by Dr. Armitage, Senior Clinical Assistant. Both pleuræ were found to be one-third full of a yellowish serum. There was slight adhesions at both apices. The lungs contained air everywhere, but were congested and compressed, especially the lower lobes. The pericardium was everywhere adherent to the heart by a layer of recent lymph. The heart was very large, and the left ventricle much hypertrophied. The mitral valve was much thickened and contracted, only allowing the finger to pass through it. Liver large, pale, with a slightly nutmeg appearance, kidneys small, capsule thickened and adherent, and traversed in various directions by whitish bands, which extended into the subjacent tissue. Cortical substance throughout much hypertrophied. Small round pigmented scar on left side of os uteri, inguinal glands enlarged. Diagnosis: Mitral stenosis, granular kidneys, pericarditis, double pleurisy.

Remarks.—The enlarged glands and uterine scar pointed to syphilis, and the scars on the kidney, though they may have been infarcts, would also be accounted for by the supposition of syphilitic perinephritis. This hypothesis might also account for the occurrence of granular kidney in so young a person.

## Translations.

### EXCERPTS FROM CONTINENTAL JOURNALS.

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

#### PRESENCE OF FOREIGN BODIES IN THE AUDITORY CANAL.

At the last meeting of the Surgical Society of Paris M. Despres read a report of a work by Dr. Roustan, Fellow of the University, Montpellier, on "The Presence of Foreign Bodies in the Auditory Canal." The author has frequently had occasion to extract foreign bodies, such as haricot beans, peas, cherry-stones, &c., which children are so prone to drop into the ear. He has found the classic treatment, injections of water, by no means satisfactory though recommended by all writers on this subject. He has, on several occasions been obliged to use instruments, forceps, curettes, &c., to extract the foreign bodies.

M. Despres considers that the observations of M. Roustan, are neither sufficiently numerous nor sufficiently conclusive to induce surgeons to abandon a treatment which has almost invariably been attended with success, and of which the utility has been proved by experience. Injections of warm water, employed at the outset, and shortly after the introduction of the foreign body, seldom fail to eject it, always excepting, however, those cases in which this body is a hygrometric substance, such as a haricot bean. This treatment has proved successful even in cases where the foreign body had been long present in the auditory canal, or when it had been forced far in by the untimely use of instruments. Injections have frequently led to extraction even when all other means had failed.

M. Gillette succeeded in extracting, by injections of water, a pea, which for seven years had lain within the ear of a little boy. Many fruitless attempts had been made to extract it by means of various instruments. Daily injections directed along the upper portion of the auditory canal forced out the pea although it had increased in volume and had sprouted. This child entirely recovered his hearing, the membrana tympani having fortunately remained intact in spite of the long presence of the foreign body.

M. Terrier remarked that it is not always possible to eject a foreign body from the auditory canal by injection, as in some cases this body, either through its size or through the inflammation determined by it in the tissues, completely obliterates the auditory canal. In the latter case it may happen that, when inflammation ceases or suppuration supervenes, it may happen, he repeats, that the foreign body, though it has till then resisted all methods of extraction, yields at once to a new style of treatment. Injections can be successfully employed only in those cases where

there is a certain amount of space between the foreign body and the inner extremity of the meatus externus as the water can thus accumulate behind the foreign body, and consequently force it out.

M. Marjolin has frequently extracted foreign bodies by means of wire bent in the form of a fish-hook. The instruments generally used for this purpose, forceps for dissecting or dressing, are defective, the foreign body slips from between the jaws of the forceps and is thus instead of being extracted driven further in. The classic treatment by injections is too often neglected. It is not, it must be admitted, invariably successful, even when employed from the outset, but it has one great advantage, namely, that it is without danger, whereas serious accidents and even death have resulted from the unskilful use of instruments.

M. Verneuil stated that when a child having a foreign body in the ear is brought to the hospital, before any attempt at extraction has been made, there is rarely any difficulty in removing the foreign body. If, however, such attempts have been made, chloroform should be employed. If the tissues have been irritated, if the membrana tympani has been torn, the application of an instrument, however gently, causes more or less severe pain and provokes movements so violent that the auditory organs are in danger of being seriously injured. Chloroform has this great advantage, that by rendering the patient insensible to pain, it prevents violent motion. M. Verneuil stated that he has seen children brought to the hospital by physicians in attendance on them who were firmly convinced of the presence of a foreign body in the meatus externus, and who, under this conviction, had introduced instruments and made many attempts at extraction, with the effect of lacerating the tissues, tearing the membrana tympani, and even laying bare the petrous bone, adducing as proof of the presence of a foreign body the sound given by the instrument on striking the bone thus uncovered. M. Verneuil succeeded with difficulty in convincing them of their error. Having administered chloroform to the unfortunate child he then demonstrated that the body sought for existed only in imagination, and that the only reality was the injury to the child. According to M. Verneuil the methods of treatment should be employed in the following order:—Firstly injections of water, suitably practised; secondly, if the foreign body resist chloroform to be administered without hesitation, as instruments may then be employed without danger to the patient, as, for instance, a forceps or scoop to seize or draw out the foreign body.

M. Farabeuf remarked that on one occasion he successfully extracted with the forceps a grain of barley from the ear of a child.

M. Despres summed up by declaring that the members of the Surgical Society who have taken part in this debate are unanimous in their opinion as to the superiority and expediency of treatment by injections of warm water to all other methods of treatment for extracting foreign bodies from the auditory canal. They consider that in all such cases, save that of the presence of a haricot bean, an essentially hygrometric body, injections of water should be employed before trying any other method of extraction, and that not to do so constitutes a serious error in surgical practice.

#### TREATMENT OF PARALYSIS OF THE ACCOMMODATING MUSCLE (VERT).

In case of paralysis of the ciliary muscle (accommodating muscle) and of the sphincter of the pupil, the author recommends repeated instillations of a collyrium of neutral sulphate of eserine and fomentations of aromatic spirits. If needed, electricity may be employed, applied locally, as may also subcutaneous injections of strychnine. If these measures fail there is no recourse left but palliative treatment, that is to say the use of convex glasses adapted to the degree of paralysis. Generally, it is only through repeated trials that the defect of refraction can be exactly corrected.

THE Army Medical Officers who have taken part in the recent Afghan war have, we understand, expressed a desire to commemorate the services of the Medical Department in the various expeditions in Afghanistan by some permanent memorial. The *Globe* says it has been decided that this is to take the shape of a piece of plate for the Officers' Mess, Army Medical Department, Aldershot.

## Special.

### INTERNATIONAL MEDICAL CONGRESS, LONDON.

THE following programme has just been decided on officially in the Section for Military Surgery and Medicine, to be held August 2nd to 9th, 1881.—President: Surgeon-General Professor Lengmore. C.B. Vice-Presidents: Sir William Muir, M.D., K.C.B., Director-General Army Medical Department; Surgeon-General Sir Joseph Fayrer, K.C.S.I., M.D., LL.D., F.R.S, India Office; Dr. J. W. Reid, Director-General Medical Department of Navy. Secretaries: Dr. W. H. Lloyd, Fleet Surgeon R.N.; Surgeon-Major Sandford Moore, Aldershot; Surgeon A. B. R. Myers, Coldstream Guards.

*Proposed List of Subjects for Discussion, subject to Revision before 31st December, 1880:—*

1. By what arrangements can the practical difficulties in the way of employing antiseptic surgery (Listerism) in the treatment of wounds inflicted in the field in time of war be most readily overcome? [The discussion to include (a) the system on which the treatment can be most efficiently carried out; and (b) the fittest material means to be employed in it, under the circumstances in which armies are placed while on active service.]

2. To what extent, and in what special directions, has conservative surgery advanced in field practice, as shown by statistical results of the treatment adopted for gunshot wounds during the wars of the last ten years? And what indications have been afforded, if any, by the experience gained during this period for making further advances in the conservative treatment of such injuries?

3. What are the most reliable and, at the same time, practicable means of immobilising the parts involved in gunshot fractures of the spine, pelvis, and femur in field practice?

4. On improvements in field hospital and transport equipment, for use with armies moving in uncivilised or partially civilised countries, suggested by the experience gained during the recent military operations by British troops in South Africa.

5. On the prevalence and prevention of typhoid fever among young soldiers in India.

The president and secretaries will feel obliged by your sending a reply, stating if it is your intention to be present at the Congress, and if you have any suggestion as to subjects for discussion.

All communications regarding Section 14 should be addressed to Surgeon A. B. R. Myers, Coldstream Guards Hospital, Vincent Square, London, S.W.

### INTERNATIONAL EXHIBITION OF HYGIENE.

On Wednesday, Dec. 29th, at a meeting of the Committee of the Parkes Museum of Hygiene, Mr. Geo. Godwin, F.R.S., in the chair, a proposal was made to hold an International Exhibition in 1881. After a long discussion, in which Dr. G. V. Poore, Prof. Corfield, Mr. E. C. Robins, Mr. Rogers Field, Dr. Gowers, and Mr. Mark H. Judge took part, the following resolution was unanimously passed:—

“That Her Majesty’s Commissioners of 1851 having expressed to the Committee of the Parkes Museum of Hygiene their willingness to provide space at South Kensington for an Exhibition of Sanitary Appliances and the Industries connected with Medicine on the occasion of the International Medical Congress in 1881, it is desirable that the Committee should organise such an Exhibition provided that a sufficient guarantee fund be obtained.”

Those desirous of assisting the Committee in the work they have thus entered upon are requested to send their names to the Treasurer of the Museum, Professor Berkeley Hill.

### ST. THOMAS’S HOME.

THE Governors of St. Thomas’s Hospital, acting under authority of the Charity Commissioners, announce that they are prepared to receive into St. Thomas’s Home persons of the upper and middle classes who are able and willing to pay the benefits of medical attendance and nursing therein—benefits which have hitherto been confined to the poor alone. In order to carry this into effect the Governors have appropriated two wards in the Hospital which are distinct from the other or ordinary wards and are situated in one of the end blocks, and are approached by a separate gate and entrance. These two wards have been fitted up and furnished expressly for the purpose of accommodating patients of the classes above mentioned. Each patient will have a separate sleeping compartment, curtained off with thick impervious linen curtains from the others, and each compartment is lighted by a large window, and is approximately and comfortably furnished. There are warm and cold baths, and every requisite of the best description. As the hospital is situate in a large garden facing the River Thames and the Albert Embankment, and is also in close contiguity to Lambeth Palace, the occupants of the home will have the advantage of these open spaces and good air. The patients in the Home will be under the professional charge of a resident officer of superior medical and surgical qualifications, and of him exclusively, for their ordinary treatment, but every patient will have the option of employing, at his or her expense, any legally qualified medical practitioner in consultation with such resident medical officer. The minimum charge for each patient will be 8s. a day, but the Governors reserve to themselves the right to take into consideration the state, position in life, and circumstances of each patient, and the nature of the case, and to require a higher daily charge when necessary.

## Transactions of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, DECEMBER 1, 1880.

Dr. W. S. PLAYFAIR, President, in the Chair.

#### PYGOPAGI TWINS.

THE PRESIDENT exhibited the conjoined twins, Rozalie and Josetta Blazet, born in Bohemia in January, 1878. They belonged to the second of the four classes into which he had divided cases of double monstrosities, viz., “Two nearly separate bodies united back and back by the sacrum and lower part of the spinal column.” There is a broad and firm bony junction at the lower part of the lumbar region, the pelvis being obviously completely fused. There are two labia majora, a common urethral and anal aperture, and a double vaginal orifice, the septum separating the two canals being apparent. Sensation is quite distinct, except where the pelvis are joined. Delivery was very easy, the mother not having been more than a quarter of an hour in labour. The head and shoulders of one twin were born first. The midwife now used strong traction, and thus delivered the feet of both children, the head and shoulders of the second twin passing last. This was the usual mechanism of delivery in such cases. Delivery is probably easier in this class of monstrosity, and hence, although this class is comparatively rare, a large proportion of the living



monsters have been of this type, as for example, the Hungarian twins, Judith and Helen, and the so-called two-headed nightingale, Milly-Christine, exhibited some years ago in this country, and still living.

#### ECZEMA OF THE NIPPLE IN PREGNANCY.

Dr. THOMAS CHAMBERS exhibited a drawing from a case of eczema of the nipple in both breasts in a woman, æt. 21, married six months, and five months advanced in her first pregnancy. The disease commenced when she was two months pregnant. After confinement it began to disappear, and no trace remained after six weeks. In two cases of long standing, apart from pregnancy, under his care, the eczema had been cured by treatment directed to the uterus, uterine symptoms having also existed.

#### FOLLICULAR HYPERTROPHY OF THE CERVIX.

Dr. HERMAN showed a specimen of pedunculated growth from the cervix uteri, removed by the écraseur at the fifth month of pregnancy. No ill-result followed the operation, and the patient went the full term. When she came for treatment she had been suffering from hemorrhoids for three or four months, and for about a week the tumour had been outside the vulva. The tumour measured  $1\frac{1}{2}$  by  $\frac{1}{2}$  by  $\frac{1}{2}$  inch. It consisted of the normal tissues of the cervix, and contained glandular cavities, from the size of a marble downwards, lined with cylindrical ciliated epithelium.

#### Dr. PRIESTLEY ON

#### THE INDUCTION OF ABORTION AS A THERAPEUTIC MEASURE.

The author considered that the indications for the induction of abortion, as distinct from the induction of premature labour, had never been laid down with sufficient precision in this country. It was usual to say that each case must be judged on its merits, and this lack of rules might unfortunately lead to serious abuse. Examples had repeatedly come within his knowledge where abortion had been provoked for reasons which seemed to him quite inadequate. Though the medical man was no doubt acting in entire good faith in these cases, it would have been very difficult to sustain his action in a court of law. For instance, in one case abortion was induced at the fourth or fifth month on account of a bad rupture of the perinæum at the last confinement. In a succeeding pregnancy a sound was introduced with a similar object at the end of a month; this, however, had no effect, and she went to full term, and had an easy and natural labour. In a second instance an attempt was made to induce abortion at the second month because the patient had aborted not long before, and it was feared that pregnancy had recurred too speedily, while a much-desired journey would have to be postponed if miscarriage recurred at the same period as before. Fortunately, the attempt failed, and the patient went to her full term. It was often necessary to remind wives and mothers that even spontaneous abortion is often more damaging to health than natural parturition, more frequently lays the foundation of disease, and, if repeated, abridges the period of youth and comeliness. These risks were necessarily greater if abortion was induced. The reasons which may be adduced as justifying the induction of abortion are the following:—(1) Pelvic deformity so great as to preclude the birth of a viable child. (2) Narrowing of genital canal by tumours, cicatrices, or cancer so as to prevent the passage of a viable child. Great care was here necessary not to over-estimate the amount of obstruction. If a series of cases of Casarian section with fair success should occur, the reasons for inducing abortions in such instances would be undermined. In cases of cancer there was fair ground for this operation, since the woman had but a short time to live in any case. (3) In obstinate vomiting in pregnancy, when all other expedients are fruitless, and a fatal result is anticipated if relief cannot be afforded. (4) In eclampsia abortion should only be induced as a last resort to save life. (5) In irreducible retroversion or retroflexion of the gravid uterus, but only when life is seriously threatened, not merely because the displacement is irreducible. (6) In severe hæmorrhage. (7) In certain other diseases where the complication of pregnancy is undoubtedly endangering life. The responsibility of inducing abortion should never be undertaken without a consultation of two or more medical men, and M. Tarnier had even suggested that a legal declaration should be made to the public prosecutor in every case. He would lay it down that the induction of abortion is only legitimate when the life of the

mother is so imperilled by the continuance of pregnancy that emptying the uterus presents itself as the only alternative to save the mother. In insanity, chorea, and the like, the proper treatment was probably to treat the morbid conditions, and leave the pregnancy to take care of itself.

The PRESIDENT said that it was somewhat curious that this important subject had not previously been brought under the notice of the Society. In one respect we could congratulate ourselves, namely, that, so far as his experience went, the induction of criminal abortion was by no means so prevalent as in other countries.

Dr. BARNES agreed as to the importance of never undertaking the operation without a consultation. Two men would not be likely to conspire in error or crime, and the consultation would be an effective safeguard against censure. He repudiated the proposition of Simpson that it might be right to deny to a woman the privileges of repeated delivery by craniotomy. She was not a free agent. In albuminuria with retinal hæmorrhage he thought that the motive for induction was adequate, and in the vomiting of pregnancy he could not assent to the author's indications for the operation. If we waited for grumous vomiting and the other extreme symptoms we should wait too late. He also emphatically dissented from the author's proposition that in such cases as insanity we should treat the disease and let the pregnancy take care of itself. The disease depended upon the pregnancy.

Dr. HICKINBOTHAM asked what the author's experience was as to the danger of inducing abortion in the early months of pregnancy?

Dr. MURRAY thought that in the case of *early* conception, preceded by secondary, or even tertiary, syphilis in the husband, it might be a question whether early induction of abortion might not prevent the poison being so thoroughly absorbed by the wife.

Dr. GRAILY HEWITT agreed in the main with the principles laid down by the author. He mentioned a case in which it was feared that reason would give way, where it was evident that the condition depended on want of food, and attention to this point caused amelioration of symptoms.

Dr. ROPER had never met with a case either of disease consequent upon pregnancy, or seriously complicated by pregnancy, in which he thought it necessary to induce abortion, and he had never seen a patient die in any such case. He believed that criminal abortion was not uncommon.

Dr. EDIS said that many an obstinate case of vomiting in pregnancy for which abortion was regarded as the only cure might be relieved by attending to the condition of the cervix. In irreducible retroflexion pregnancy might go on to term. In urgent cases of heart disease he thought it might be essential to empty the uterus.

Dr. CLEVELAND said that it was not uncommon for a husband to request the medical attendant to induce abortion on the alleged ground that his wife could never survive such a pregnancy or delivery as the last. He mentioned several such cases in which induction of premature labour had proved sufficient, or the patient had gone to full term.

Dr. MALINS thought that the production of abortion was not in some instances an easy matter, even in skilled hands, nor always without risk to the patient. In some acute cases it even substituted a greater evil. Thus he had seen septic symptoms follow when active kidney mischief was present.

Dr. HAYES thought that Dr. Priestley had done good service in pointing out the legitimacy of the operation in certain cases. He asked his opinion as to the best method. He would himself prefer preliminary dilatation by sea-tangle tents.

Dr. PRIESTLEY, in reply, said that it was no part of his purpose to extend his paper to the methods of inducing abortion. In some cases it was only too easy; in others nothing short of fully dilating the cervix by sponge tents and removing the ovum sufficed. He believed the operation not free from risk even when all due care was exercised. He feared that the necessity for it was more frequent than Dr. Roper and Dr. Edis would seem to indicate, but was glad to enlist these authorities on the conservative side. He thought that there was force in the statement of Dr. Barnes that one might in some cases wait too long for the safety of the patient.

## SURGICAL SOCIETY OF IRELAND.

SESSION 1880-81.

The opening meeting of the Surgical Society of Ireland for the Session 1880-81 was held in the Albert Hall, Royal College of Surgeons on Friday evening, November 26th, Dr. M'CINTOCK, President of the College, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were signed.

## THE PRESIDENT'S ADDRESS.

The PRESIDENT of the College delivered the Inaugural Address, which will be found in our issue of December 8th on page 472.

Mr. KENDAL FRANKS read a communication on

ACUTE LARYNGITIS WHILST CONVALESCING FROM SMALL-POX. which will be found on page 4.

Dr. HENRY KENNEDY thought the meeting should feel very much indebted to Mr. Franks for his interesting case. Some might be inclined to question how far the state of the larynx had any connection with the previous small-pox. But passing that by, laryngitis, as occurring in small-pox, had repeatedly come under his notice; and he had also had frequent opportunities of examining the bodies after death. He himself had never seen anything of the effusion of lymph. The common appearance was a few pustules affecting the rima, and a large amount of œdema of the glottis and of the parts about it. He was able to confirm Mr. Franks's observations as to the frequency of the latency of this state, and, if unprepared for it, it is apt to be overlooked. The general state of the system being so blunted, the disease would go on to a fatal termination with exceedingly limited symptoms. So much had the President lowered medicine he was afraid to say anything in reference to it, but he could say he had seen repeated cases of the disease averted by medical treatment. On the slightest appearance of hoarseness, or loss of voice, or any of those symptoms that usher in the state of the larynx, two or three leeches should be applied. He had sometimes himself applied a single leech with good effect. The existence of spasm should never be overlooked. Independently of the œdema, there was frequent tendency to spasm. The tendency of the disease was to show itself in spasmodic attacks which might prove fatal. With that idea in mind it was very useful to administer anodynes, e.g. 5-gr. doses of Dover's powder. Thus he would like to have something said in favour of medicine.

## THIRTY-THREE VESICAL CALCULI IN THE BLADDER.

Mr. H. G. CROLY exhibited thirty-three perfectly formed calculi removed by him from the bladder of a man, æt. 55, admitted last July into the City of Dublin Hospital under his care, with all the symptoms of stone, from which he had been suffering for about five years. The patient had frequent attacks of retention of urine, and required the use of the catheter. He passed quantities of blood from time to time from the bladder. Having been sounded by Dr. Loverock, of the county of Cavan (a former apprentice of Mr. Croly's), he was sent up for operation. With Sir Henry Thompson's sound, Mr. Croly had not much difficulty in hitting a stone. Seizing a stone in the lithotrite, he hit with it stones in different directions in the bladder. It was a case of multiple calculi, and unsuitable for crushing; so he removed them by the ordinary lateral method. There was not much trouble in getting out the calculi, except the large stone, most of them having been got out by the introduction of the finger and the gorget, while the large stone required a little enlargement of the neck of the bladder. The operation occupied fifteen minutes. All the stones taken together weighed only 4 ounces. The largest weighed 2, and all the rest 2. Of these calculi, the smallest had just as perfect facets as the largest. There were thirty-three distinct stones. Dr. Abraham had made a section of one. The calculi seemed hollowed out in a peculiar way. They were made up, as one would naturally conclude from their appearance, of phosphates; but Dr. Abraham had informed him that there was also a small portion of oxalate of lime in the interior of the stone. The patient was now very fat, and Mr. Croly had hoped to produce his photograph, as being a remarkable man. He would publish the case.

## PORTION OF THE LOWER JAW WITH A LARGE TUMOUR ATTACHED.

Dr. KILGARIFF exhibited a considerable portion of the lower

jaw with a large tumour attached which he had removed in the Mater Misericordiarum Hospital on the previous day from a male patient, æt. about 85. From inquiries, he learned that the tumour had first made its appearance about three years ago. It was then very small, and was situated in the centre of the horizontal ramus of the jaw over the left side. Its growth was very slow, nor did it cause much annoyance to the patient, as not being the site of pain, until about six months ago, when its growth became suddenly energetic, and so continued from that date to the day of his admission into hospital. The large tumour caused hideous deformity of the face, and, owing to its position, it interfered materially with the movements of the lower jaw. On examination, he found that there was a tumour intimately adherent to the bone, extending from the outer incisor tooth on the left side, running across the body of the bone, up along the body of the ramus, and ceasing about the junction of the lower and middle third of the ascending ramus. There were no glands engaged. He removed, for microscopic observation, a small portion of the tumour, and submitted it with that object to his colleague Mr. Coppinger. On examination, it proved to be a hard fibroma. Having consulted with his colleagues, they approved of his removing the tumour with the jaw, which he did. The weight of the tumour, including the attached portion of bone, was precisely 10 ounces.

## CONGENITAL TUMOUR OF THE PHARYNX.

Dr. BARTON, in exhibiting a congenital tumour of the pharynx, said the specimen was something of a pathological curiosity, as the Society would be in a position to judge on his detailing the facts. Margaret M'Clelland, æt. 22, a domestic servant, was brought by her mistress to me on the 19th of July last, complaining of difficulty in swallowing, and a sense of pain and fulness in her ears and head, which she attributed to a growth in her throat, which she stated had much increased lately. Upon opening the mouth widely and depressing the tongue, a tumour was seen occupying the pharynx about the size of the last joint of the thumb of an adult hand; it was white, or skin colour, and contrasted strongly with the red colour of the velum and fauces. Upon introducing my finger, I felt that the tumour was pendulous and narrower above than when it appeared behind the velum; it seemed to hang from the basilar process of the occipital bone, or roof of the pharynx. The girl stated that, as far as she knew, it had always been there, but had not caused her any annoyance until lately, when it began to increase in size. I admitted her to hospital, and next morning proceeded to remove the tumour. The mouth being held well open, I found no difficulty in placing the wire of an écraseur round the base or narrowest part of the tumour; I then seized the lower part of the growth with a vulsellum and gradually tightened the wire, when, however, I was met with a difficulty, the structure of the growth proved so tough and unyielding that the wire broke before it had done more than tightly constrict the pedicle. Withdrawing the écraseur, but leaving the wire tight round the pedicle, I cut off the growth with a blunt-pointed curved scissors, and next day removed the loop of wire. The patient left the hospital in three days afterwards quite relieved of the symptoms she had complained of, and I have since heard that she continues quite well. The appearance presented by this tumour was very remarkable, and quite different from anything I had previously seen. The growth nearly filled the span between the pillars of the fauces, and contrasted strongly both in colour and surface with the velum under which it appeared, and the fauces on either side of it. The sensation given to the finger when passed round it, was that of a soft skin covered tumour, and contrasted markedly in this respect also, with the mucous surface around it. After the amputation of the growth nothing could be seen upon looking into the mouth as the tumour had been cut off above the velum, but the finger, when introduced, could readily distinguish the cut projecting base of the tumour above and on left side, and trace it upwards as far as the posterior nares, but could not make out more particularly its point of origin. The passage of the nose was free. Dr. Barton added that, on a rough immediate microscopic examination of the tumour, the suggestion at once arose that it was of curious and unusual growth, inasmuch as it was distinctly covered with skin and hair bulbs; it was fatty, and where the scissors had nipped it across at its base the appearance of a cartilage was presented. On examining the patient within the last few days, he noticed a little white patch still remaining on the upper and left side of the pharynx, from which the tumour had been removed. What the nature of the patch was he was unable to state, but it

appeared to correspond with the edge of the left Eustachian tube. In medical literature he had not been able to find an analogous growth—namely, a skin-covered fatty tumour growing in the same place. Dr. Abraham had carefully examined it, and would report the result.

Dr. ABRAHAM said he had made a careful examination, microscopically, of the structure, and would report the results.

#### OVARIAN TUMOUR.

Mr. H. G. CROLY exhibited an ovarian tumour which he removed on the 3rd of November last from a patient, *set. 44*, who had been suffering about six months, and was admitted into hospital on the 19th of October. She came under his father's observation, and he had diagnosed the tumour as uni-ocular ovarian, at all events, made up of one cyst. The ordinary operation of ovariectomy was performed, and the patient left the hospital for her residence a fortnight afterwards. The operation was carried out strictly in accordance with antiseptic rules, and there was primary union. Three times only did the house-surgeon dress the case, and he stated that from first to last there was not as much pus as would go on the point of a needle.

#### EXCISED ULNA.

Mr. H. G. CROLY exhibited also the ulna of a patient excised by him on the previous Tuesday. Almost the entire ulna was diseased, but none of the rest of the arm. It was fractured in the centre. He excised the ulna from the wrist to a little below the elbow. Should the case go on well, it would be of great advantage to the patient to have one of the bones of the forearm.

The Society then adjourned.

### SOCIETY OF METROPOLITAN MEDICAL OFFICERS OF HEALTH, DUBLIN.

A MEETING of the above Society was held at the Royal College of Surgeons, Ireland, on Wednesday, Dec. 8, 1880, at 4.30 p.m.

*Present.*—C. A. Cameron, M.D., in the chair, also Drs. Hedley, T. W. Moore, Pollock, Delahoyde, Ryan, Strahan, W. D. White, Jacob, and Purcell, Hon. Sec.

After the reading and signing of the minutes of the previous meeting, and the transaction of some routine business, the subject for discussion, *viz.*—

#### THE PROPOSED LEGISLATION ON THE NOTIFICATION OF INFECTIOUS DISEASES IN DUBLIN

was introduced by Dr. J. W. Moore, who gave a sketch of the proposed legislation respecting compulsory notification of acute infectious diseases. He instanced the examples of Leicester and Edinburgh, in which considerable opposition to the system of notification by the medical attendant was offered by the medical profession in the first instance, while no objection had been made to the working of the Acts since they came into operation. Dr. Moore drew attention to the fact that the Town Council of Edinburgh and Dublin were in favour of compulsory notification by the medical attendant, which he submitted was a sufficient answer to the argument that this system would be an infringement of the confidential relations between the physician and the head of the house. He thought that the dual system of notifying—both by the physician and the person in charge of the patient—was that most likely to succeed in checking the spread of epidemics. He objected to certain of the provisions which were in force in some large British towns, but was confident that in a very short time the public at large would recognise the advantages to the health of the community which would accrue from early intimation of the outbreak of infectious diseases being given to the sanitary authorities. In conclusion, Dr. Moore urged upon the Society the prudence of adopting some scheme which would secure at once the safety of the community and the honour and dignity of the profession of medicine.

Dr. CAMERON considered that there was all but the most perfect unanimity amongst medical men as to the imperative necessity of rendering compulsory the notification of cases of infectious disease to the sanitary authorities. The objections urged by medical men against the duty being imposed upon them appeared to rest chiefly upon the assumption that by doing so they would violate a professional confidence reposed in them. It was urged that there was the same confidential relation between the physician and his patient as those between the priest and his penitent and the solicitor and his client. No

doubt there were occasions when it would be highly improper for a medical man to publish or to communicate to any one in private the diseases with which any of his patients were afflicted; but when a case of small-pox or typhus fever occurred in, say a crowded house, or indeed under any circumstances, it was absurd to regard such an occurrence as an event to be kept under any circumstances as a secret. The patient could not be properly tended if his illness was to be kept a secret. Besides, there was nothing to be gained to the general public by the publication of the sins of penitents or the revelations of clients to their solicitors, whereas, it was of the utmost importance to the public that existence of cases of contagious diseases should be speedily known. If the law made it incumbent on the medical man to report all cases of infectious disease to the authorities, no particular medical man would be a loser thereby, whereas, at present, the poor-law medical officers are frequently not consulted because it is known that they give prompt notice in such cases, though other practitioners do not as a rule do so. Some medical men whose practice lies amongst the middle and upper classes of society, think that the families of their patients would feel offended if the existence of contagious disease in their houses were reported by their medical attendant. This is a fallacious notion. Supposing such a report made, what can the sanitary authority do? They cannot remove the patient from his home because the proper means for curing him are sure to be present. They can only offer assistance in the way of disinfecting bedding, clothing, or rooms. As a matter of fact, the well-to-do people, in whose houses infectious diseases occur, are always anxious to be in communication with the sanitary authorities. So frequent are the applications to me for information as to how to act in such cases that he (Dr. Cameron) prepared a little pamphlet giving the information usually required. On the other hand, when a serious zymotic disease appears in a tenemental dwelling in which, as is often the case, there may be four families upon the one floor, surely the importance of prompt information is obvious. Now, will the poor people in such dwellings give this information? I am certain that in the majority of cases they will not do so at all, or until it is too late to be useful. If compulsory notification of contagious disease is to be usefully carried out it must be by the physicians. Dr. Cameron concluded by reading extracts from a letter from the chief Medical Officer of the Hague which stated that in Holland compulsory notification of contagious diseases had been for some time in force, that it worked well, that the physicians gave the notice, and that the existence of such diseases was placarded upon the infected houses by the local authorities. In several of the States of the United States of America a similar system was in force.

Several other members having spoken, the meeting adjourned.

## The Mineral Waters of Europe.

### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,  
Lecturer on *Materia Medica* and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 525.)

#### *Therapeutical Uses of Purgative or Bitter Waters.*

What, then, are the effects produced by a series of doses of saline aperients such as we find in these bitter waters? Much depends on the doses, the circumstances under which they are taken, and the condition of the patient. We can so regulate the administration as to obtain the mildest laxative effect, or we may push it in drastic doses until it proves dangerous. Some patients obtain from a small dose each morning a comfortable

evacuation without irritation ; others find that a degree of diarrhœa is always produced after a few doses. The fact is these salts are unquestionably irritants, and it is natural to expect that continuous doses will set up gastric and intestinal catarrh. This is their ordinary aperient action. They pass rapidly through the stomach into the intestines on which their chief action is expended, and are removed for the most part with the fœces. Taken warm, properly diluted, they scarcely affect the stomach at all, but large doses are apt to disturb it. A good deal of mucus and albumen is removed in the artificial diarrhœa set up, besides which biliary matters and digestive products are found in the excretions. Thus, it is clear, the bowels are more rapidly emptied, and the aliment may be so hurried through as to prevent the proper absorption of the nutritive parts. In this way assimilation is interfered with. At the same time tissue metamorphosis is increased. All this accounts for the uniform experience that courses of bitter waters cause loss of body weight, and particularly decrease the fat. If pushed too far, they may no doubt produce extreme emaciation, but much depends on the digestion. If the food supply is sufficient to make up for the extra waste and the waters do not unduly irritate, there may be no loss of weight so long as the digestion is good, the matter removed being replaced by fresh nutriment. Thus it will be seen that the regulation of the diet is of extreme importance if we would obtain from these waters the greatest benefit with the least disadvantage. As to other systems, only a small proportion of the sulphates is absorbed. Some of the sulphuric acid escapes through the kidneys, but the urine contains less nitrogen, though this is probably only because a larger amount of that element is being carried away through the bowels. On muscular tissue magnesia and soda have little effect compared with potash, and the refrigerant action of the salts can scarcely be due to their effect on the heart. The soda salt, if not the magnesian, also diminishes the coagulability of the blood. But with regard to the less marked powers of the waters, the chloride of sodium and other salts found in most of the purgative waters are of as much consequence as the sulphates.

From the preceding considerations it may be inferred that these waters may be used to unload the bowels and to quicken the passage of materials through the intestines ; to promote tissue changes, and to remove superfluous fat ; to relieve the portal system and to deplete by causing increased serous flow, and in the same way to promote absorption and elimination. The extent to which either or all of these objects may be obtained differs with the individual waters, and the mode in which the course is regulated. The special conditions to which they are adapted will be best considered in reference to the particular waters. These we will now consider in the order in which their chemical qualities have previously been discussed.

*Friedrichshall Water.*—This is an excellent aperient water, of medium strength, containing both soda and magnesia sulphates, modified by no inconsiderable amount of chloride of sodium. The remarkable fact discovered by our chemical colleague that the bottled water contains much more of the salts than previous analyses indicated goes far to account for the efficiency of the purgative action. It will also help us to dissipate the error so sedulously propagated that mineral waters possess a mysterious power of increasing the action of their ingredients. Even Sir H. Thompson, in the lecture quoted in our last report, has adopted this unfounded notion. Having calculated that his dose of Friedrichshall contains only twenty-five grains of each of the sulphates, he says that quantity "taken in any combination out of a druggist's drawer would have no appreciable action." This is only a forcible way of putting a statement often made about mineral waters, and which we do not hesitate to pronounce erroneous. We have no difficulty whatever in getting a marked effect from such doses of these drugs. If Sir H. Thompson will take these drugs in the same state and under the same circumstances as he gives them in the waters he will soon modify his opinion. Of course, to send them in an ounce draught with a little flavouring is not the acme of medical or pharmaceutical skill. This much, taking the analysis as in Liebig's time ; but in future it must be remembered that the water now imported contains a third more salts. See analysis in previous report. Friedrichshall is, then, a very good household aperient, of which a dose may be taken when required with as little inconvenience as any ordinary saline purgative. But the water may still further be utilised for subjecting patients to continuous doses in the manner already indicated. It is more active than Carlsbad, and for that reason more convenient for this purpose, but it should be taken in the same way and a similar *regime* enforced.

*Dose*—From a quarter to half a tumblerful for adults according to effect desired. For children less in proportion to age. It should be taken an hour before breakfast. The best plan is to add enough hot water to it to make it warm, drink it in this state, and follow it shortly with a cup of weak tea or coffee. Warm milk or broth may in some cases be more advisable. Continuous doses generally require to be gradually diminished, since, as with most remedies of this class, their effect is more easily produced after a few repetitions.

In well-nourished or fat patients, subjects of "biliousness," in plethoric individuals, in hepatic derangements, or torpor of the abdominal viscera or sluggish portal circulation, in lithiasis, in many gouty and some rheumatic, in a few hæmorrhoidal subjects a course of this bitter water is very useful provided it is accompanied by a well-regulated diet and regimen.

(To be continued.)

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## THE

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JANUARY 5, 1881.

## FOG AND PHYSIC.

WHATEVER may be the amount of ill ascribable to the fogs, which in recent years have been painfully familiar accompaniments of the winter season, one good at least has arisen out of them. The interest excited by discussion of the various means suggested for remedying the nuisance to which we have been periodically subjected, has been so considerable and general that many practical minds have been drawn to a consideration of the method available for abating the mischief in the future. The almost unparalleled rapidity with which the death-rate of London and other large towns grew last year, until it assumed the most frightful proportions, excited a keen desire in the ranks of sanitarians to effect something towards a reduction of the hugely disproportionate number of fatalities from bronchitic and lung affections. At the present time, therefore, we are in a position to form some reliable estimate of the probable value of these preventive measures, through the action of which we may hope for a reduction of the evil commonly present during the fog season. How much is to be expected in this direction may be gathered from an inspection of the death register for the winter of 1879-80. In a paper prepared by Dr. Arthur Mitchell, the influence exerted over the mortality of London by the memorable fog which continued from November, 1879, to February in the year just past, is exhibited the death-rate of the metropolis being shown to have grown from 1,754 to 3,376, which number of deaths was registered in one week. In other large towns no such huge increase was noted, although a certain amount of illnesses terminating in death could be attributed in excess to the prevalence of fogs. It is significant

that asthma is the disease to which, in greatest numbers, deaths were attributed during the prevalence of the great fog in London, and at the present time the experience of physicians points to the same affection as the most potent agent in swelling the list of casualties in their practice. Moreover, pneumonia, bronchitis, and pleurisy, are chief among the ailments whose ratio is highly increased during the foggy period of an English winter, bronchitis especially rising to an unprecedented height. It is well, in view of this fact, and the constant possibility that the history of 1880 may be at any time a repetition of that of the previous year, to consider the details already presented to us in explanation of the occurrences now familiar to all our readers. There seems to be no question that the principal evil to be dreaded in connection with dense fogs is less due to the mere vaporous atmosphere than to the precipitated impurities with which it is charged. Injurious though it may be, the former presents elements of danger against which reasonable precautions will avail; but of the latter it may be said that hardly any remedy is found to avail against it. Compounded of soot impregnated with gaseous acids, ammonium sulphide, and numerous other highly irritating impurities, a covering is formed for the aqueous vesicles of which the fog cloud primarily consists, and it is easy to see how the respiration of such an atmosphere will affect the lungs of the one breathing it. Even where no predisposition to disease exists there may well be created a tendency to contract it under conditions so inimical to healthy breathing; and hence it can be understood that the mortality returns during the prevalence of fog are largely swelled by deaths from lung affections. In certain situations the danger arising from this source is further enhanced by the existence of manufacturers in their neighbourhood, the emanations from which largely multiply the probabilities of danger to life. In all these the conditions of age, constitution, &c., are to be considered in weighing the consequences to be anticipated, but no calculation is sufficiently favourable to remove the imperative necessity for an immediate remedy of so much of the evil as admits of abatement. The problem this presents is in process of solution, and we may confidently hope that ere very long some means will have been adopted to rid the inhabitants of cities of the incubus they labour under in the form of fogs. Whether it be by an improvement in the fire-grate construction of private houses, and of factories, by which the evolution of smoke shall be restrained within the narrow limits, or by the introduction of a system of heating to obviate the employment of smoke-producing fuel, the immediate results will be the same, viz., relief from one of the most pressing burdens that have attended the civilisation of modern times. But, with the removal of the cause the effect will not by any means be entirely done away with also. We must expect to witness, even for more than one generation forward, the ill-consequences of deleterious action on the systems of those who have been submitted to its influence. Against this the medical practitioner of the present should direct his powers of prevention; he will not be without ever-recurring evidence of the injury done in his observations of the patients he is called on to examine, and both by warning and treatment to obstruct the progress of any destruction careful scrutiny may assure him of. The ten-

dency of modern medicine, and the assistance it derives from sanitarians and hygeists, is all in the direction of prevention, and in securing the advance of this mode of treatment we are aiding on the progress of improvement. The reduction of diseases consequent on the initiation of reform in domestic arrangements which permit of atmospheric pollution is a step a-head, and a step, too, we may well expect that we shall very soon take.

#### COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES IN DUBLIN.

WE publish to-day a report by the Superintendent Medical Officer of Health for Dublin in which he strongly advocates the proposal that the duty of notification of infective disease should be imposed compulsorily on the attending physician. We also publish abstracts of speeches addressed by Dr. J. W. Moore, and by the same officer to the Society of Metropolitan Medical Officers of Health in which the same views are expressed. These pronouncements we place before our readers in a spirit of fair play, but we are not to be understood as agreeing with them or as having nothing to say *per contra*. On the contrary, we propose to revert to the subject on the earliest suitable occasion, and give our view of the matter formed upon inquiry which we are now making. There is, however, one point in the speech of the Superintendent Medical Officer of Health which claims immediate refutation. It has been persistently represented by the advocates of imposing the notifying duty on the medical attendant, that the profession is all but unanimously in favour of such proposal. This statement was made, we believe, on the authority of resolutions adopted by the College of Physicians and Surgeons and the Irish Medical Association; it was repeated by the Lord Mayor—in spite of emphatic assurances to the contrary—on the occasion of the Corporate deputation to the Chief Secretary, where he assured that minister that no opposition need be anticipated to a Bill imposing such duty on the doctor. At the meeting to which we have referred the Superintendent Health Officer considered that there was all but the most perfect unanimity amongst medical men as to the imperative necessity of rendering compulsory the notification of cases of infectious disease to the sanitary authorities. Lest such a statement should, if uncontradicted, prejudice the fair consideration of the subject, we feel it necessary to give it the most authoritative denial. The two Colleges and the Council of the Irish Medical Association have, it is true, expressed themselves in favour of compulsory notification of disease as a proper precaution against the spread of infection, but they have just as clearly and emphatically refused to approve of the proposal that the duty should be cast upon the doctor. Moreover, the opinion of a large section of the profession in Dublin has been expressed directly, for the executive committee of the Irish Medical Association has issued a circular in which the various proposals are placed side by side and the facts stated with perfect impartiality, and, in response to that circular, replies have been sent in which—we believe we may say—are, by a great majority, unfavourable to the acceptance of any such duty by the profession. Therefore, so far as the feeling of the pro-

fession is known, either directly or through its representative Colleges and the Irish Medical Association, that opinion is unequivocally adverse. We do not wish that the indisposition of medical men to accept the duty should be a final reason for refusing the propositions made, but we urge that the opinion of the profession in Dublin should be obtained in the completest form, and that then the representative organisation should debate the subject. If, this being done, it seems that the proposals are thoroughly objectionable, then we look for an earnest opposition to the proposed Bill; but if it shall appear that the objections are more than counterbalanced by the benefits to be gained, we shall in that case presume that the measure may be left to pass unopposed, subject to such modifications of detail as may suggest themselves.

#### THE LUNACY COMMISSION.

WE are glad to be able to give an emphatic contradiction to a statement recently made, as if on authority, that Dr. Nairne, the Senior Medical Commissioner in Lunacy, is about to resign his appointment. Dr. Nairne, although no longer young, is still vigorous, and has no immediate intention of retiring from an office which he has long filled with usefulness and distinction, which he continues to fill to the satisfaction of his colleagues and of the public, and to the duties of which he is likely to be fully equal for some time to come. The prediction that Dr. Nairne will, on his retirement, be succeeded by a general physician without special lunacy experience is a mere conjecture founded on the fact that Dr. Nairne was himself a general physician attached to St. George's Hospital, and had never held any asylum appointment when nominated a Lunacy Commissioner. Since the date of Dr. Nairne's appointment, however, the aspect and relations of lunacy, as a special department of medicine have changed very materially, and it is most unlikely that those who will be called on to fill up any vacancy that may occur on the medical side of the Lunacy Commission will overlook the value of a practical acquaintance with mental diseases—which are often so obscure, requiring such nice diagnostic tact—and with lunatic hospital management and hygiene. Amongst our brethren engaged in lunacy practice several might be named who would make admirable Commissioners, and who would bring to their work in that position a ripe experience and an established reputation. Of this, at any rate all those who are interested in the matter may feel assured that nothing has as yet been settled as to the qualifications of Dr. Nairne's successor, and that the topic will not even be discussed until Dr. Nairne formally intimates his wish to be relieved of the responsibilities of office. When that time arrives, and we trust and believe that it is still at some distance, the Lord Chancellor for the time being, with whom the appointment of the commissioners rests, whether acting on his own judgment, or after conference with the Chairman of the Board of Commissioners, will not probably ignore the fact that freedom from professional and special bias is represented, and liberally represented, by the legal Commissioners, and that that technical knowledge of insanity in all its bearing which is so essential to the safe conduct of the business of the Board, is only to be obtained by selecting medical commissioners who have acquired it by a prolonged study of the subject.



## Notes on Current Topics.

### Illness of the Viceroy of India.

THE following is a summary of telegrams describing the illness of Lord Ripon since last we alluded to the subject, viz. :—

Allahabad, Dec. 19th.—Lord Ripon passed a good night, and is progressing satisfactorily.

20th.—Lord Ripon passed a restless night, owing to a slight recurrence of fever. His Excellency's condition this morning is however considered satisfactory.

21st.—Lord Ripon passed a good night, and the feverish symptoms have disappeared.

22nd.—The feverish symptoms have disappeared, and Lord Ripon's convalescence is now completely established. No more bulletins respecting His Excellency's health will consequently be issued.

In a telegram dated 19th December, the Calcutta correspondent of the *Times* communicated the following particulars regarding Lord Ripon's illness, namely :—On the 11th the fever had increased, and fears were entertained that it might take a typhoid form. Surgeon-General Payne proceeded to Allahabad forthwith. No specific name has been given in the official bulletins, but it is generally believed to be a somewhat severe type of the ordinary Indian remittent fever." According to the same telegram, although there appeared no reason to apprehend danger to life, still it was considered "useless to conceal the fact that the illness was serious, and the situation such as to cause great anxiety."

In our previous allusion to the illness of the Viceroy we remarked that the telegrams of his case published from day to day indicated that he suffered from remittent fever. This has been shown to have been the case. Considering, therefore, the age and delicate physique of Lord Ripon, we should not be surprised to hear that an early return to England has been recommended to him.

### A Sad Lesson from Overwork.

An inquest was held at the Halifax Infirmary on Thursday last on the body of Joseph McCarogher McWilliams, surgeon, of Halifax, who died under the following circumstances. For some time past he has been in the habit of taking narcotics in order to procure sleep, and on more than one occasion has narrowly escaped losing his life from the effects. He has often complained of overwork (he having a large practice) and has suffered from loss of sleep and from nervousness. On Christmas Day he called in Dr. Hodgson Wright, who prescribed for him an iron tonic. He began to improve, but on Wednesday morning Dr. Wright again found him fretful and nervous, and evidently under the influence of some narcotic. Dr. Wright cautioned the servants to watch him, and to keep from him all medicines of this character. Deceased admitted having had a drachm and a-half of tincture of opium, but said this was all. At noon the same day he was found in a profoundly comatose state, and he remained unconscious up to his death, which occurred at about five o'clock the same afternoon.—The jury returned a verdict of "Death by misadventure from the effects of an overdose of opium taken for the purpose of procuring sleep."

### Hydrophobia at Wigan.

ANOTHER case of hydrophobia is reported from Lancashire, and is at present under treatment under Dr. W. Berry, Wigan. The patient, a woman, æt. 40, was bitten last August, and symptoms first showed themselves on December 30th. On December 31st the case was seen by Dr. Dolan, Halifax, in consultation with Dr. Berry, and pronounced to be hydrophobia vera. We hope shortly to publish the case in full. It is very significant that Lancashire and Yorkshire figure so largely in the mortality returns from hydrophobia.

### Cholera in Burmah.

CHOLERA is reported as being very prevalent and fatal in the villages near Prome. This place is noted for the extensive scale upon which those two Burmese delicacies, *gnappee* and oil of the heads of shrimps, are there prepared, and as the former is little else than a concoction of decomposed fish, it would appear that a somewhat zealous British official determined to take the summary process of putting a sudden stop alike to the manufacture and sale of the *gnappee*, hoping thereby to suppress the further prevalence of the epidemic. But it does not appear that the measures thus taken were followed by the looked for results. Cholera, according to the latest report received, continued to prevail, but the populace, irritated at what they considered interference with their rights to *gnappee*, entered upon demonstrations somewhat personal against the offending official, and petitioned the higher authorities against the action taken by him. So much for hasty and partially considered sanitation.

### A Wise Proceeding.

WE are informed that the authorities of the University of Durham Medical School have it in contemplation to introduce a change in the arrangements for teaching medicine in the school, which will at once commend itself as a wise proceeding. It is proposed to elect an Assistant Professor to Dr. Philipson, who is at present Lecturer on Medicine, and who will henceforth confine himself especially to the principles and practice of physic, while the new professor will devote his lectures chiefly to demonstrating the practical applications of physical instruments as an aid to clinical study. There is in this suggestion so much of radical improvement that we trust it may not be long ere it is fully carried into force. It will be essential, however, to the success of the scheme that the gentleman appointed to undertake the duties of the new office shall be in every way likely to advance the object held in view, viz., the *practical* instruction of students in the method of using instrumental aids to diagnosis. It is, therefore, satisfactory to hear that the present lecturer on physiology at Newcastle, Dr. Drummond, will in all probability assume the duty. Dr. Drummond has, so far, identified himself with the study of diagnosis, and his demonstration at the bedside of the patients under his charge at the hospital wards are marked by precision and the carefulness with which all the assistance to be derived from accurate use of instruments is taken advantage of. The recognition of a need for supplementing the ordinary lectures on medicine by practical demonstrations other than the somewhat informal ones

usually performed in the ward, is an important matter to the student, and in this instance the Durham University School is to be congratulated on the possible union of Professor Philipson and Dr. Drummond as the teachers of medicine to its students. We understand that the Council of the College has regularly adopted the proposed change, at Dr. Philipson's suggestion, and that the appointment will shortly be made to the duties of the new office.

#### A New College of Science.

THE noble institutions devoted to the teaching of science at Manchester, Birmingham, Sheffield, Leeds, and Bristol, will in all probability soon have one more added to them by the creation of an institution resembling Owens College, Manchester, at Dundee. Dr. John Baxter, of that town, intimated last week his willingness to devote the sum of one hundred and twenty-five thousand pounds to such an object, and has since supplemented the munificent offer by a further promise to give ten thousand pounds additional for the same purpose. It is hoped, that these sums going towards the cost of building, a similar amount may be raised by public subscription to serve as an endowment fund. The Scotch have never been deficient in making opportunities, where none existed, of self-improvement, and it is to be hoped that Dundee may be able to boast itself of so magnificent an educational institution as the offer of Dr. Baxter offers to it. Outside subscriptions are necessary, however, to make the prospects of an efficient college certain.

#### Cardiff Infirmary.

By the generosity of the Marquis of Bute, a new site, four acres in extent, is about to be provided for the Cardiff Infirmary. The ground required for this is estimated to be worth from £10,000 to £12,000, and will have to be purchased by the noble donor from the executors of the late Lord Bute's will. The new infirmary buildings, designed by Mr. A. P. Bell, of Manchester, will accommodate one hundred patients, but provision will be made for the extension of the wards, when necessary, to hold two hundred beds. Towards the total cost of £20,000, £13,000 has been collected or promised.

#### Soldiers' Service.

It is stated in a lay contemporary, on what appears to be good authority, that among other proposed items of "reorganisation" in the army is that of altering the present system of six years' service in the ranks and six years' in the reserve to seven in the ranks and five in the reserve. No man is to be sent to India who has not six years' service before him, and the prime inducement to non-commissioned officers to remain in the service is to take the shape of a preference over other candidates for employment in the public service.

If no soldier is to be sent to India except on these terms, it follows that all who proceed to that country will be of not more than one year's standing in the army; thus the present evils in regard to health threaten to be increased rather than diminished by the proposed change. It is also stated that it is in contemplation to take into the ranks boys—for they can hardly be called men—of inferior

physique to those enlisted under the recent regulations. Against this measure there appears this saving clause that such selection must of necessity be difficult.

#### The Army Medical Department.

THE already heavily-burthened British taxpayer will in the course of the present year have to find the liberal rates of pension to which five additional medical officers of the higher grades in their department become, by regulation entitled on being compulsorily retired, viz., Surgeon-General Kendall, from 9th instant; Deputy Surgeon-General O'Leary, 5th May; Surgeon-General Mackinnon, 21st May; Surgeon-General Shelton, 23rd October; and Surgeon-General Thompson, 13th November. It is believed also that the present Director-General will retire at the end of the financial year. On this point, however, expressions of doubt have been heard; it has been stated that a further term of office may be granted to him.

#### The Amoeboid Motions of Protoplasm.

AT the meeting of the Royal Society of Edinburgh, held on the 20th December, Dr. Haycroft read a communication on the amoeboid motions of masses of protoplasm, illustrating his theory by a simple but ingenious mechanical contrivance. An india-rubber ball, perforated with a number of small apertures was filled with coloured white of egg and immersed in a solution of sugar of about the same density as albumen. When a gentle pressure was applied the albumen was forced out in long processes, and when the pressure was released the processes at once retracted inside the ball again, probably in virtue of the viscosity and surface tension of the gelatinous matter. Thus was explained the retraction of the amoeboid processes after they had been expelled by contraction of the internal muscular structure. Dr. Haycroft's theory is not yet before us, but it seems obvious that the mechanical displacement of albumen from a perforated ball immersed in a crystallised fluid and its retraction when the pressure is removed, are altogether different things from the movements of protoplasm arising out of its inherent and spontaneous contractibility.

#### Foreign Traffic in English Girls.

SOME months ago, in reviewing a pamphlet upon this subject, issued by Mr. Dyer, of Amen Corner, we felt it necessary to express some scepticism as to his statement that the Belgian officials, and even those of our own Consulate in Brussels, were agreed, in a general combination, to pooh-pooh inquiries and assertions respecting the existence of grossly illegal, immoral, and tyrannous practices with regard to English girls forcibly abducted from their own country, and kept in durance in Belgian brothels. We thought it more likely that Mr. Dyer had been imposed upon by the statements of immoral witnesses than that official immovability could go this length. We think it now but just to Mr. Dyer and to the cause which he advocates to set ourselves right in this scepticism. Twelve persons were, by the agency of Mr. Dyer, prosecuted a fortnight since in Brussels. The technical charges were forgery (by false certificates of the births of victims to make them appear over twenty-one years, when they were



several years less), incitement to debauchery, ill-treatment, and sequestration. At the end of the second day's proceedings, eleven persons were convicted on the foregoing counts, and sentenced to various terms of imprisonment, the heaviest of which (with the exception of six years on an agent, who was not in custody) were, respectively, two years, eighteen months and a-half, eighteen months, sixteen months, thirteen months, and one year, and small fines in addition in some instances. Thus the assertions of Mr. Dyer have been fully vindicated, and we gladly lend the aid of our columns to the effort which he is making to stop this infamous traffic.

### New Forms of Artificial Tympanic Membrane.

At a recent meeting of the Paris Société de Médecine Pratique (*La France Médicale*), Dr. G. Desarenes showed some new forms of artificial membrana tympani, and demonstrated their use on a patient. One of these appliances resembled that of Toynbee, consisting of a small disc of caoutchouc mounted on a silver wire so as to allow of the disc having the same inclination as the membrane when it is placed against the remains of that structure. The second form which costs next to nothing, and may be easily made by the patients, gives equally good results. It consists of a small ball of cotton wool, on a very fine iron wire about 3 cm. long. It is made by placing a little cotton wool on a fine iron wire, and then turning the wire around. Then with scissors the wool is cut so as to make a little ball of the size desired.

After having studied the various forms of artificial membrane, Dr. Desarenes, like most aural surgeons of the present day, found that the improvement produced by their application is due, not to the closure of the perforation, but to the pressure exerted on the ossicles.

In support of this opinion he showed the Society a patient, æt. 18, who hears very well with his little cotton instrument. He presents on the right side, old caries of the petrous bone, following a scrofulous otorrhœa existing from infancy. Two years since the patient came to Dr. Desarenes' clinic; some days after having undergone trepanation of the right mastoid by M. Peau the left ear commenced to suppurate, a month since, and the membrane was extensively perforated. After several months' treatment the discharge from the right ear ceased, but as the patient has been deaf with this ear for many years, and one can with difficulty perceive the stapes, hidden by large fleshy granulations, there is not much hope for the hearing.

The left ear, not bad so long, showed loss of two-thirds of the membrane, with abundant otorrhœa, without caries of bone. Great deafness. After struggling with the otorrhœa, Dr. Desarenes put in an artificial membrane, smaller than the perforation, directing it so as to press lightly on the ossicles. The patient has used this little instrument for six months, having learnt to make it himself, and put it in each morning, first moistening it with tepid water. He removes it at night, to give the ear rest, and to use injections of warm water and camphorated spirit.

The membrane was removed before the Society and the members examined the ear. The patient heard with

great difficulty. The membrane being replaced, the patient heard and answered all questions easily. Dr. Desarenes insisted finally on the necessity of all artificial membranes having a firm stem so as to keep up the pressure on the ossicles, when the membrane was moved by the passage of air through the tubes on blowing the nose.

### The Hypodermic Administration of Quinine.

DR. JAMES J. WHITTAKER (*Med. and Surg. Rep.*, Nov. 13th, 1880) finds a solution of bromide of quinine, grs. 20, to ʒij. of water, useful in treating by this method, cases of pronounced, or marked malaria, when the condition of the digestive system is such, as to prevent the absorption of quinine taken by the mouth. He directs his chemist to put 20 grains of the drug into a test tube, and to add to it two drachms of water; the tube is then to be corked and is ready for use. When it is desired to make the injection, the mixture must be heated, either by spirit lamp or otherwise, a clear limpid fluid resulting; a portion must be then poured out into a heated tea spoon and thence taken up by means of a previously heated syringe. The puncture and injection must then be made immediately, and the fluid must be thrown not into, but below, the skin. The ordinary syringe holds half a drachm. As many as 1-15 grains may be introduced.

### The Royal College of Physicians of London.

At this college the following lectures will be delivered during the present year:—The Gulstonian Lectures by Dr. Coupland on March 11, 16, 18—Subject, "Anæmia." The Croonian Lectures by Dr. Moxon on March 23, 25, 30—Subject, "Influence of the Circulation upon the Nervous System." The Lumleian Lectures by Dr. Southey on April 1, 6, 8—Subject, "Bright's Disease;" at 5 o'clock each day. Members of the profession will be admitted on presentation of their card.

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom, were:—Brighton 16, Sheffield 16, Portsmouth 16, Wolverhampton 16, Birmingham 17, Bristol 17, London 18, Leicester 18, Newcastle-upon-Tyne 19, Bradford 19, Manchester 19, Salford 19, Plymouth 19, Glasgow 19, Leeds 20, Oldham 20, Hull 21, Sunderland 22, Liverpool 22, Edinburgh 22, Norwich 26, Nottingham 26, and Dublin 27.

*Land and Water* is authorised to state that the late Mr. Frank Buckland, M.R.C.S., whose obituary appeared in our issue of Dec. 22nd, has bequeathed his valuable Museum of Economic Fish Culture to the nation. The gift is rendered still more valuable by the fact that, according to his will on the decease of Mrs. Buckland, a sum of £5,000 will revert to the nation, to be applied for the purpose of founding a professorship of economic pisciculture in connection with the Buckland Museum and the Science and Art Department at South Kensington.

IN the principal foreign cities the rates of mortality, according to the most recent weekly official returns were—in Calcutta 41, Bombay 28, Madras 35; Paris 26; Brussels 21; Amsterdam 21, Rotterdam 23, The Hague 15, Copenhagen 23; Stockholm 34; Christiania 19; St. Petersburg

36; Berlin 26, Hamburg 23, Dresden 21, Breslau 28, Munich 24; Vienna 24, Buda-Pesth 27; Rome 33, Turin 21, Venice 27; Lisbon 36, Alexandria 42; New York 30, Brooklyn 24, Philadelphia 20, and Baltimore 20 per 1,000 of the population. Small-pox caused 18 deaths in Paris, 20 in Vienna, and 24 in Rome.

AFTER all there is *some* advantage in having a wife and children. From a comparative analysis of the statistical tables of suicides, for France and Sweden, M. Bertillon thinks he has established the following laws: (1) Widowers commit suicide more frequently than married men. (2) The existence and presence in the house of children diminishes the inclination to suicide in both men and women.

At a midnight service on New Year's Eve, the Rev. T. Thoresby, of Clerkenwell, referring to the care of bodies as well as of souls, made some pertinent remarks on the scandal at Guy's Hospital. He said we were afflicted with a strange anxiety and melancholy at the unexpected and unprecedented position in which one of them now stood. It was simply astonishing that a set of incapable governors, with priestcraft behind the scenes, aided by the agency and follies of a few superstitious women, should be allowed to ruin one of the finest hospitals in the country, and thus deprive multitudes of the poor of the inestimable benefits which the institution was capable of conferring upon them.

THE death-rate from the seven principal zymotic diseases per 1,000 last week in the large towns ranged from 0·5 and 0·9 in Brighton and Birmingham, to 4·5 and 5·4 in Sunderland and Nottingham. Scarlet fever showed the largest proportional fatality in Norwich, Sunderland, and Nottingham; and whooping cough in Sunderland, Nottingham, and Leeds. The highest death-rate from fever (principally enteric) occurred in Nottingham, Wolverhampton, and Portsmouth. Of the deaths from diphtheria, 16 occurred in London. Small-pox caused 18 more deaths in London, 1 in Dublin, but none in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

A PRO-VIVISECTIONIST.—At the forty-first annual meeting of the Scottish Society for the Prevention of Cruelty to Animals, held last week in Edinburgh, Mr. Josiah Livingstone presiding, a report was submitted showing that a large amount of good had been accomplished by the society's operations during the year, but that the expenditure had considerably exceeded the income. In the course of the proceedings a suggestion that the society should direct their attention to the question of vivisection was strongly opposed by Councillor Sloan, who declared that the saving of a single life was of more importance than the lives of all the cats and dogs put together. (Loud hissing, and cries of "Shame") He heard ladies hissing, but he said that a single human life was not to be compared to all the cats and dogs that are nursed and pampered in the New Town of Edinburgh. (Cries of "Shame," and the Rev. Mr. Fisher—"Life is God's gift to animals as well as to you.") He did not wish to sanction cruelty, but

where the discoveries of scientific men like Dr. Keith and others to be balked by mere sentiment? he was sorry to see people who, before they would give up pampered, wheezing brutes for scientific purposes, would rather give up their domestics. (Hissing, and great interruption). The suggestion was ultimately agreed to, as were several others of a like character.

THE REGISTRAR-GENERAL'S RETURNS.—The weekly return for the eight principal towns of Scotland for the week ending Saturday, December 25, gives the death-rate at 20·8 per 1,000 of estimated population. This rate is 4·3 under that for the corresponding week of last year, but 0·9 above that for the previous week of the present year. The lowest mortality was recorded in Glasgow—viz., 19·1 per 1,000—and the highest in Paisley—viz., 28·7 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·7 per 1,000, being 0·5 above that for last week. Of these diseases scarlatina proved the most fatal. Acute diseases of the chest caused 124 deaths, being two more than the number recorded for the previous week. The mean temperature was 34·1, being 0·6 above that of the week immediately preceding and 5·6 below that for the corresponding week of 1879.

RELATIONS OF SCIENCE AND RELIGION.—Professor Calderwood has agreed to a request that he should re-deliver six of the lectures on the Relations of Science and Religion, given in New York during the month of October, in the Union Theological Seminary, on the Morse Foundation. The course of ten lectures was embraced in eight lectures for the convenience of the lecturer, and of these six will be given in Edinburgh next month. The subjects will include;—Matter and Energy, Organised Existence, Mr. Darwin's Theory of Evolution, Relation of Lower and Higher Organisms, Brain Structure, Man's Place in the Universe, and Religious Conception Assailed on Scientific Grounds.

GLASGOW DISTRICT BOARD OF LUNACY.—The Glasgow District Board of Lunacy met in the Council Hall on Friday last, when ex-Lord Provost Collins occupied the chair. The work at Kirkland's Asylum was reported to have advanced to such an extent that 40 or 50 patients would be received by the middle of next month. Other patients would be added weekly, as the workmen were cleared out of the premises, until these were fully occupied. It was stated by ex-Bailie Morrison that there would then be provided 1,170 beds, leaving a deficiency of from 430 to 450. The recommendation of the committee to the Board to offer to make an arrangement with Govan Parochial Board for the utilisation of their asylum for the pauper lunatics of the district was adopted. A letter was read from the general Board of Lunacy, in which they inquired "whether they are correct in believing that the disjunction of the Barony Parish from the Glasgow district, and its erection into a separate and independent district, would meet with no opposition from the district Board, but would be regarded as a satisfactory solution of the questions in dispute. It was urged by ex-Bailie Morrison that such a separation would defeat the intentions of the Legislature. The scheme that recommended itself to him was to keep Barony Parish as part of the district, use Woodilee Asylum for higher class patients, and erect plainer buildings for pauper lunatics who could be employed in out-door work. But he would be prepared to give the General Lunacy Board full powers in the matter, and he therefore moved—

That, in answer to the letter, the clerk be instructed to reply (1) that this Board having adopted the view that it would be advantageous to the district and beneficial to the insane poor if the whole of the lunacy arrangements were in the hands of one Board, and having used every means in their power to induce the various authorities to acquiesce in a

reasonable arrangement for the purpose, regret that they have not been, and are not likely to be, successful, unless adjusted compulsorily by the General Board of Lunacy; and (2) that it be intimated to the General Board that the Board will not oppose any measure which may be introduced into Parliament under the auspices of the General Board having for its object the restoration of the powers formerly possessed by the General Board to alter or vary any of the lunacy districts, either by combining counties or parts of counties, or dividing counties, or otherwise, as they may think fit.

Colonel Hozier recommended that discussion on the motion should be adjourned for a fortnight, and this was done.

### THE PUBLIC HEALTH OF DUBLIN FOR NOVEMBER, 1880.

The monthly report of Dr. Cameron, Superintendent Medical Officer of Health, which has just been issued, states that the deaths within the municipal area of Dublin were in the annual ratio of 36.55 per 1,000 persons living.

The deaths from the seven principal zymotic diseases were in the ratio of 5.52 per 1,000.

During the five weeks ended the 30th October, the deaths from zymotic diseases numbered 230; whilst in the four weeks ended the 27th November, the deaths caused by these maladies amounted to 126. This was the lowest zymotic death-rate during the year. The deaths during the last six months from zymotic diseases were as follows:

June ... ..	216
July (five weeks) ... ..	230
August ... ..	227
September ... ..	251
October (five weeks) ... ..	250
November ... ..	126

As compared with October, September, and August, there was a great falling off in the mortality from diarrhoea and measles. There was also, but to a less extent, a great decline in the fatality caused by whooping-cough.

On the other hand, there was an increased mortality from fevers (especially typhus), as will be seen by the following monthly death-rate from fevers:—

January (five weeks) ... ..	15
February ... ..	23
March ... ..	25
April ... ..	33
May (five weeks) ... ..	33
June ... ..	29
July (five weeks) ... ..	27
August ... ..	15
September ... ..	14
October (five weeks) ... ..	27
November ... ..	37

There was a falling off in admissions to hospital of patients affected with measles. Sixty-nine cases of typhus were admitted, as against 82 in October, 55 in September, 38 in August, and 45 in July. This disease is spreading in Dublin, and Dr. Cameron fears that it will increase very much.

The inspection of the dwellings of the artisan and labouring classes is being prosecuted vigorously. There is no doubt but that the bad condition of the tenement dwellings is a potent factor in causing the high death-rate of this city. There are, however, other factors just as potent, but perhaps even more difficult to remedy, such as intemperance, poverty, habits of personal uncleanness, improvidence and unskilful administration of earnings.

Dr. Cameron can confidently state that a decided improvement has been effected in the condition of a very large proportion of the tenement dwellings, though vast is the work still to be accomplished. The greatest improvement has been that effected in the methods for the disposal of refuse. The privies and ash-pits (always in direct communication) in the small and unpaved and unweeded yards of thousands of tenement dwellings are a great and serious nuisance; the stench from them

often pervades every room in the house. There has been no serious opposition made by house owners to the construction of water-closets, and during the last eighteen months, on an average, sixty per month have been put into the tenemental dwellings.

During the month twenty-five houses and six cellars were closed, being unfit for human occupation. In reference to the compulsory closing of tenemental dwellings, cases of hardship frequently arise as follows:—Poor men have houses upon lease, which they sublet; when these houses are closed they have to pay rent for them, though the houses have ceased to produce any rent. If the leaseholder puts the house into proper repair, he can of course re-let it; but very often he has no capital to expend in this way; and even if he did put the house into proper repair his lease might have only a short time to run. A lessee of seven houses in Wood Street, which have been closed nearly a year, is an example of this class of property-holders. He is unable to make the houses tenemental, which is practically to rebuild them; and his landlord insists upon his tenant paying the rent of houses which, in the interests of the public health, have been detenanted and shut up.

With reference to the proposed notification of infectious diseases, Dr. Cameron says: "In Edinburgh the medical attendant upon any person affected with an infectious disease is required by law to forthwith notify the fact to the sanitary authority, for which he is entitled to a fee of 2s. 6d. In nearly twenty other towns of Great Britain local Acts of Parliament require that the existence of infectious diseases should be notified to the sanitary authority—in some places by the physician, in others by the head of the household or other person in charge of the patient. A short time since a deputation, representing the medical corporations and societies of Dublin, waited upon the Lord Mayor to urge that the system of compulsory notification of infectious diseases should be adopted in Dublin, and that the Corporation should consider how the matter might be accomplished. Upon that occasion I was the only speaker who insisted that the duty of reporting such cases should devolve upon the physician, for otherwise the notification would not be given, in the majority of cases, by the persons in charge of the patient." At a subsequent conference between leading members of the medical profession and the Corporation, a change of opinion was evident amongst the former, several of whom, including the President of the Royal College of Surgeons, considered that the *onus probandi* of reporting infectious cases should rest upon the physician. I am glad that this view has been unanimously adopted by the Corporation. I trust that the Chief Secretary for Ireland, the Right Hon. Mr. Forster, to whom the Corporation have applied for assistance to promote a Bill for the compulsory notification of infectious diseases, may also be of opinion that the duty should be performed by the physician.

If the notification of cases of contagious diseases were a duty devolving on the "head of the family," I am quite sure that the middle and upper classes would not neglect it. As a matter of fact, when such cases occur in private dwellings, the owners are anxious to have the assistance of the sanitary authorities. They are glad to have their houses purified, and their bedding, &c., disinfected by the officials of the Public Health Committee. But, on the other hand, I am quite sure that the majority of the denizens of the tenemental dwellings would give either no, or a tardy, notice to the sanitary authorities; though it is in the cases of such dwellings that a prompt notice would alone be really useful. The local authority have no power to remove even a small-pox patient from a house in which there is proper accommodation for him; therefore, notification that a case of small-pox is in a fashionable house, is not of much use to the public; whilst notification, if promptly given, that a case of small-pox or typhus fever exists in a tenemental dwelling, every room of which is the abode of a whole family, is of the greatest possible hygienic importance. The prompt removal of persons suffering

from the serious forms of zymotic diseases to hospital, is one of the most efficacious measures for arresting the spread of these scourges of mankind. In even the most crowded tenemental dwellings, where four families have a common lobby, it is by no means uncommon to find one or more cases of small-pox or other zymotic disease. When the medical man called in to see such cases is a dispensary physician, he reports the matter to the sanitary authority; but this procedure is not followed, except occasionally, by private practitioners. Were the latter required by law to report such cases, I am quite sure that they would willingly do so, and thereby enable the sanitary authorities to enforce the removal of the patient to hospital, if his surroundings justified such action. The Society of Metropolitan Officers of Health (Dublin), at a meeting held on the 8th December, 1880, resolved that it was desirable that both the physician and the head of the family should notify. I think this resolution a good one. I find that in November of this year, out of a total number of 875 deaths, registered within the Dublin registration area, the cause of death was uncertified in 163 instances, and in 157 others there were "no medical attendants." It is evident, therefore, that the compulsory notification of contagious diseases (measles, for example, which is easily recognised) by the head of the family is necessary, as in many cases there is evidently no medical attendant.

#### SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

(Copy of Circular by English Local Government Board, 14th December, 1880.)

SIR,—I am directed by the Local Government Board for England to state that their attention having been drawn to the diversity of practice existing amongst boards of guardians with respect to the superannuation allowances proposed to be awarded to Poor-law medical officers on their ceasing to hold office, the Board have considered it necessary to review the subject generally, in order to lay down, as far as practicable, the rules which should be followed in such cases. As these grants affect not only the present but future ratepayers also, the consent of the Board, as the guardians are aware, has been made essential to their validity, and consequently it is incumbent upon the Board to satisfy themselves that the sums proposed are reasonable and proper.

The Board have found that in many instances pensions have been submitted for their approval which were quite disproportionate to the length of service of the retiring officer; and that in some cases where the service has been comparatively short, and the officers have been appointed at very advanced ages, amounts have been proposed to be awarded equal to two-thirds of their salary and emoluments, being the largest amount which could be awarded under the Act after a period of forty years' service.

The refusal of the Board to ratify these grants has not only caused disappointment to the officers, but has sometimes led to lengthened correspondence with the guardians.

In order, therefore, to guard against these results, the Board think it right to inform the guardians of the definite rule which they have considered it necessary to lay down, and by which under ordinary circumstances they will in future be guided in dealing with this subject. In arriving at a decision it is unnecessary for the Board themselves to originate a scale, inasmuch as the Legislature in the statutes dealing with pensions in the Civil Service, and in the case of the officers of certain local authorities in the metropolis, has clearly indicated the principle which should be adopted in awarding allowances of this kind.

Following, then, the scale of allowances prescribed by the statute of the 29th Vict., cap. 31, the amount which may in the opinion of the Board be properly awarded to an officer who has served with efficiency for ten years or more, and for less than eleven years, will be an annual sum equal to ten-sixteenths of his salary, and emoluments at the time of his ceasing to hold office, with an addition of one-sixteenth in respect of each additional year of service, until a maximum of forty-sixteenths or two-thirds be reached, which is the highest amount authorised by the 27th and

28th Vict., cap. 42. At the same time there may be instances where for the due and efficient discharge of the duties of certain offices professional or other special qualifications are essential, and where the persons having such qualifications have been appointed when beyond the age of thirty years. In those cases a number of years not exceeding ten, may, for the purpose of computation, be added to the number of years during which the officers have actually served.

It is, of course, optional with the guardians whether, if they make a grant, it shall be on a lower basis than that above indicated, or shall be for a limited term only.

I am, Sir, your obedient servant,  
(Signed) JOHN LAMBART, Secretary.

### Literature.

#### A MOVABLE ATLAS, SHOWING THE STRUCTURE AND FUNCTIONS OF THE BRAIN. (a)

A SINGLE glance at Witkowski's Movable Atlas of the Brain, which would perhaps be more correctly designated a Movable Atlas of the Encephalon, for it includes a partial survey of membranes and vessels, and a complete delineation of the cerebellum and medulla oblongata, must satisfy every one competent to form a judgment on the subject, that it is well calculated to be of service to all who are called on to familiarise themselves with the anatomy of the cranial contents. To the student it cannot fail to be of essential use in keeping before him clearly and correctly all that his dissections have revealed to him of the structure and relations of the highest nerve centres, and to the practitioner it must often prove a very helpful boon, by reminding him of anatomical facts that are of an abstruse character, and easily forgotten, but that are daily assuming more and more importance in their relations to modern medicine. We can scarcely doubt, indeed, that this atlas will be conducive to the progress of cerebral pathology, by enabling observers who are not specialists to localise lesions of the brain with a degree of scientific precision that has not hitherto been practicable. Of the immense number of cases of cerebral injuries and degenerations that have been recorded heretofore, a large proportion have been valueless in the way of elucidating the all-important topic of localisation of function in the brain simply because they have not indicated with sufficient exactitude the seat of the lesions and degenerations which they described. But in future there will be no excuse for such indefiniteness, for the ingenious atlas which lies before us will enable any one accurately to particularise the site and extent of cerebral changes with a very trifling expenditure of labour. Hours of reading and cogitation will be saved by reference to its skilfully adjusted layers, which not only recal vividly the anatomy of the best books, but also convey information as to the most recent discoveries bearing on the functions of the crown of the nervous system. To those who are called on to prepare reports for medico-legal purposes in cases of fracture of the skull and wounds of the brain, this atlas will afford much valuable guidance.

The atlas consists of two maps, if we may call them so—dissected maps—but dissected not like a child's toy map, into co-adaptive fragments, but into a number of leaves or layers, which are so superimposed and hinged together, that they display, when folded back consecutively, the appearances and relations of the skull and brains in the manner in which they present themselves when they are systematically examined in the dead subject. To possess this atlas is really to have a typical skull and brain, beautifully dissected, and admirably demonstrating; their composition and arrangements lying always conveniently ready at hand, not as a *memento mori*, but as a *memento anatomica*. The first map presents a lateral view of the skull and face, exhibiting the bones of which they are made up, the sutures by which these bones are united, and indicating the temporal curves. On being opened, one side of the skull shows the dura mater lining of the skull, the distribution of the middle meningeal artery, the course of the lateral sinus, the arrangement of

(a) "A Movable Atlas, showing the Structure and Functions of the Brain." By Professor Witkowski, M.D. The Text Translated by T. Stretch Dowse, M.D. London: Baillière, Tindall, and Cox. 1880.

the turbinated bones, and of the interior of the mouth, and the extent of the frontal sinus, and the other, the position of the false cerebri, its relations to the longitudinal sinuses and corpus callosum, the distribution of the anterior cerebral artery, the position of the septum lucidum, the velum interpositum, the infundibulum, the pituitary body, the cerebral peduncles, the cerebellum, the pons variolii, and many other details, which it would take too long to enumerate. Between these two lateral views of the skull is a central leaf presenting views of one hemisphere of the brain on the outer and inner aspect, distinguishing the convolutions and motor areas, and all the bodies that are seen on a longitudinal section in the central line of the corpus callosum between the two hemispheres. A subsidiary leaflet, attached to one lateral leaf, supplies an excellent view of a section of the cerebellum through the arbor vitæ, and of the pons variolii, and medulla oblongata. The other map presents outwardly a view of the upper and under surface of the brain, with cerebellum and connected parts, and affords an intelligible representation of the convolutions on which are marked a few of the centres of movements which have been experimentally determined. These centres are, we think, too small in their dimensions, too sharply demarcated, and too few in number, for surely more than seven centres of simple and combined movements may be regarded as established. The convolutions, too, are perhaps too large and simple, and too symmetrical in their arrangements in the right and left hemispheres. It is, of course, desirable that their characteristic human arrangement should be unmistakably exhibited, but it might have been possible while doing this to show that they are invariably broken up, more or less, by secondary and bridging gyri, and that those of the occipital lobes are inferior in all their dimensions to those of the frontal and parietal lobes.

Apart, however, from such failings, which, perhaps, after all, lean to virtue's side, the views of the exterior of the brain are most creditably managed, and the way in which the numerous nerves and vessels at the base are displayed without confusion, and without violence to nature, is especially commendable. On folding back the leaves which form the upper surface of the hemispheres, we have a view on the right of the centrum ovale magnum, and on the left of a section at a somewhat lower level, affording an insight into the disposition of the corpus callosum, and the lobule of the insula. By the reflection of two more leaves, the lateral ventricles are exposed, and by three further unfoldings, the intricacies of their anatomy, and of that of their contents, nervous and vascular, are made wonderfully plain. The relations of the choroid plexuses, and velum interpositum, the shapes of the horns of the ventricles, the course of the fornix, the segments of the corpora striata, the different centres included in the optic thalami, with many other matters, are diagrammatically, and yet truthfully, demonstrated. It may afford some idea of the pains expended on this map, to say, that by a clever device, that fragile veil, the septum lucidum, is faithfully reproduced *in situ*. By a few leaflets at the base of the brain, the composition of the pons variolii, medulla oblongata, and cerebellum, the roots apparent and real of the cerebral nerves, and the contents of the fissure of Sylvius, are made apparent.

The text accompanying the movable atlas, which has been well translated by Dr. Stretch Dowse, is not so praiseworthy as the atlas itself. In thirty-one octavo pages, it professes to sum up the whole anatomy of the central nervous system, and its physiology to boot, with incidental treatises on the nature of nerve force, intellectual and moral acts, memory, sleep, and functional disorders. It is scarcely necessary to add that it is eminently superficial and shadowy. The value of the atlas, however, is not dependent on the text which is sent out with it, for it may be used to illustrate any standard work on anatomy.

## Novelties.

### AZYMOTE.

UNDER this name Messrs. Thwaites, of Dublin, who are well known as the oldest firm in the mineral water trade in Ireland, have introduced an effervescing beverage for which

they claim the duplicate merit of being a delightful beverage and a salicylic reagent. In the first of these capacities we can say that it possesses all the merits claimed for it, so far as we can judge, but we do not pretend to direct the palates of the public, or even of the more limited constituency for which we write. We have therefore obtained from Professor Tichborne, chemist to the Apothecaries' Hall of Ireland, the following report on "Azymote," upon which our readers can form their own judgment:—

"I have carefully examined the preparation known as azymote, described as a 'salicylated beverage,' and brought out by Messrs. A. R. Thwaites and Co. I believe it is patented by that firm, and this is probably the first instance of a medicine being patented as the essential ingredient in an alimentary substance.

"It gave on analysis as present in the fluid ounce—

Salicylate of sodium	...	...	35 gr. per oz.
Mineral matters, chiefly soda salt	...	...	14 gr. "
Citric acid	...	...	2.4 gr. "
Sugar with a little extractive and colouring matter	...	...	26.5 gr. "

It is non-alcoholic, but is strongly aerated. 'Azymote' is quite free from metallic impurities, and has a very pleasant flavour, in which oranges seem to predominate.

"It contains in each bottle nearly five grains of salicylate of sodium, which is perfectly pure and free from any carbolic acid. (Carbolic acid is a frequent impurity of commercial salicylic acid.) 'Azymote' will be a valuable preparation where salicylic acid is indicated, and its very agreeable taste renders it very pleasant to take as a beverage."

There can be no doubt that an enormous demand exists for non-alcoholic drinks, and that this beverage will supply that demand with a large section of the public. It will be most useful to the profession as a refreshing thirst-quencher in gouty rheumatic cases, for which it appears specially suitable. As to its merits as a therapeutic agent we know nothing as yet, but the idea of combining salicylic acid with a beverage is a good one, and it has been effectually realised in "Azymote."

## Medical News.

**Royal College of Physicians of London.**—The following candidates having passed the required examinations were admitted licentiates on December 30th, 1880:—

Allen, Thomas William James, University Hospital, W.C.  
 Bathe, Anthony John, 3 Whitlington Villas, London, N.  
 Bull, George Coulson Robins, 15 London Street, Farringdon, W.  
 Carpenter, Arthur Bristowe, Dappas House, Croydon.  
 Grayling, Arthur, Forest Hill, S.E.  
 Harvey, Sidney Frederic, 9 Catherine's Terrace, Lansdowne, Road, S.W.  
 Macdonald, Cameron Joseph Francis Stuart, 32 Osnaburgh St., N.W.  
 Maynard, Foster Fowler Martin, St. Andrew's Park, Hastings.  
 Mills, Thomas Wesley, M.D., McGill, 116 Murray Street, N.  
 Patten, Charles Arthur, Marpool House, Ealing, W.  
 Pearce, Walter, 62 Oxford Terrace, Edgware Road, W.  
 Phillips, William Alfred, Longton Grove, S.E.  
 Benschaw, Israel James Edward, Sale, Manchester.  
 Wilkinson, Frank Tichborne, 6 Dean Street, London, S.E.

**Royal College of Surgeons in Ireland.**—At the December meetings of the Court of Examiners the undermentioned were admitted licentiates of the College:—

Herbert Joseph Bermingham, Francis George Bonyngs, Shepland  
 M'Cormick Boyd, Francis Foster Brady, Louis John Patrick Carroll,  
 Arthur Gerard Chance, Francis Philip Golgan, Patrick Arthur Daly,  
 Valentine Plunkett Dillon, Charles James Douglas, Thomas James  
 Dowse, Frederick William Erham, Michael Edward Fitzgerald,  
 Thomas M'Craith Foley, William Gern, Michael Hayes, Patrick  
 Hoy, William Gardiner Jacob, William Wall Jacobs, Sidney Geo.  
 Jennings, Denis Patrick Kenna, John Keenan, Arthur William  
 M'Math, Henry Strickland M'Gill, Francis John Mulo'h, Daniel  
 Moon, Arthur Hill Murray, Reginald Lawson Morley, John Patrick  
 Nicholls, Daniel Butler Reardon, Wm. Smyth, John Joseph Stack,  
 Henry James Wyatt.

**Dublin Artisans Dwellings Company.**—The ceremony of laying the foundation stone of the buildings proposed to be erected by the company on the "Coombe Area" was performed by His Excellency the Lord Lieutenant, on Monday, December 19th, 1880, in the presence of a large and distinguished assemblage. The company, established in 1876, has since that year erected six blocks of buildings at a cost of about £35,000, and giving accommodation to between 13,000 and 14,000 people. It is a curious and instructive fact connected with the population on the company's property that the proportion of children under five years of age is double

that of the same class in the rest of Dublin. In other words, while there are ten children under five years of age to every hundred in the population of Dublin there are twenty children under five years of age to every hundred in the company's population. It is proposed to erect about two hundred cottages on the "Coombe Area" which has been cleared by the Corporation under the provisions of the Artisans and Labourers' Dwellings Improvement Act of 1875. These cottages will be of two classes, one a two-storied, the other a one-storied cottage, the object being to provide accommodation for the different classes in the neighbourhood. The two-storied cottage will contain one more room than the smaller one, and will also have larger rooms. The sanitary accommodation provided in each will be identical, and on the most approved system. The cost of the proposed buildings will be about £25,000. The directors of the company consists of Lord Ardilaun, chairman; Richard Martin, D.L., deputy chairman; R. O. Armstrong, J.P.; Robert Warren, D.L.; E. H. Kinahan, J.P.; W. Findlater, M.P.; and Hon. C. J. Treach. Mr. Edward Spencer, M.A., is secretary to the company, and who has also filled the post of assistant secretary to the Dublin Sanitary Association since its formation in 1872.

## NOTICES TO CORRESPONDENTS.

**THE INDEX.**—We are compelled to hold over the Index for the past volume to our next issue.

**ERRATA.**—Owing to the Christmas holidays, proofs of late articles in our last number did not reach the Editors in time for correction, in consequence of which several clerical errors crept in. In the section devoted to "England," under the head of "Literature," page 548, Mr. Reginald Harrison's book should read "Surgical Disorders of the Urinary Organs" instead of the "Surgery of the Urinary Organs." Under the head of "Scotland," second column, "Rentlessness" should be *Relentlessness*. Third column, ninth line, the quotation from Scott should read *unwept not unswept*. In fourth column, line 24, "voluntary" should read *voluntarily*. Seventh column, "professional," in line 21, should read *profession*. Bottom line, eighth column, in the Latin quotation, "Ambigues" should have been printed *Ambiguus*.

**DR. J. A. B.**—The surmise is quite correct.

**PRACTITIONER.**—Either Naphey's "Modern Medical Therapeutics," or Binger's "Hand-book of Therapeutics" will answer your requirements. We prefer Naphey for general practice, but Binger for students.

**A CONValescent.**—Our correspondent would no doubt derive much benefit by a month's residence at Ilkley Wells or Ben Rhydding Hydro-pathic establishments. If he prefers one nearer his present residence, there is a good institution of the same class at Leamington, called the "Arboretum," under the management of Dr. E. M. Owens.

**NAVAL MEDICAL CANDIDATES** are informed by advertisement in another column that the next examination of candidates for commissions in her Majesty's Navy will be held at the University of London on February 14th and following days.

**MR. R. H.** will find a reference to the subject of his letter in another column, present issue.

**LOST COPIES THROUGH THE POST.**—We are sorry to learn that, through the great pressure upon the postal authorities last week, several of our subscribers did not receive their *Medical Press* for Dec. 26th, some from wrong delivery, others through the bursting of wrappers. To all such who have not already applied for a duplicate, the publishers will be happy to forward one free of cost, on receipt of post-card.

**THE HARVEIAN SOCIETY OF LONDON.**—We are asked to correct the announcement made in our last that a paper would be read on Jan. 6th by Mr. Toynan. The order of papers has been somewhat altered, and tomorrow evening the annual meeting will be held instead at 8.30, to be followed by the Presidential Address.

**THE OBSTETRICAL SOCIETY OF LONDON.**—A similar error to that of the Harveian has been made in the notice cards sent out on behalf of this Society. Owing to an alteration in the bye-laws of the Obstetrical Society, the annual meeting will be held in future on the second, instead of the first, Wednesday in January. The meeting, therefore, announced for this week is postponed until next Wednesday.

**EPIDEMIOLOGICAL SOCIETY.**—Wednesday, Jan. 5th, at 7 p.m., Council Meeting.—8 p.m., Surgeon-Major Charles Oldham, "On the Nature and Origin of Climatic Fevers."—Dr. J. Wm. Mackenna, "On the Cause and Origin of Fever."

**ROYAL INSTITUTION OF GREAT BRITAIN.**—Thursday, Jan. 6th, at 3 p.m., Prof. Dewar, "On Atoms."

**HARVEIAN SOCIETY.**—Thursday, Jan. 6th, at 8½ p.m., Annual Meeting and Presidential Address.

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.**—Monday, Jan. 10th, at 8 p.m., Annual General Meeting.—Election of Officers for ensuing year.—President's Valedictory Address.—Mr. Geo. Wallis will show Mr. Lennox Brown's adaptation of the Lime Light.—Casual communications.

**NEW BOOKS AND NEW EDITIONS.**—The following have been received for review since the publication of our last list, Dec. 1st:—"The Clinical Society's Transactions," Vol. xii. Klein and Smith's "Atlas

of Histology," Part xiii. "Lectures on the Surgical Disorders of the Urinary Organs," by Reginald Harrison, F.R.C.S. "New Treatment of Disease by the Inorganic Turbide Cell-Salts," by Dr. Schüster. "Consumption as a Contagious Disease," translated from Prof. Cohnheim by Dr. Callimore. "Lectures on Domestic Hygiene and Nursing," by L. A. Weatherly, B.S. "Clinical Note-book for Hospital and Private Practice," by F. H. Fairbank, M.D. Lancercaux' "Atlas of Pathological Anatomy" translated by Dr. Greenfield. "Elements of Practical Medicine," by A. H. Carter, M.D. "Conscious Matter," by W. Stewart Duncan. "The Power of Movement in Plants," by Charles Darwin, F.R.S. "Hand-book of Midwifery for Midwives," by J. E. Burton, L.R.C.P. "Relapse of Typhoid Fever," by J. Pearson Irvine, M.D. "A German-English Medical Dictionary," by Faucourt Barnes, M.D. "Transactions" of the Pathological Society of London, Vol. xxxi., &c., &c.

**PAMPHLETS.**—The following have been received since the publication of our last Dec. 1st:—"On some of the Terms in common use among Medical Men," by H. Rabagliati, M.D. "The Influence and Use of the Will in the Treatment of Spinal Deformities," by Dr. Roth. "The Night Medical Attendance in London and other large Towns," by Dr. Roth. "Gastrostomy or Gastrostomy," by L. L. Stalon, M.D. "Twenty-fourth Annual Report of the Parish of Lambeth." "Whisky: The Process of Manufacture and Art of Distillation." "The Christiana Views of the Medical Profession." "An Account of Seventy-six Cases of Abdominal Section," by Lawson Tait, F.R.C.S. "The Antiseptic Theory tested in Ovariectomy," by Lawson Tait, F.R.C.S., &c., &c.

## VACANCIES.

**Ballinrobe Dispensary.**—Medical Officer. Salary, £120. Election, Jan. 17.

**Burton-on-Trent Union.**—Medical Officer and Public Vaccinator. Salary, £150, with the usual extra fees. Applications, endorsed "Medical Officer," to the care of the Clerk by Jan. 10.

**Donaghmore Dispensary.**—Medical Officer. Salary, £115. Election, Jan. 18.

**Dorset County Hospital.**—House Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 12.

**Lock Hospital, London.**—House Surgeon. Salary, £50, with board. Applications to the Secretary on or before Jan. 15.

**Granard Union.**—Medical Officer for the Granard Dispensary. Salary, £116. Election, Jan. 7.

**Manchester Royal Infirmary.**—Resident Medical Officer. Salary, £150, with board. Applications, with testimonials, to the Chairman by Jan. 22.

**Mountmellick Union, Coolrain Dispensary.**—Medical Officer. Salary, £105. Election, Jan. 10.

**Taunton Union.**—Medical Officer. Salary, £110, with the usual extra fees. Applications to the Clerk of the Union by Jan. 10.

## APPOINTMENTS.

**CREELY, J. H., F.R.C.S.E.,** Medical Officer to the Workhouse and the Aylesbury District of the Aylesbury Union.

**DOVONAN, R. E., M.D.,** Medical Officer to the Galbally Dispensary, Limerick.

**HINE, J. E., M.B.,** Junior Resident Medical Officer to the Radcliffe Infirmary, Oxford.

**KAYE, J., M.B., C.M.,** House Surgeon to the Huntingdon County Hospital.

**KIDD, P., M.B.,** Casualty Physician to St. Bartholomew's Hospital.

**MANSIAR, B. J., M.D., M.R.C.S.E.,** Physician to the General Hospital and Dispensary for Sick Children, Pocklington, Manchester.

**MORGAN, J., F.R.C.S.E., L.R.C.P.L.,** Medical Officer of Health for the Langport Rural Sanitary District, Somersetshire.

**MURRELL, W. M.D., M.R.C.P.,** Extra Physician to the North-West London Hospital.

**NETTLESHIP, E., F.R.C.S.E.,** Ophthalmic Surgeon to the Hospital for Sick Children, Great Ormond Street, London.

**SCHARBER, Dr. A.,** Resident Medical Officer to the German Hospital, Dalston.

**SHEILD, A. M., L.R.C.P., M.R.C.S.E.,** House Surgeon to Addenbrooke's Hospital, Cambridge.

**ARMY MEDICAL DEPARTMENT.**—The following were gazetted on Friday last:—Surgeon-Major C. G. Irwin, M.B., to be Brigade Surgeon, vice W. C. Roe, granted retired pay; Surgeon-Major R. O. Hayden, from half pay, to be Surgeon-Major.

**NAVY MEDICAL DEPARTMENT.**—The following was gazetted on Friday last:—Surgeon W. H. Colahan, M.D., has been promoted to the rank of Staff Surgeon in her Majesty's Fleet, with seniority of Dec. 28.

## Marriages.

**CARMICHAEL-BRIDGET-HAWES.**—On Dec. 29, at St. Luke's, Redell e Square, Daniel McGee Carmichael, M.B., M.C., of Portree, N.B., to Hannah Sarah, daughter of the late Mrs. Bridget-Hawes, of Priory Grove, South Kensington.

## Deaths.

**FRANKLIN.**—Dec. 26, suddenly, while presiding at a public examination of the Manchester Jews School, Isaac A. Franklin, M.R.C.S.E., of Fallowfield, near Manchester, aged 68.

**GOODMAN.**—Dec. 23, at his residence, Birkdale, Southport, Charles R. Goodman, M.D., late of Manchester, aged 43.

**HENSTED.**—Dec. 25, at Barnsbury, Edmund, eldest surviving son of the late Henry Hensted, F.R.C.S., of Speenhamland, Berks, aged 33.

**FRANTICE.**—Dec. 29, at his son's residence, 34 Campbell Road, Bow, Alfred Frantice, M.D., in his 76th year.

**RUSSELL.**—Dec. 21, suddenly, at Athlone Railway Station, Christopher, eldest son of the late Christopher Russell, M.D., of Enniserry, co. Wicklow, aged 43.

**TOULMIN.**—Dec. 23, suddenly, Abraham Toulmin, M.D., of Russell Road, Kensington, W., in his 84th year.

**WILSON.**—Dec. 28, suddenly, at Lancaster, Adeline Wilson, widow of Dr. W. J. Wilson, of Clay Cross, aged 40.



# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 12, 1881.

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## Original Communications.

### ALCOHOL AS AN ANTISPASMODIC. (a)

By BENJAMIN WARD RICHARDSON, M.D., F.R.S.,  
President of the Medical Temperance Association.

(Continued from page 2.)

THE antispasmodic value of alcohol is realised again in other classes of disease or derangement, which have not, up to the present time, been sufficiently defined or recognized. I refer to conditions in which the balance between the impelling stroke of the heart and the recoil of the arteries is not in perfect order. In these instances we get the strange anomaly of a powerful impulsive heart, with a small feeble pulse, cold extremities, and pale surface of body. The persons in whom this condition exists are usually men of early middle age, of nervo-sanguine temperament, of active mental and physical habit, and of restless disposition. They are often men of letters, or artists, or are engaged in speculative business operations; and they are, as a rule, of rheumatic or gouty diathesis. Under undue pressure, hurry, or sudden fatigue they become suddenly unwell; they say they are prostrated and disposed to sleep, or rather feel as if they could not keep awake. They are lifeless by comparison with what they were, and they are conscious of great irregularity and palpitation of the heart. They digest badly; they complain much of cold; they complain much of giddiness, and they explain that they are nervous on the commencement of any public duty. The physical examination of these persons may show no organic disease of the heart, but an irritable and impulsive heart, with a very feeble pulse, and a low temperature. Let me take from my case-book one typical example.

R. S. is a clergyman by profession, aged thirty-six, of bilious temperament, and very much engaged in work.

He has suffered in early life from rheumatic fever, and still has occasional rheumatic pains. His appetite is fair; his sleep is fair; his memory, usually very good, is now enfeebled, and he feels physically weak. He is often dizzy, with a tendency to delirium, and when he commences to speak publicly he feels such loss of power in the loins, and muscles of the lower extremities he imagines he must fall. His face is pale; his extremities are always cold; his bowels constipated; the evacuations of clay-like colour, being sometimes firm and hard, at other times fluid and resembling yeast. The urine copious and pale, has a sp. gr. of 1018, but is free of albumen. The respiratory sounds are clear. The pulse is sixty-eight, and the three sphygmophonic indications are present, but it is so thin and small it is scarcely perceptible at the wrist. The heart sounds are clear, but with an occasional soft murmur at the base on the right side. The impulse of the heart is intense, and is described by the patient as a "persistent palpitation." In this case I commenced the treatment by carefully regulating the diet and regimen, withdrawing tea, and enjoying less work. As the patient was neither a smoker nor a drinker of alcohol in any form, I encouraged him to maintain abstinence in those respects.

The symptoms in these examples all point to the one deranged condition. There is an irritation, so to speak, extending through the whole of the arterial system, by which the resistance to the flow of blood through the body is impeded. This leads to a temporary impairment of nutrition, and to central nervous exhaustion. In plain terms, there is spasmodic peripheral resistance from an irritation which is felt by the heart itself.

In these cases, if attention be paid to the secretions as a preliminary; if the mind be relieved, as far as is possible, from worry; if daily exercise be enjoined, with early hours for going to bed; and if full quantum of sleep be secured, the symptoms often pass away without other aid; but this is not always the case, and when the phenomena continue alcohol with amyl nitrite, judiciously administered for a short time, is of signal service.

In the case I have recorded I prescribed first nitrohydrochloric acid with tincture of nux vomica and infu-

(a) Essay read at the First Meeting of the Session 1880-81 of the Medical Temperance Association.

sion of gentian, together with an alterative. This not succeeding, I prescribed iron and quinine (Easton's syrup). After some few weeks of failure—accepting the case to be one of the class described above—I ordered

Amyl nitrate, m. ij ;  
Alcohol, sp. gr. '830, ℥iij ;  
Liquid taraxacum, ℥ij ;

To make a dose to be taken three times a day, in a wine-glassful of water, after food.

The result of this treatment was immediate. It was like the result of an experiment. On the visit of the patient to me a week after the treatment had commenced the pulæ was full and soft, the heart's action was quick, the bowels were acting regularly, the mental activity had greatly improved, the body was of natural temperature, and the pulsation was much improved. At first the medicine produced some flushing and throbbing of the temples, but this passed away after two or three days, and in the course of a month the health was quite restored, on which the medicine was withdrawn. For fourteen months this patient has, I find continued well, remaining still a total abstainer from alcoholic beverages. He is now doing his full share of professional work.

Another class of cases resembling the above is often met with in which there is dryness as well as coldness of the skin attended with lepra or psoriasis. In these persons there is, as a rule, a syphilitic history, acquired or inherited. In them the action of the heart is intense, with a feeble pulse and nervous exhaustion. These are benefited by alcohol in properly-administered doses. I usually prescribe for an adult in such examples—

Liquid arsenite of potassa, m. v ;  
Pure glycerine, ℥i ;  
Alcohol, sp. gr. '830, ℥ss ;  
Distilled water, ℥i ;

To be taken in half-a-tumbler of water three times a day after food. In some instances I also add to this prescription two or three minims of the nitrite of amyl, and I have seen recovery, when arsenic alone has failed, commence immediately on the addition of the antispasmodic.

I have this week discharged a case of this kind, with recovery after five weeks administration of the mixture the formula for which is given above.

There is a third class of case belonging to this group, of which the phenomena are much the same, from conditions that are different as to origin. In the cases now referred to there is probably no resistance to the circulation of blood from undue contraction of arterial muscular fibre, but there is relative resistance, owing to the circumstance that the action of the heart is enfeebled, and cannot fairly overcome the natural tension.

The following case is in point. R. H. X. is a man of science, aged thirty-eight, following chemical pursuits. He is of nervo-bilious temperament and phthisical history. He is not a total abstainer, but moderately temperate. He smokes regularly. He suffered some ten years since from remittent fever. His appetite is fitful, his sleep restless and disturbed with dreams ; his memory is not so good as it was, and he is, physically, easily exhausted. He suffers from frequent "confusion in the head ;" is depressed in spirit ; is sometimes very irritable, and, as he expresses it, is always "vibrating." His temperature is now natural, but his extremities are usually cold. Pulse is 72, regular, and very feeble ; heart sounds are clear, but impulse very feeble ; the respiration natural ; the tongue creamy ; the bowels sluggish. The urine is clear and free of sugar and albumen, sp. gr. 1020. The facial expression is heavy and tremulous. There is no indication of organic disease of any kind, but extreme nervous depression, and heart-stroke is insufficient to overcome arterial resistance. I give this as a typical instance of a diseased condition in which, for a short period of administration, half a fluid ounce of '830 alcohol once or twice a day, with iron, if required, or nux vomica, or digitalis, is of the utmost service.

In the case named the alcohol was prescribed with Griffith's mixture, and with immediate benefit. The form ran as follows :—

Alcohol, ℥ss ;  
Tincture of nux vomica, m. v ;  
Compound of iron mixture (Griffith's) ℥j.

To be taken in half-a-tumbler of water twice a day after food. It was continued for three weeks, and then gradually removed, recovery being complete.

(To be continued.)

#### EXCISION OF THE WRIST FOR CARIES. (a)

By JOHN K. BARTON, F.R.C.S.I. ;

Lecturer on Surgery, Carmichael College, Dublin.

THAT Surgery took a step in advance when excision of joints began to take the place of amputation of limbs all gladly admit ; but when from this general agreement upon the merits of this branch of conservative surgery, we come to the question of the resection of particular joints, we find the greatest divergence of opinion among surgeons. With the exception of the elbow-joint, the resection of which may be said to have passed beyond the field of hostile criticism, there is not a joint in the body which may not be said to be at the present time a battle-field between rival schools—the advocates of excision in each case producing successful cases, while their opponents contend that these are but the exceptions to numerous failures, or that the successful cases would have made good recoveries without any operation. Truth will result from these contentions, and it is absolutely necessary that the *pros* and *cons* of each individual resection should be thoroughly discussed from all points of view—for the value of each operation can only be decided upon its own merits, and after considerable time has been allowed to elapse, so that the real result of the excision may be ascertained. In this way only can we hope to end the controversy, and arrive at a safe rule of practice in this most important branch of surgery.

In the case of the wrist-joint, all will admit the object which the surgeon proposes to himself to attain by excision is an important one—to save a hand from amputation, and restore to the patient a useful upper extremity. If, therefore, there are special difficulties attending this operation, not only, nor chiefly, in the performance of it, but also in obtaining, when properly performed, a useful hand with moveable fingers—these difficulties should stimulate us to greater perseverance, for, undoubtedly, if the excised wrist—even after a year—can be to some extent flexed and extended, the fingers closed and straightened, and the thumb approximated to them so that a pen can be held with firmness and guided in writing, a success worthy of much labour has been attained. The history of this operation is not a little remarkable. Performed for the first time by Moreau, the younger, at the close of the last century, there is no record of this bold and ingenious surgeon finding any imitator until 1839, when Deitz, a German surgeon, is said to have removed the ends of the radius and ulna and the carpal bones for caries. Ten years afterwards (chloroform having been introduced in the meantime), Heyfelder, excised the wrist, and it has since that time been followed by other surgeons, both British and foreign, with results, however, by no means encouraging.

Sir William Fergusson, writing in 1852, records a case of extensive caries of the wrist, in which he excised half an inch of the ends of the radius and ulna, the two rows of carpal bones, and upper ends of the metacarpal bones, by the lateral incisions. He says : "All the extensors and flexor tendons of the fingers were preserved. Also the radius and ulna arteries, with the median and ulnar nerves. There was very little blood lost, but the operation was protracted and difficult. The result was disappointing,

(a) Read before the Surgical Society of Ireland. Discussion will be found on page 29



for four months after the operation the hand and forearm were as useless as before the operation."

Mr. Doubled performed the operation after Heyfelder had published his cases in 1849, by two lateral incisions, in the same way, apparently, as Fergusson did his. But Velpeau recommended the lateral incisions to be joined together by a transverse incision across the back of the hand, the flap thus formed to be raised, by which the diseased bone to be removed could the more readily be reached. When we consider that the preservation of the tendons in their integrity is a cardinal point to be kept in view in our efforts to improve this operation, this flap made by section of all the extensor tendons, as recommended by Velpeau, seems a strangely retrograde step; and yet we find Mr. Butcher recommending an almost precisely similar method, under the title of "A New Operation," in 1864. Whether the operation Mr. Butcher performed has any claim to be considered new is a matter of less importance, being open to the same obvious objection that condemns Velpeau's, and as both have been superseded by Lister's method, which was published in 1865. In that year Mr. Lister recorded the particulars of 15 cases in which he had excised the ends of the radius and ulna, all (or nearly all) the carpal bones, and in some the carpal ends of the metacarpal bones as well. Of these 15 cases—writing three years after the first, and some months after the last case, had been operated on—he says: "Two have died of causes independent of the operation. Of the remaining 13, one is in an unsatisfactory condition, but not hopeless; two afford good hope of a satisfactory termination, which, in the remaining 10, may be said to have been already arrived at."

The method of incision employed by Mr. Lister seems at first to have been the same as that of Fergusson and Doubled, but, as his experience increased, he modified the lateral incisions somewhat, and recommended the outer or radial incision, to commence on a level with the styloid process, and at the middle of the dorsal aspect of the radius, from this to extend downwards and outwards towards the inner side of the metacarpophalangeal articulation of the thumb, but, on reaching the line of the radial border of the second metacarpal bone, to be carried directly downwards for half the length of this bone. The inner, or ulnar incision, he commences at least two inches above the end of the bone, anterior to it, and carries this down in a straight line to the middle of the five metacarpal bones. By making the radial incision in this manner the tendon of the extensor secundi internodii pollicis is avoided, as well as the radial artery, while the ulna incision is extensive enough to give room for the necessary dissection.

Lister specially directs attention to the necessity of removing all the parts of the extensive and complicated articulating machinery of the wrist and carpus, and also to the importance of preserving the tendons in as perfect a state as possible. He gives minute and careful directions for the attainment of this latter object, in the extent and direction of the incisions and the free movement of the tendons in their sheaths, both before and immediately after the operation.

Notwithstanding Lister's success, and the ample directions given by him for the performance of the operation and the after-treatment, but few surgeons seem to have followed his example. In 1868 Mr. Heeke reported a successful case by Lister's method, in which he removed the bones of the carpus, the end of the radius and ulna, and ends of the metacarpal bones. The patient, who had been a groom, was able to drive a brougham through London. Mr. West, of Birmingham, in the same year reported three cases, in all of which a successful result had been obtained, although in some sinuses had remained open, and bone had come away for many months.

Mr. Bryant, in the first edition of his "Surgery," published in 1872, after describing Lister's operation, says: "I have neither done or seen this operation. In exceptional cases it appears a good one." But in the last edi-

tion of his work he refers to Langenbeck's proposal of making one long dorsal incision, beginning over the back of the radius and extending downwards and outwards over the metacarpal bone of the index finger, and seems to prefer this, remarking that he has witnessed the facility with which the bones can be reached by this means.

Before concluding this brief history of the operation, I may remark that Lister's success seems to me to be attributable more to the sound principle of removing all diseased bones upon which he acted, and upon his careful and prolonged after-treatment, than upon his method of operating, which, however, in most cases will, I believe, be found to answer better than any other. The following are the records of my case:—Nourse Farquhar, 17 years of age, a writing clerk, was admitted to the Adelaide Hospital in March, 1880, for caries of the bones of the right wrist-joint. He had been an out-patient for two months, but as he was not improving, and suppuration was increasing, he was admitted into hospital. Upon examination, the affected wrist-joint was found to measure two inches more in circumference than the other. There were two openings on the posterior aspect of the joint, through which the probe came down on bone, which felt as soft as caries, and seemed to be the posterior surface of the radius. Anteriorly there were sinus openings, but these did not lead to denuded bone. As the disease was spreading, and the lad's health beginning to fail, it was evident that he must suffer amputation of his forearm, unless the hand could be saved by excision of the joint. The parents and the lad himself expressed an anxious wish to have the latter attempt made, so, upon the 27th of the month (March) I excised the wrist in the following manner:—Esmarch's bandage was applied, and the circulation in the wrist completely arrested. The part about to be operated on was then exposed to the carbolic spray, and the patient being fully under the influence of ether, I made two lateral incisions—the outer, from one inch and a half above, and a little behind, the styloid process of the radius, to the base of the metacarpal bone of the thumb; the inner from the same distance above the lower end of the ulna to the base of the fifth metacarpal bone. These incisions were carried down to the bones, and as soon as this was done I began to raise the soft parts, with the tendons, from the back of the radius and carpal bones on the outside, and from ulna and back of the carpal bones on the inside, keeping the knife close to the bones. This was accomplished very slowly and without much difficulty, but, in proceeding to clear the bones on the outside, the tendon of the extensor secundi internodii pollicis was divided. With this exception no tendon was severed. The first bone removed was the scaphoid; then half the trapezium was removed with a cutting forceps. This gave a free opening, and permitted me to dissect out the lunar and cuneiform bones, and then to examine the ends of the radius and ulna. The articular cartilages were destroyed, and the extremities of the radius and ulna were soft and carious; the blade of a Butcher's saw was then introduced in front of the bones, and section made of them an inch and a half above their articulating extremities. The bones forming the second row of the carpus were now carefully examined. Their cartilages were found to be perfectly healthy. The disease did not appear to have extended to them. Under these circumstances with a cutting forceps, I removed the cartilage-covered face of each bone, and, finding the osseous surface thus exposed healthy in appearance, I determined to lance them. The space between the bones, thus left, was two inches and a half. I did not attempt to bring their surface into apposition, but I merely drew them towards each other as far as the state of the soft parts would permit without much force being used. No artery required ligation. One or two small branches were twisted. A drainage tube was placed through the wound, which was then dressed antiseptically and laid on a splint supporting the fingers.

The after-treatment consisted in the daily free washing of the cavity, and in the constant passive movement of

the fingers. No inflammation of the arm followed, but there was a tolerably free suppuration, the wound being kept open on both sides. Gradually the parts contracted, and as they did the patient began to regain power over his fingers, and over his thumb also. The fingers were constantly moved to prevent their tendons becoming fixed in their sheaths. In three months he left the hospital, and attended constantly as an out patient. I examined him a few days ago, and took the following notes:—He is able to hold out his hand, but it drops a little when there is no support beneath it. He can flex and extend the hand to a limited extent. He can move all his fingers and his thumb, and approximate the thumb and fingers so as firmly to hold a lens between them, but he cannot flex his fingers freely into the palm so as to close his fist. The central part of the line of incision on each side is not quite healed, and there is a tendency to little ulcerations of the skin on the palm and dorsum from any pressure. These ulcers heal up readily. The measurement of the limb is as follows:—From olecranon process to tip of middle finger, 15½ inches; the distance on the second limb being 17 inches. Circumference round base of metacarpal bones, 6½ inches; the sound hand measuring 7½ inches. So that the hand is smaller by three quarters of an inch; and the forearm and hand lose but 2½ inches in length. With a light splint support he can write easily and lightly. Eight months having elapsed since the operation, the result in this case may be said to be satisfactory, and will probably be very much better in another year, for (as Sir W. Fergusson has remarked) from one to two years may be required in these cases to obtain the full benefits of the operation.

The case I have related differs from Lister's and any others (the report of which I have seen) in the fact that the articulating surfaces of the second row of the carpus alone were removed. The bones remain, and of course the metacarpus was not interfered with. I ventured to act in this way, because, in my case, the disease was chiefly in the extremities of the radius and ulna; and when I had removed the first row of carpal bones I was perfectly satisfied that I had removed all the parts engaged with disease, the remaining cartilages and bones presenting a perfectly healthy appearance and feel. The result shows that this may be safely done, when, as in my case, the disease was confined to the wrist-joint proper and the bones forming it, and had not as yet engaged the intercarpal joint and metacarpal joints.

## DISEASES OF THE HEART IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.;

Physician to the Samaritan Hospital for Women and Children.

(Continued from page 2.)

### ENDOCARDITIS.

THIS disease consists in inflammation of the endocardium or lining membrane of the heart, and is frequently associated with pericarditis as a consequence of acute rheumatism. It is most common in the latter affection, but may arise from exposure to cold, or be developed in the course of severe chorea, or scarlet fever, or measles, or small-pox. Bright's disease may induce a chronic form.

The general symptoms are a sense of discomfort and uneasiness over the cardiac region, anxiety of expression, flushed countenance, and a tendency to syncope. Pain is not always present unless there is pericarditis or pleurisy, and if auscultation were not practised carefully the disease might be overlooked. Still, in a few instances pain is severe, and increased on the slightest pressure or movement, so that the weight of the bed-clothes is intolerable. There is restlessness, hot skin, thirst and fever, followed by perspiration, which is often profuse as the disease advances; the pulse soon becomes

quick, feeble, or intermittent, and the breathing is hurried and abdominal. As the disease progresses the lips become livid, the eye is dim, and the face is dull and heavy, or pale and shrunk. Wandering at night, and even delirium and convulsions, are among the symptoms. Bronchial congestion, or pulmonary engorgement is apt to ensue from increasing debility, and the failure of the circulation through the lungs.

The physical signs are those indicating mischief at the aortic and mitral orifices as mentioned under valvular affections; there is usually a soft bruit at the apex with the systole, but the symptoms depend on the valves which are affected, and these are generally on the left side of the heart. The disease may terminate fatally from exhaustion and cerebral symptoms, or, if the acute stage be passed over, no traces of the disease may remain. In the most severe cases valvular changes ensue, leading to puckering of the valves and impairment of their functions, with ultimate obstruction of the circulation and general dropsy. A portion of the coagula may be detached from the curtain of the inflamed valve and carried into the general circulation, causing embolism.

In endocarditis as the accompaniment of rheumatic fever, there is an inflammation of the lining membrane of the heart. Effusion of lymph into the structure of the valves (*mitral valvulitis*) ensues, which finally becomes converted into a fibrous structure, the chordæ tendinæ are involved, so that they undergo contraction, and the valves becoming tied down or puckered up together, which either narrows the mitral orifice (*mitral stenosis*) or the opening is so wide, that when the ventricle contracts regurgitation is produced (*mitral regurgitation*). The mitral valve at each ventricular contraction has to sustain much greater pressure than the aortic valve which has only to bear the force of the returning blood against it.

*Treatment.*—This should in some measure depend upon the disease with which the cardiac affection is complicated, and seeing that it may arise in the course of acute rheumatism, or scarlet fever, it will be important to modify the treatment accordingly. The treatment is really the same as that of pericarditis, with which it is often associated, but there is this difference,—endocarditis speedily tends to exhaustion, and is not so amenable to active measures. The patient should remain in bed for a length of time after the acute stage has passed over, so that excitement may be diminished, and the effects of strain should be kept off the injured valves by lowering the blood pressure, as far as possible. This is recommended by Dr. Milner Fothergill, in a lecture, in the *Medical Times and Gazette*, Sept. 1878. "This fact then is ascertained and confirmed by experience, viz., that the damage done to the endocardium by rheumatic inflammation may abide for four or five years without producing any conscious detriment to the health or well-being of the patient, or (as far as we have the means of judging) any farther injury to the structure of the heart. And it is a most important and consolatory fact. But in other instances other results immediately follow. When after its departure acute rheumatism leaves the endocardial murmur behind it, which, though known only to the physician, is the sure sign of injury done to the endocardium, it leaves it attended from the beginning by other symptoms, which the patient is sufficiently conscious of, and these are directly referable to the heart. They consist of palpitation, pain, and dyspnoea, which are not constantly present, but only under bodily exertion and mental excitement. The child who has had the præcordial murmur ever since it suffered a certain rheumatic attack, is just the same child as it was before, except that it cannot join in any pastime requiring rapid movement; for then its heart palpitates, it loses its breath, and is obliged to sit down. Men too are just the same men as they were before, only perhaps they cannot run upstairs without panting and hurry, and they constantly find themselves obliged to restrain their bodily efforts within certain limits, and to beware of mental excitement, for fear of palpitation and dyspnoea."

These conditions too may remain for years without either augmentation or abatement. The murmur is never absent, but the palpitation and dyspnoea are never present except as the immediate effect of a certain amount of bodily exertion or mental excitement." (a)

*Myocarditis* or inflammation of the heart's substance is generally found in connection with endocarditis or pericarditis, but the muscular structure of the heart may be affected just as the muscles are in subacute or chronic rheumatism, without any inflammation whatever. Myocarditis occurs also in scarlet fever and in typhoid. After some fatal cases of endocarditis, the walls of the heart have been found to be thickened, and abscesses of variable size have been discovered in the muscular structure of the organ. Such changes occur in death from pyæmia, scarlet fever, and some other forms of blood-poisoning. If palpitation and violent pains in the cardiac region come on during rheumatism, and the pain extends through the shoulder, or passes down the arm, the disease may be suspected. The complaint being obscure in its manifestations, the treatment must be regulated in accordance with the most urgent symptoms, and the cause in operation if it can be discovered.

#### ULCERATIVE ENDOCARDITIS.

This disorder superficially resembles the form of endocarditis, frequent in rheumatic subjects, where minute coagula form around endocardial vegetations, and becoming detached, produce embolism in the cerebral and other arteries. But in ulcerative endocarditis the blood is preciously poisoned by some specific affection, as small-pox, pyæmia, diphtheria, &c., and coagula of infected blood form around the cardiac valves. Portions of these clots becoming detached, produce embolism of an infective character, over and above their purely mechanical effects. The disease attacks only persons of bad constitution.

For much of the description about to be given I am indebted to an interesting lecture by Dr. Cayley, on a case of "*Ulcerative or infecting endocarditis simulating typhoid fever in a boy aged nine years.*" (b)

The disease is to be distinguished anatomically by a large number of embolisms in the miliary form. The emboli in ordinary endocarditis are lodged in the middle cerebral artery, producing hæmorrhage and softening of the corpus striatum, and optic thalami, followed by hemiplegia. In ulcerative endocarditis they are deposited in the pia mater of the hemispheres, and do not necessarily produce any cerebral lesion. The intestine is frequently the seat of emboli in this form of endocarditis, and in both varieties the kidneys and spleen are the most common seats of embolism. The endocarditis of acute rheumatism may occasionally assume this variety, and it may even supervene on chronic valvular disease. (c)

The general symptoms sometimes resemble ordinary pyæmia; there are rigors, high fever of a remittent or

(a) Dr. P. M. Latham, "On Diseases of the Heart," New Syd. Society, 1876, vol. i., p. 279.

(b) A case in a boy, æt. 14, terminated fatally, through rupture of the heart, almost immediately after admission to the hospital. A year previously he had an attack of rheumatic fever, and since then had been losing flesh, and suffered from dyspnoea on exertion. A fortnight before admission he had severe pain in the chest, constant dyspnoea, and general malaise. When admitted there was a thrill, a double murmur, over the aortic valve, and a systolic murmur at the apex. "He suddenly became insensible, flushed in the face, and began to struggle, and then turned deadly pale, and died." A post-mortem examination showed that the "pericardium was full of coagulated blood, which had flowed from a very small orifice in a sac lying between the aorta and pulmonary vein, and which was formed by the protrusion on the part lying at the base of the mitral valve, in which destructive inflammatory ulceration had produced the lesion."—St. George's Hosp. Rep., 1874-76, p. 367.

(c) "The average weight of the spleen in ten cases of ulcerative endocarditis occurring in 1867-70 was 25 ozs.; they were always more or less soft and pulpy. Very rarely the spleen retains even to double the latter weight in endocarditis."—*Path. Anatomy*, by Wilkes and Moxon, 1875, p. 475.

intermittent type, and local suppuration. In other cases they resemble typhoid fever, as in the case recorded by Dr. Cayley.

In the typhoid form there are rigors and vomiting, often sweating, and irregular febrile exacerbations. There are also brown tongue, sordes on the teeth, and delirium passing to coma. The urine is often bloody and albuminous.

Auscultation discovers the signs of valvular obstruction, the murmurs varying according to the orifices affected, and the progress of the ulceration.

The disease tends to fatal termination, and is not controlled by treatment.

(To be continued.)

#### ON THE ADVANTAGE OF FURNISHING CATHETERS AND HOLLOW SOUNDS WITH CLOSELY-FITTING BOUGIES INSTEAD OF WIRE STYLETS.

By W. F. TEEVAN, B.A., F.R.C.S.,

Surgeon to the West London and St. Peter's Hospitals.

An elastic catheter is fitted with a wire stylet for one or all of the following purposes:—1. To keep the channel of the catheter pervious. 2. To stiffen it. 3. To give it a desired curve. In the case of a metal catheter, the wire stylet can serve the first object only. There are two distinct objections to the employment of the wire stylet:—(a) It usually fails to keep the tube clear; for if it get blocked with mucus, blood, or pus, no amount of manipulation will clear it, and the surgeon is obliged to withdraw his instrument, which, in cases of retention, is equally annoying to himself and patient. (b) When a wire stylet is used there is always a risk that its end may pass out at the eye of the catheter and prick the mucous membrane. This accident is very likely to occur when the surgeon is trying to clear the tube, and must be within every surgeon's experience. Now, if the catheter be fitted with a closely-fitting bougie, none of the above annoyances can take place. Unlike the wire stylet, which lies loosely in a cavity which it does not fill, the bougie accurately occupies the entire tube, so that no clot can enter. The bougie is, of course, not withdrawn till the catheter is in the bladder, when the rush of urine will be powerful enough to carry away with it any clot there may be in the bladder. When a catheter is used with a wire stylet, the cavity of the former is usually filled with mucus, blood, or pus before the instrument is fairly in the bladder. If the surgeon wants to stiffen the catheter, or give it a certain curve, a leaden or whalebone bougie, with a good rounded end, may be used. The French surgeons have for a long time fitted their bougies with fine shot or leaden stylets to stiffen them. For cases of retention on enlarged prostate, where there is often free hæmorrhage from the engorged veins, a metal catheter, armed with a closely-fitting bougie instead of a wire stylet, will be found a great improvement. All hollow sounds ought to be fitted with bougies, for the rattling of a wire stylet may give a sensation closely resembling the click produced by striking a small stone.

THE death-rate last week in the large towns from the seven principal zymotic diseases ranged from 0·7 and 1·0 in Plymouth and Newcastle-upon-Tyne, to 5·5 and 5·8 in Wolverhampton and Sunderland. Scarlet fever showed the largest proportional fatality in Sunderland, Bristol Oldham, Wolverhampton, and Norwich. The highest death-rates from fever (principally enteric) occurred in Wolverhampton, Norwich, Dublin, and Leicester. Small-pox caused 17 more deaths in London, but none in any of the other large towns.

## Clinical Records.

### ST. MARY'S HOSPITAL.

*Hypertrophic Synovitis of Knee-joint—Caries of Head of Tibia—Abscess of Tibia—Subsequent Suppuration within Knee-joint—Amputation—Rapid Recovery.*

Under the care of A. T. NORTON, F.R.C.S.

D. P., *æt.* 4 years, was admitted on the 9th April. His right knee-joint was swelled and painful; he was unable to walk in consequence of the pain in the joint. Spongy synovial membrane projected on each side of the patella, but it was evident that there was no pus within the joint, nor ulceration. On the 19th, there was, immediately below the joint on its outer side, a swelling, over which the skin was red. It proved to be an abscess, in connection with the head of the tibia. On the 22nd, an incision was made transversely over the head of the bone, and a sequestrum, the size of a bean, removed from the outer tuberosity. No communication had taken place with the joint, and a drainage tube of large size was therefore inserted, and the rest of the wound brought together with sutures. The operation was performed on strictly antiseptic principles. On the following day the temperature was 100 deg., and on the 24th, 102·8 deg.; thence it fell, on the 26th, to 98 deg., and so continued, with a rise every night of two degrees, until the 5th of May, when it rose to 103·2 deg. About this time some children in the ward were attacked with scarlatina, and it was noticed that the skin of the abdomen of this child was somewhat efflorescent in appearance for about two days, but he had no sore throat. He was, however, moved into an isolation ward. For four days the temperature was 103 deg. every evening, whilst the knee symptoms seemed abating, so that it is probable that the boy suffered from a light attack of scarlatina, especially as some small quantity of albumen was passed in the urine at a later date.

From the 10th of May to the 20th the temperature was that of hectic or suppurative fever, varying between 99 deg. and 101 deg., being always two degrees higher in the evening than in the morning, though still the signs of knee-joint disease did not increase in severity. On the 20th of May the temperature rose at night to 102 deg.; and on the 21st, it being found that pus had collected in the joint, an incision was made into the joint under the antiseptic spray, and about four ounces of pus evacuated. On examination of the joint by the finger, all the bony surfaces were found denuded of cartilage. Large drainage tubes were inserted, and the joint dressed antiseptically every other day. A great quantity of discharge was found in each dressing, but the pulse remained at about 95, and the temperature did not rise above 99·6 deg. until the 3rd of June. Desquamation of the chest and abdomen had been taking place during the past week. The child now suffered from diarrhoea and catarrh of the external ear, during which the temperature ranged between 99·5 deg. and 101·3 deg., reaching the latter every evening. From this date to the 24th of June there was little or no change in the symptoms. Suppurative fever continued, the temperature rising a degree and a-half to two degrees every evening, the highest temperature being 102·2 deg. Food was refused, or taken only in small quantities. The nights were sleepless, and the sweats of hectic were exhausting. The discharge from the knee continued in quantity, and was somewhat offensive; there was no sign of repair going on within the joint. The patient was therefore placed under chloroform, and a thorough examination made. Nearly all the cancellous tissue of the head of the tibia had been destroyed, leaving a large abscess cavity surrounded by carious bone. The abscess opened both externally and into the joint. It was decided that the disease extended too far into the shaft of the tibia to allow of excision, apart altogether from the consideration of the constitutional condition of the patient,

and that amputation should be at once performed. Amputation of the lower third of the femur was performed on the 28th of June, under antiseptic principles, and on the 29th the temperature was 99 deg. After this date the temperature remained within a tenth of a degree either above or below normal; the flaps healed mainly by the first intention; and with the subsidence of the fever, signs of health returned.

Within a week of the operation, antiseptic dressings were discontinued, there being no wound; and in the third week after the operation, the patient was discharged cured.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, December 10th, 1880, in the Albert Hall, Royal College of Surgeons, Dr. M'CLINTOCK, President of the College, in the chair.

Mr. JOLLIFFE TUFNELL, F.R.C.S.I., Hon. Sec. read the minutes of the previous meeting, which were confirmed.

#### PEFUNGULATED MYXO-FIBROMA.

Mr. THORNLEY STOKER exhibited a myxo-fibromatous tumour, about as large as a goose-egg, removed by him on the previous Wednesday in the Richmond Hospital, from a female patient, *æt.* 36, multiparous, and exceedingly healthy in appearance. The tumour grew on the right side of the orifice of the vagina on the muco-cutaneous junction, immediately behind the termination of the nymphæ of that side. It had existed about fifteen years, and caused little or no inconvenience during that period, the growth being gradual and slow. It was a good example of that character of morbid tissue called myxo-fibroma. About its periphery where most firm; it was fibromatous, but towards its centre it was myxo-fibromatous. It was encapsuled, and fortunately the ligature had included the pedicle immediately beyond the capsule, thereby securing the woman against the risk of its recurrence. The reason she presented herself at the hospital was that she—some-what unjustly—conceived the tumour to be the cause of a swelling in her right leg, to which she had been subject since a certain confinement, after which it had appeared.

#### KNEE-JOINT EXCISION.

Mr. W. WHEELER showed sections of the left femur and tibia which he removed on the 2nd ult. from a girl, *æt.* 19, in the City of Dublin Hospital, when performing resection of the knee-joint. She suffered from synovitis two years previously, and had been treated in a Dublin hospital with benefit; and afterwards probably, from the appearance of the affected parts, articular osteitis set in, and later the synovial membrane altered in structure. The joint was two inches larger than the healthy one circumferentially over the patella, and much pain was evinced on pressure at the inner side of the tibia, and when it was made against the femur, but up this latter bone there was no thickening whatever. On closer examination of the synovial capsule, it presented all the appearances described as pulpy thickening. The crucial ligaments were congested, but not ulcerated. The cartilages, as demonstrated by the specimen, were raised from the tibia, but not diseased, and underneath each cartilage might be seen the erosive and carious condition of the tibia, and the widening of its articular end. The femur was carious at its outer condyle, but the rest of the articular surface was perfectly healthy.

#### KNEE-JOINT EXCISION.

Mr. HENRY GRAY CROLY exhibited a specimen also connected with excision of the knee-joint. A man, *æt.* about 28, was admitted within the last three weeks, under his care, in the City of Dublin Hospital, suffering from the usual symptoms of cartilage erosion, stiffness of the limb, and excessive pain on any movement. Though his family were not very healthy, he (Mr. Croly) thought, as the disease was very limited, he would give him a chance by excising the joint. It was interesting to find the disease limited entirely to the cartilage, which was completely eroded with a perfectly healthy

bone underneath. The specimen was interesting, as it was not usual to get a case where the disease was confined entirely to the cartilage.

#### MAMMARY CARCINOMA.

Mr. W. M. WHEELER exhibited a breast which he removed from a female patient on the previous Tuesday. It showed a tumour scirrhus in character, but the specimen, being in the incipient stage and the early date of diagnosing and removing it, had some points of special interest not seen in what might be termed fully developed scirrhus of the mamma. The nipple was retracted, but there was no dimpling of the skin—another mark of its early stage—contraction sufficient to produce that condition not having taken place. On cutting through the tumour the surfaces of the section became concave, being characteristic of that form of growth. It had no distinct capsule, which was seldom found in scirrhus—indeed, stated upon high authority not to exist. But last session he had had the opportunity of showing an encapsuled scirrhus breast, since preserved in the museum. The tumour presented a pale greyish colour; it was intersected by ducts and yellow lines, which belonged to the texture of the breast. The outlines of the lobes were not yet obliterated, but only blunted. Mr. Abraham, the curator of the college museum, had made a microscopical examination, and stated the specimen to indicate “commencing cancer.” The microscope, No. 2 on the table, showed a section which presented all the characters of the disease. He (Mr. Wheeler) added that the patient was about 42 years of age, and healthy in appearance. She had no family history of special disease of any kind, and was attracted to the tumour by occasional pain.

#### EXCISED WRIST-JOINT BONES.

Mr. HENRY GRAY CROLY exhibited all the bones of the carpus, and the end of the radius and ulna, which he had removed from a patient in the City of Dublin Hospital, by Lister's operation of excision of the wrist.

#### MAMMARY CARCINOMA.

He next exhibited a specimen of a scirrhus breast which he had removed on the previous Monday from a patient, *æt.* about 45. The tumour had been growing about six months, and was very hard. The most interesting point in connection with the case was, that although he felt two glands under the edge of the pectoral muscle, when he prolonged the incision he felt a long chain of small lymphatic glands running up under the scapula, and to the apex of the axilla, and he was able to shell them out with his fingers.

Mr. J. K. BARTON read a paper on

#### EXCISION OF THE WRIST.

which will be found on page 24.

Mr. HENRY GRAY CROLY said he had had occasion to excise the wrist-joint by Lister's method three times, and had a case on which he intended to perform the same operation on the following Tuesday. Those cases he had not yet published, awaiting the efflux of two years to see how they would progress; for although the operation might look very nice at the time, he could not speak of its usefulness without due trial. However, so far he had reason to believe the patients were going on well, having useful hands. Should the opposite result ensue, he would nevertheless publish the facts, detailing exactly how the cases had terminated. Last March he had had an opportunity of seeing Professor Lister operate himself. What struck him as remarkable about it, and as contrary to what he had at first recommended, was his being favourably disposed to partial excision of the wrist-joint. He cut down on the wrist-joint, and finding the disease in the end of the radius and ulna, he removed the first row of carpal bones. Then finding the rest of the carpal bones healthy, instead of cutting out all the carpal bones, he removed the cartilages of the second row, doing away with the necessity of removing a greater extent. Having asked was he afraid of leaving disease, Prof. Lister replied that he had had more than one case where partial excision proved satisfactory. In excision of the wrist-joint, as in excision of the knee-joint, success depended on the selection of the case. Meeting a case where the cartilage on the end of the radius and ulna was diseased, with limited disease on the carpal lines, he would select that for a good result. But if the disease was extensive, involving a large section of the radius and ulna, the result could not be satisfactory. Thus resection had been

brought into disrepute by ill-selected cases, men excising joints because it was the fashion, instead of carefully selecting their cases in which to do so. He had asked Mr. Barton why he removed so large a piece from the end of the radius, and his reason was that the end of the bone was so soft he was naturally afraid to leave it. With regard to the steps of the operation, but for Esmarch's bandage he did not know how it could be performed at all. In using Esmarch's bandage for that operation and operations affecting the hand, it was useful to apply the bandage only above the elbow, the elastic bandage being calculated to leave a paralytic condition. He detached the pisiform bone. The great object to be gained was a fixed wrist and movable fingers. It was important to make the section of the ulna with an oblique incision so as to prevent any displacement of the hands.

Dr. E. H. BENNETT, judging from the information before the Society with the specimen exhibited, congratulated Dr. Barton on the result of the case, and also on his determining on the operation, because evidently the condition of affairs was such as to demand the operation. Still, were Dr. Barton to do the operation over again, with the light the specimen revealed, he would doubtless limit his incisions in the bone to a very great degree. He was quite certain that the specimen afforded no evidence of disease to the extent to which the removal had been made. In that remark he did not intend any unfriendly criticism, as there was great difficulty on deciding the degree or limit of disease during an operation. From the dry specimen the disease appeared to be limited almost to the styloid region of the radius. The carpal bones at the radial joints were very healthy, so that had the incision been limited to a much smaller area of bone a far better result would have been obtained. It reminded him of a specimen in the College—the first case of excision of the knee performed by the late Sir Philip Crampton—remarkable for the extraordinary length of bone which, through inexperience of the operation, had been removed. Instead of such shavings as Mr. Wheeler exhibited there were three or four inches of the shaft removed. So that it was a wonder any successful result could ensue. He suspected Dr. Barton would bear out his observations in reply.

Mr. WHEELER said he had, towards the end of 1874, excised the wrist-joint in a girl of very strumous habit. She had several sinuses over the region of the joint, and on pressure she complained of the usual pain. He performed excision according to the method described, removing the metacarpal bones, the end of the radius and the ulna. He did not “Esmarch” that case, nor would he, if performing excision of the knee-joint, again use Esmarch's bandage. It was not requisite to use Esmarch's bandage, causing great delay in the operation, and consequently unnecessary distress, and perhaps shock to the patient. His experience was, that there was enormous bleeding after the removal of the bandage, and small vessels would have to be tied which need not be, had it not been used. The plan was to elevate the limb and then put Esmarch's bandage on the main artery, having bandaged it evenly without the elastic bandage, or merely have it raised up. Thus there was no secondary hæmorrhage or weeping where so many small vessels had to be tied. Esmarch's bandage caused unnecessary delay, and he would not use it again in excisions of the wrist, or knee, or ankle. The case to which he alluded had turned out favourable, although the sinuses remained until 1877, more than two years and several months after the operation, but that was not, in his experience, an unusual thing in cases of strumous joints, and even in cases of amputations performed on strumous patients. Change of air, and other causes, building up the patient's health would cure the sinuses which the surgeon could not speedily heal. In his case the little finger remained slightly stiff, but the other fingers were very useful. It was not Lister's splint that he used, but it was like it, with a large pad of lint underneath. With regard to the specimen exhibited by Dr. Barton, the os magnum appeared to be very extensively diseased, the front portion of it being taken away. He concurred with Dr. Bennett as to not removing so much of the radius. The sinuses he felt perfectly certain would close after a time. As to the question raised by Dr. Barton, the main point was undoubtedly the selection of the cases for operation. An apparatus invented by Mr. Fagan, of Belfast, shown at the meeting of the British Medical Association in Cork was very ingenious and useful, produc-

ing extension and counter-extension, and keeping the wrist-joint perfectly at rest. A great number of favourable results had been produced by that line of treatment, as the statistics proved. The splint was most useful in cases of incipient disease of the wrist-joint. In the City of Dublin Hospital he had a patient from the north of Ireland suffering from disease of the wrist-joint. He put on a splint, not Dr. Fagan's, but he adopted the same plan of extension and counter-extension, and the man got perfectly free from the pain and the spasms in the wrist, and had almost perfectly recovered without operative interference.

Mr. THORNLEY STOKER did not intend to trouble the Society, but an issue had been raised so important and so much at variance with all the opinions he had learned to hold that he could not remain silent. If there was one thing more than another he learned to have belief in, it was in the use of Esmarch's bandage in excisions of joints. Every day he had seen it employed he was the more strongly impressed with the belief that it was one of the greatest advantages gained by modern surgery in the performance of its operations. He had, therefore, heard with some surprise—he might almost say dismay—a gentleman of considerable experience in that class of operations speak against the use of the bandage; and he could not but think some erroneous facts must have been stated with regard to it. Esmarch's apparatus consisted of two things—an elastic bandage and an elastic tube tourniquet. Mr. Wheeler had condemned the whole apparatus from beginning to end.

Mr. WHEELER interposed and said he had not gone so far. In removing portions of bone from the foot the bandage was very useful; but in excisions of the knee or the wrist-joint he would not use it.

Mr. STOKER said he had never performed excision of the wrist, but he had several excisions of the knee, deriving the greatest possible assistance from the use of Esmarch's bandage. He had not a single objection to offer to it. When first brought into use, the tube apparatus was often too tightly applied, and in some of the London hospitals paralysis ensued; but he doubted that such a result had ever occurred in Dublin. He had seen it employed in scores—aye, hundreds of cases without the slightest ill-effects. In the early use of the bandage he had seen partial anæsthesia result, but not such as Mr. Wheeler had condemned it for.

Mr. WHEELER said the reason he would not use it was, that it induced secondary hæmorrhage and caused delay. He never spoke of paralysis in connection with it.

The PRESIDENT observed that the main question was not the use of Esmarch's bandage.

Mr. STOKES—If that is out of the scope of the discussion I have nothing more to say.

Mr. O'GRADY said the advantage of Esmarch's bandage was, that it enabled the surgeon to see the condition of the bone, which was of great importance; but at the same time he agreed with Mr. Wheeler as to the troublesome consequences that followed in the way of hæmorrhage. So much had he experienced the difficulty spoken of by Mr. Bennett as to determining where to limit the removal of the bone, that of late he had used a chisel in preference to a saw.

Dr. BARTON replied, Mr. Croly had mentioned the operation he had seen Mr. Lister perform—the one which he did in leaving the second row of the carpus; and the lesson taught by his case was strengthened by Lister's. He did not wonder at Dr. Bennett's remark, inasmuch as the dry specimen did not show the amount of disease that certainly appeared at the time of the operation. The end of the radius seemed so soft and carious as to necessitate, in the opinion of himself and his colleagues who assisted him, a freer excision than they had at all wished. It might be that further experience would enable one to gauge more accurately the exact quantity of bone to be removed; but as Dr. Bennett remarked, it was not easy, when performing the operation, to do so. Being impressed with the soundness of the principle to remove all the bone that he was satisfied was diseased, he thought an error upon that side was after all the safest. In his case the bones of the first row of the carpus were comparatively free from disease. The encrusting cartilage was diseased, but the bones to a slight degree only were affected; the second row of the carpus not at all so. That was why he stopped short here. By saving a second row of the carpus it still remained an open question whether he might or might not have saved more of the radius and ulna; but those bones at the time of the operation seemed so far engaged that to ensure a thorough removal of the

diseased part it was necessary to make the section where he did. Still, his case showed that even with that amount of bone removed a useful hand might be obtained. With regard to the discussion on the Esmarch bandage in connection with that particular form of operation, he could not help thinking that it was exceedingly valuable in enabling the surgeon to see what he was doing and to do it better than he otherwise could. He thought the advantages it afforded in that particular class of operations was very great, and he would decidedly use it in those cases, as well as in others where the bones were primarily the parts to be operated on. But in many cases it was by no means easy to gauge the amount of pressure with the constricting-tube. An assistant would exert an amount of needless pressure to make the arteries secure. Dr. M'Ewen, of Glasgow, uses a piece of elastic itself instead of the tube; and he had done so, too, finding it sufficient to restrain the circulation and far less liable to dangerous pressure. The os magnum could not be the seat of disease, inasmuch as, except the head, it remained in the lad's hand at present, and was exceedingly useful.

The Society then adjourned.

### ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

WEDNESDAY, DECEMBER 15TH, 1880.

W. A. N. CATTLEIN, F.R.C.S., President, in the Chair.

MR. EDMUND OWEN read a paper on

#### MAXILLARY ABSCESS AND NECROSIS IN CHILDHOOD,

and remarked that the question which he was about to suggest for discussion (for the enlightenment not only of himself, but also of many other practitioners) was this:—Is it right to refuse to extract a carious and aching tooth on account of the acuteness of the periosteal and maxillary inflammation, which its presence has excited? Honestly, he did not know what answer he should get, or he should not have gone through the superfluous performance of coming there that evening for the information. He could assure them that it was a matter on which the knowledge of general surgeons—speaking for others as well as himself—seemed by no means definite; and as it involved pathological and surgical principles of great importance, it would be well if existing haziness could be cleared up by the Fellows of this Society expressing their decided opinion on this question. He was prepared to find that their answer would not be absolute and free of all reserve, though, for his part, he strongly held that the dental surgeon should never refuse to extract a tooth which was the probable cause of acute peri-dental inflammation, for the simple reason that the local disturbance was excessive. He now desired the Fellows to accompany him, in imagination, to the general out-patient room, whilst we examine two sufferers whose cases, by analogy, have considerable bearing upon the question which this paper proposes. The first case is that of a little boy, who is in a most miserable condition, with a large bright red or dusky swelling at the end of his thumb. His mother tells us that he can neither eat nor sleep on account of the pain and throbbing in his hand and arm. When the dressings are removed, we see that he is suffering from acute inflammation of the bed of the nail, and we learn that a week or ten days ago the little fellow had his thumb violently squeezed in a doorway. The nail is evidently doomed. It is discoloured and loose, and, attached by one side only, its jagged base and edge are imbedded in a bleeding groove of vascular and irritable granulations. The condition of the parts leaves no doubt as to what should be the line of treatment adopted. The nail must be removed, so as to set the tissues at rest, and so as to allow of the escape of some unwholesome discharge, which is at present partially concealed beneath. As soon as this is done, water dressings are applied, and cod-liver oil and iron prescribed; and the boy from that time begins to recover health and strength. No treatment which did not include the removal of the nail would have been of avail. The other case is also that of a child. His right leg, from the knee to the ankle, is so full of heat and pain that he is unable to stand upright. Indeed, his condition is one that urgently demands his admission into the wards, and, if possible, instant relief. As we are following him upstairs, we learn from his mother that, though hardly a strong boy, he was really never ill till within the last week, and that she attributes all his trouble to



the fact that, just before the attack, he was exposed for some hours to the wet and cold of a snowy day. On examination, we find that he has acute periostitis and inflammation of the bone itself, with, probably, some sub-periosteal suppuration. Mr. Owen was sure the Fellows of the Society would agree with him in this—that the proper local treatment consisted in making bold and free incisions down upon, and even into, the inflamed bone. And if a bystander asks if we are going to cut into this hotbed of congested vessels and energetic leucocytes, he may be answered that such treatment is indeed appropriate, inasmuch as it at once relieves the vascular tension, and diminishes the chance of the inflammatory vigour, determining the death of the adjoining osseous tissue. There is just one other patient he would yet like to examine; but as he was going to obtain their opinion and advice upon this case shortly, he would, with their permission, examine him by himself. At the first view he had of him, he concluded that he had something wrong with his teeth, for his mother had bound up his chin and the lower part of his face with a thick comforter, and with it a decomposing mass of moist linseed meal. He found the cheek red and swollen, hard, and tender; and on getting a peep into the mouth between the jaws, which he could only slightly separate, he found that all the teeth on the bad side were encrusted with a yellow fungus—a sure sign that for some time the little patient had been unable to use that side of the mouth for mastication. In a similar way a stone roller lying idle beneath the damp trees becomes covered with a sickly growth of moss. By the aid of a better light, one discovered that one of the molars was a little decayed, and that the gum surrounded it with a bright red line. Moreover, when he pressed upon the cheek in the swollen part, a small quantity of ill-smelling pus wells up between the tooth and gum. He also noticed that near the angle of the jaw was a small opening, from which matter is discharging. On asking if the patient has suffered much of late from toothache, the mother says "Yes," but the child, apprehensive, says "No." He learns that he has neither eaten nor slept of late, and that the cheek, before it began to discharge, was much more swollen than it is now. On asking the mother how it was that she did not suspect that a bad tooth was the cause of the pain and swelling, she replied that she did suspect the tooth, but that, when she took the boy to the dentist, that gentleman said that he would not take it out until the inflammation had gone down. Those, she said, were his very words. He also advised her to keep on poulticing the cheek. And now let us follow out briefly the course that the inflammation, which is started from an inflamed tooth pulp, will take. The local disturbance having caused paralysis of the vaso-motor nerves, the Haversian arteries become crowded and blocked with the red corpuscles. The colourless corpuscles effect their escape, together with some of the liquor sanguinis, through the thin-walled vessels, and the protoplasmic contents of the lacune and canaliculi take on energetic proliferation. But the sum of the changes to which the nutrition of the maxillary tissue is subjected is not yet complete. At last the intravascular pressure becomes unrestrainable, and, the walls of the vessels giving way, the bone becomes flooded with sanguineous effusion. Further, healthy nutrition being in these circumstances impossible, a certain portion of the jaw perishes, and, becoming surrounded by a more or less complete shell of new osseous tissue, frees itself by a tedious process of linear ulceration, and remains as a sequestrum. Into the question of subsequent operation we need enter no further to-day than to say that the less the wounding of the skin, and the less the disturbance of the young teeth, as the dead piece of bone is being removed, the better. Whether the sequestrum is to be removed through the mouth, or by way of the sinus which opens near the angle of the jaw, must be determined by the nature of each individual case. The writer then evidently assumes (as he speaks again of the wound being over the angle of the jaw) that it is the inferior maxilla which is the seat of the necrosis, and such is his intention. He is under the impression that necrosis of the superior maxilla is rare compared with that of the inferior, and that for the simple reason that the bony substance of the former is less dense than that of the latter, and is therefore better calculated to suffer from acute inflammation without serious result; and that, moreover, when its elements are engaged with inflammatory products, a certain amount of the strangling pressure is enabled to expend itself harmlessly upon the walls and cavity of the antrum of Highmore. This is, however, a matter well worth discussion, from an anatomical point of view, the author confining himself to a statement of the fact that, in his

experience, necrosis of the superior maxilla in childhood is rare, whilst that of the inferior is not uncommon. Mr. Owen then drew attention once more to the boy into whose acutely inflamed tibia were made those firm incisions but a short while ago. The local bleeding has now ceased, but it has afforded a complete relief to the vascular and nervous tension, and, freed from pain, the little patient has fallen into a calm sleep. Nor is this the only result. Our energetic treatment has afforded a vent to the effused products, and has saved the compact bony tissue from a fatal flooding. Let us imagine, if we can, that there had already been a sort of vent-peg firmly driven into that inflamed osseous area—how gladly we would have availed ourselves of it to ease the bursting pain in the leg! By prising or pulling, somehow or other, we would have got it out, and so the parts would have settled down in quiet. And if we had happened to know that that imaginary physiological peg had been the starting-point of all the local mischief and constitutional trouble, we would have effected its removal with vindictive delight. And surely these very conditions have obtained throughout the whole course of that other child's maxillary distress—each in its proper order. There was the diseased vent-peg (though no imaginary structure), the unsound tooth, wedged into, and causing acute inflammation of, the maxillary tissue. Probably its prompt extraction would have spared the sufferer much subsequent trouble. Mr. Owen readily admitted that, even early in the course of events, the jaws may have been rigidly approximated by sympathetic irritation or inflammatory thickenings, so that it became impracticable to apply the forceps to the crown or broken body of the tooth. He could, therefore, well understand that a gentleman, whose only other dental instrument was that quaint but desperately powerful tool, the "key," might content himself with advising poulticing, or even the application of poppy-head fomentations to the face; but in such cases the most appropriate instrument was the "elevator," by means of which the tooth can readily be attacked from the outside. He would consequently venture to affirm that, whenever a child is brought for dental assistance, the more firmly fixed the jaws, and the greater the inflammation in that certain area, the more imperative is it that the irritating tooth and the vascular tension of the adjacent bone be simultaneously removed. Even if the operation should not be perfectly successful as regards the extraction of the entire tooth, the treatment will have done good. Indeed, the local bleeding alone may have sufficed to obtain rest for the parts; whilst, if the whole of the tooth be lifted out, the tissues will settle down in quiet as happily as did that red and swollen finger-tip when the removal of the piece of damaged nail was effected. The particular matter, then, in conclusion, upon which he sought information from surgeons practising dental surgery was this:—"Was it right to refuse to extract a carious and aching tooth because of the acuteness of the periosteal and maxillary inflammation which its presence had excited?"

The PRESIDENT was glad that Mr. Owen had brought under discussion in his practical paper an unskilful kind of practice which greatly increased human suffering, and was often very injurious to the patient in after life. It was the erring practice of some to wait until the inflammation subsided; but if the tooth be retained, the swelling, as a rule, rapidly extends to adjoining parts, and sometimes causes necrosis, occasionally infiltration into muscles, restricting the movements of the jaw, and often ending in abscess, which, bursting externally, permanently disfigures the face.

Mr. W. A. N. CATLIN then brought before the Society a case which happened in his practice, some years ago, of a young man, *æt.* 19, looking as if suffering from blood-poisoning. The water and drainage of his house were good, and he had never been to sea. The breath was fetid, but not so bad as that from necrosed bone; and the gums presented a somewhat warty appearance, the larger lobules being of a peculiar blue colour. The upper and lower extremities were studded with patches like ecchymosis, and he had suffered slightly from diarrhoea. No symptoms of purpura hæmorrhagica were seen in the mucous membrane of the mouth or any part of the body, nor did the growths resemble epulis, or ordinary granulations in a congested state. There was no evidence of syphilis. The treatment consisted in a plentiful supply of fresh air, generous mixed diet, with four ounces of port wine daily. Full doses of chlorate of potash and decoction of bark were administered, which were subsequently changed for mineral acids and sulphate of iron and quinine. Under this treatment the patient slowly recovered—and, in all proba-



bility, was a case of scurvy brought on by other than the usual causes.

## Special.

### ARMY MEDICAL ITEMS.

WE learn that a sufficient number of candidates have given in their names to compete at the examination to be held next February to justify the hope that all vacancies at present existing in that service will not only be filled, but that a tolerably close contest for appointments may be anticipated. This is indeed good news, and we hail it with much pleasure.

\* \*

BUT is it the case that while candidates for the Navy and Indian Medical Departments obtain their commissions in their order of merit according to the joint results of their examinations at Burlington House and Netley, those for the Army obtain theirs according to the former only? This difference is said to damp the zeal of those who are undergoing probation—an unfortunate result, no doubt, and one to be deprecated; nevertheless, it does not appear on what grounds a different rule applies to them than to candidates for the other two branches of the public service.

\* \*

Is it the case that since the development of unification comparatively few medical officers of the army become candidates for membership of the military clubs? If such be the case the circumstance is to be regretted, at the same time that the existence of an impression that it is so indicates what we fear really amounts to an isolation of a class of the members of one of the most important branches of the army, of which they ought to be in all respects an integral part.

\* \*

THERE are rumours in the air to the effect that the Secretary of State for War, conscious of the evils already produced by the system of compulsory retirement of regimental officers has in contemplation a plan by which this hardship to themselves may be in some measure lightened. There is need for some such measure, also for medical officers who have been, and those who may expect soon to be, similarly shelved. With regard to both classes the tax-payer, when he sees the army estimates for next finance year, may be expected to inquire as to the why and the wherefore of the considerable increase to be shown under the head of non-effective pay.

\* \*

A "SOCIETY" journal indicates the coming Director-General, alas! not in flattering terms. Whatever evils to the interests of the public service and of individuals have resulted from *unification* are rightly or wrongly attributed to him, whom our talented contemporary delighteth not to honour.

\* \*

A LARGE quantity of medical stores and "comforts" has been dispatched by the *Dublin Castle* steamer to the *Transvaal*. The following medical officers and establishments have already proceeded or are about to proceed to the same destination, namely—By the *Queen*: Surgeons-Major Smith, Thompson, Giraud, and Leask, Brigade Surgeon Roch, and Surgeon Cross; of the Army Hospital Corps, four non-commissioned officers and men proceed by the same vessel. By the *Hankov*: Surgeon-Major Lealie, Surgeons Brown, Drury, Lealie, and Powell; 2 officers, 38 non-commissioned officers

and men of the Army Hospital Corps. By the *Ararat*: Surgeon-Major Scanlan, also 14 non-commissioned officers and men of the Army Hospital Corps.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JANUARY 12, 1881.

### THE NOTIFICATION OF DISEASE.

THE provisions of the Contagious Diseases (Animals) Acts have been sufficiently long in force to have proved the vast benefits that follow from them, both locally and generally. Whereas in former times diseases contracted by one or more of a herd of cattle might or might not be communicated to the other members of the same flock, according to the energy and enlightenment of their owner or his dependents, it is now impossible that an infected animal should continue as a source of danger to its fellows for a moment after its condition has once declared itself. It is then forthwith isolated, and subject to the direction of an official inspector, it is systematically treated for the removal of the disorder from which it is suffering. In this way wholesale spread of disease after the fashion common before the Contagious Diseases Act became law, is impossible, and any alarming epidemic is arrested ere it has time to assume any considerable proportions. In the light of all the good that has been wrought by applying such measures of precaution where animals are concerned, it is surely no improper wish to desire the extension of the rules they embody to human beings; and with this object in view a small association is at present working to secure governmental assistance in the matter. Necessary as the sought for legislation is, and anxious as we are to witness the application of law to the notification of infectious disease, we yet cannot help a fear lest

the success of any movement to secure it may be hampered by unwisdom in the management of details. In order that the fullest measure of good may accrue from the working of any set of rules which may be formulated, it is necessary that they shall be wisely and liberally framed to allot the labour of the work they necessitate when it will be faithfully performed. It has been suggested to require the medical attendant to notify every case of infectious disorder with which he is brought in contact; and at first sight it may seem that this is a reasonable and just demand. But it ought to be remembered how onerous and continuous are the duties of a medical man, especially when his practice lies in country districts, or sparsely inhabited country townships, and how the actual toil of each day's proceedings leaves nothing either of inclination or of power for the performance of acts not immediately necessitated by the duties of the day. It is easy to see how in this way the registration of an infectious case may be deferred over night "to the following morning," and then possibly in the hurry of a sudden call, forgotten until the return at night, when again, through bodily exhaustion, it is found utterly impossible to do anything in connection with it until a night's sleep has refreshed the wearied body. And it could not be said of this explanation for neglect that it did not supply a legitimate reason for it, and an excuse from the infliction of any fine attached to the non-observance of the notification process. It is an wholly unjustifiable tax on the time of the medical attendant to demand of him that he shall acquaint the public registrar of the occurrence of every case of infectious disease he is called upon to treat. It may, however, be very properly required of him that he shall inform the responsible occupant of the house in which such disease is found of the nature of the disease, and also direct him how to proceed in order to conform with the law, which provides for the notification of infection. Such action would involve no sacrifice of time, and would amply meet all the calls of the situation. It might still be optional with the medical practitioner to make a personal report of the case, thereby relieving the first responsible person; but in any such case it should be clearly understood that the responsibility is delegated, and the penalties of non-compliance also. For this reason it may be preferable to confine the responsibility to a single person in every case, and that person, in the interests of every party concerned, ought to be the occupant of the house or room in which the disease broke out, or in those cases where the occupant is the one attacked, the medical officer should be empowered to depute the office of notifying its outbreak to some other person in the said home.

That a system of registration of the kind proposed would be a public benefit there can be no possibility of doubt. It has long been recognised by the profession as one of the most pressing needs in the way of aiding progress in preventive medicine, and even those who failed at first to see in it anything save an interference with individual rights, have been gradually influenced to perceive the great benefits that would accrue from universal adoption of its principles. Notification would, as a matter of course, lead to isolation when this proceeding had not been already observed, and thus would be secured the

best possible means both of preventing the spread of disease, and adopting curative measures where it existed. The measure can be productive of good alone, and it is much to be desired that the efforts to secure its adoption may be successful.

### THE SMOKE AND FOG NUISANCE.

THERE is no denying the fact that the smoke nuisance is greatly on the increase in large towns, and the injurious effects on health of the too oft visits of dense black fogs are subjects of grave and pressing importance to the inhabitants. We cannot, however, shut our eyes to the fact that there are unusual difficulties in the way of enforcing remedial measures, and bringing about an abatement of the evils so loudly and justly complained of. This was seen and admitted by all who took part in the Mansion House Meeting on Friday last, under the Presidency of the Lord Mayor of London, for the purpose of taking into consideration the best means of dealing with, and lessening the smoke and fog which, in winter time, so seriously vitiates the atmosphere. The first resolution, moved by the President of the Royal Society, embodied views, such as have become familiar in various ways. It is equally satisfactory to receive an assurance that a special Committee, consisting of Professors Abel, Frankland, and Russell, had been appointed to conduct a scientific inquiry into the conditions of the London atmosphere. This is a preliminary step of importance, as there are points to be cleared up, and it is quite necessary to start with a full view of the nature of fog and its mode of formation, before one can hope to suggest a useful remedy. It is, however, tolerably certain that for the production of fog, we require a combination of minute particles of dust and soot, with the floating atoms of watery vapour. Professor Tyndall long ago showed experimentally that in all cases when the vapours of the liquids employed are sufficiently attenuated, no matter what the liquid may be, the visible action commences with the formation of a blue cloud, which only requires a certain surrounding of darkness to become most disagreeably apparent. During some periods of the year the atoms of a blue cloud have been known to hold in suspension cholera germs. Such clouds are always more or less loaded with fungoid and other deleterious matters. In all forms of combustion, the elements required to produce a foggy atmosphere are freely given off with the sooty particles, mixed with a large quantity of sulphur; and it is estimated that about 200 tons are produced for our lungs to consume in the course of each winter's day. A goodly portion of this sulphur necessarily comes from the large combustion of gas, at the same time every ton of coal burnt produces 160 pounds of aqueous vapour. Here then we have ready to hand, favoured by meteorological changes nearly all the conditions necessary to form the densest fog cloud. However, the Government is apparently alive to the necessity of lessening the danger to health. The Chief Commissioner of Works has avowed his desire to assist in the movement inaugurated by the joint committees of the National Health and Kyrle Societies. We have every reason to believe that some-

thing will be done, and before very long. Mr Shaw-Lefevre in a speech, which elicited the applause of his hearers, moved a resolution embodying the views set forth by the joint committee. He believes that the injurious effects of fog are mainly owing to the immense quantities of smoke sent forth from the chimnies of manufactories, to wit, the Lambeth potteries, the river steam boats, railway engines, and such-like, as well as dwelling houses; and that the smoke of the metropolis might without difficulty be greatly lessened by the better enforcement of the existing law, by the introduction of proper smoke-preventing apparatus, smokeless coal, and the introduction of improved household stoves and grates. Manufacturers, we should think, will scarcely require to be compelled to consume their smoke if they are at the trouble to think for a moment of the saving to be effected, which amounts to from seven to ten per cent. of the fuel consumed, by the use of a simple smoke-consuming apparatus. When, however, we come to deal with the domestic hearth, the open fireplace is too deeply rooted an institution to be lightly dealt with and abandoned. No doubt the distribution of anthracite coal for north country coal would be a decided improvement, but public opinion requires a good deal of educating on the matter, and it is first necessary to show that a great economy can in this way be effected in domestic expenditure. It would, however, be wise of the gas companies to turn their attention more directly to the supply of gas for heating and cooking purposes, and then at no distant day we may hope that the atmosphere of London will be ultimately restored to a more natural and wholesome condition.

#### MEDICAL REFORM IN THE NEW PARLIAMENT.

NOTICE of a Bill to amend the Medical Acts has been given in the House of Commons by Mr. Hardcastle, M.P., and we have reason to hope that this measure will be the representative Bill of the profession, and that no other proposal of law will be laid on the table of the House on behalf of the professional organisations which have, in previous sessions, put forth separate legislative schemes.

We hope, next week, to be in a position to give our readers full information as to what has been done, and is doing, in regard to medical reform. For the present we are only permitted to say that the representatives of all those parties who have made medical reform their special business, have been active and earnest in the matter, and have arrived at a most gratifying condition of unanimity as to the nature of the proposals to be put before Parliament in their name.

For many years the prospect of medical reform has never looked so hopeful as at present, and, although the state of affairs in Parliament is undoubtedly not favourable for class legislation, yet there is every chance that, if the profession stands shoulder to shoulder when called upon to do so, every detail of medical reform which it has sought for will be achieved.

DR. JOHN FINIGAN, of Glasnevin, co. Dublin, has been presented with an address and a valuable service of solid silver plate.

## Notes on Current Topics.

### The Physiciancy to the Queen in Ireland.

THIS office of honour vacated by the death of Dr. Hudson has, at length, been conferred on Dr. Benjamin George McDowel, one of the most popular and best esteemed physicians in Ireland. The gentleman, thus distinguished by Her Majesty, took the surgical license of the Royal College of Surgeons in Ireland in 1841, being the son of Dr. Ephriam McDowel, an equally valued physician of his day. In 1845 he became a Fellow of the same College, in 1846 he became a licentiate of the London College, and in 1853 took the M.D. of the University of Dublin. For three consecutive periods of seven years he was elected Professor of Anatomy and Chirurgery in the School of Physic attached to the University; his lectures, in this capacity, being chiefly physiological, and, during the same period, he served as one of the clinical teaching staff of the House of Industry Hospitals, and of Sir Patrick Dun's. Since his connection with the School of Physic ceased, he has been associated with the College of Surgeons, first, as a Councillor, and, at present, as a member of its Court of Examiners, but his practice has been principally as a consultant in medico-chirurgical cases. The personal qualities and professional status of Dr. McDowel give a fitness to the appointment which Her Majesty has been advised to make, and we congratulate him upon his new honours.

### Another Nursing "Difficulty."

THE warning we threw out a short time ago proves to have been only too much required, and one of the largest and most important of the metropolitan hospitals seems about to enter on a path of destruction that will ultimately lead it to ruin as complete as that which has overtaken Guy's. There will be little excuse to be made for the staff and governing body of the threatened institution if they fail to profit by the experience gained in the contest at Guy's Hospital. The original cause is apparently the same in the East-end as it was in the borough—viz, a new matron. We hear this official has inaugurated her reign by a wholesale discharge of the probationers, and that she contemplates extensive "innovations." Devoutly do we hope that the religious mockery which has distinguished the proceedings at Guy's may find no imitation at the East-end, and that we may be spared the pain of witnessing afresh the wanton disregard of all humane considerations for the sake of ostentatious piety. The staff of the great London charity we refer to is generally regarded as being made up of men who are slow to act against conviction, and who cling with unyielding strength to the principles that approve themselves by their own great excellence. We shall be surprised, indeed, if these gentlemen consent to subject themselves to the petticoat dictation about to be introduced over them. The contest may be a sharp one, but it will be short and decisive we feel convinced.

### "The Blues."

AT this period of the year, more particularly than at any other time, the obstacles that have to be contended

against in "keeping well" are many and serious. Fog, cold, damp, and wind, all combine to work their worst on the constitution and the mind of the healthy and the invalid alike. Hence, it is that the utmost determination will alone avail, at times, to free one from the presence and consequences of what are by common consent termed "the blues." The blues is not by any means a disease, but it is a symptom, and an important symptom of general unfitness that is deserving of careful attention. Neither can it be regarded as being due to a single disturbing element, it is rather a compound sign of complicated disagreements calling for equally associated remedies. The digestive organs have a good deal to say in the causation of "the blues," and they ought to receive more than ordinary attention at those times when the atmospheric conditions unite to influence susceptible temperaments. The nervous system so readily re-acts to digestive disturbances that too much attention can hardly be directed to them, especially when, as lately has probably occurred, an undue tax on their powers has been imposed. General recognition of the fact that "the blues" is a sign of some disturbance in the system, and that their dissipation will assuredly follow on the correction of the altered condition, will do much to remove one of the most distressing of the troubles incident to civilisation and over-feeding.

#### Pathological Society of London.

At the annual meeting of the Pathological Society of London, the retiring President, Mr. Jonathan Hutchinson, briefly addressed the members of the Association, and congratulated them on the good work being accomplished through their exertions. The system of exhibiting specimens by card has been found to work admirably, and Mr. Hutchinson deserves, as he has received, the hearty thanks of the general working profession for introducing so efficient a means of instruction. The office-bearers for the coming year were elected as follows:—President: Dr. Wilks. Vice-Presidents: Drs. George Buchanan, Thomas Buzzard, Andrew Clark, James E. Pollock; Messrs. Christopher Heath, Jonathan Hutchinson, S. James A. Salter, Septimus William Sibley. Treasurer: Dr. George Johnson. Honorary Secretaries: Dr. Joseph Frank Payne, Mr. Henry Morris. Council: Dr. Thomas Barlow, E. B. Baxter, J. Cavafy, S. Coupland, Sir Joseph Fayrer, Wm. Ord, Douglas Powell, G. H. Savage, F. Taylor, T. Whipham, W. B. Kesteven; Messrs. W. Marrant Baker, J. N. C. Davies-Colley, Warrington Haward, H. Howse, Joseph Lister, R. W. Parker, W. J. Smith, Warren Tay, W. J. Walsham. It is satisfactory to hear that the financial position of the Society is sound, and that the close of the year finds it richer by £100. The strength it exhibits by its possession of 635 members, too, speaks well for the value of the work that it may be looked to to accomplish in the future. It is in every way a flourishing and invaluable institution.

#### St. Thomas's Hospital Paying Wards.

The block of buildings at St. Thomas's Hospital which was devoted to the use of paying patients some little while ago, it is announced, will be opened immediately for the receipt of cases. A resident medical officer has been appointed, upon whom the general care of the inmates will

devolve; but special professional attendance may be secured at the personal choice of the patients, who will, in this case, bear all extra expenses thereby incurred. We explained at some length on a former occasion on what terms the regular staff of the hospital will be with regard to the paying patients. Their relation to them will be precisely that of any legally qualified practitioner, and nothing more, their services being available, when required, as that of an ordinary consultant. The scheme has every chance of success at St. Thomas's, and it will be disappointing if it do not work in a manner to reach beneficially to the general public. Infectious diseases are rightly excluded, and also chronic or incurable cases.

#### What Influence has Race on Insanity?

DR. E. C. SPITKA (*Jour. Nerv. and Mental Diseases*, October, 1880), presents the results of a study of this question in the New York city asylum for the insane. He finds that, on the whole, the different forms of insanity occur in the same proportions, nearly, in the Anglo-Saxon, Teutonic, Celtic, and Hebrew races; paralytic insanity is most common among Anglo-Saxons, and least common among negroes; melancholia is most common among the German peoples; the tendency to terminal dementia is greater in the Anglo-Saxon than the German or Celt; and the forms dependent upon hereditary taint are most common among Hebrews. With this it is in accord, that since that termination in dementia and the influence of heredity are the factors which chiefly cause an accumulation of the insane population, that the Hebrew and the Anglo-Saxon should have the highest proportions insane of their respective populations.

#### Symptoms of Adhesion to the Pericardium.

M. DUROZIEG furnishes (*L'Union Med.*, Sept. 7, 1880), a very interesting paper upon this subject, giving numerous records of cases in detail, as well as the reports of the autopsies when the latter were made. He concludes as follows: Inspection of the pericardial region is very important in the diagnosis of adhesion of the pericardium, and the results should be carefully distinguished from those of palpation. The eye and the finger give opposite indications. The latter gives the sensation of a propulsion where the eye sees evidently a depression. This movement of retreat of the apex and of the pericardial surface during systole is a very good sign of adhesion of the pericardium, but is not absolutely pathognomonic. In very rare cases it exists without adhesion. Hope mentioned it first. As other signs of adhesion we have a continual movement of the pericardial surface, trembling of the apex during the second sound, sound similar to that produced by compressing a sponge. Sudden death is not rare in this affection. The patients very rarely pass or ever reach fifty years of age.

The rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were as follows: Newcastle-upon-Tyne 16, Portsmouth 16, Sheffield 19, Bradford 19, Edinburgh 20, Norwich 21, Birmingham 21, Plymouth 22, Hull 23, Brighton, 23, Leicester 23, Bristol 23, London 23, Glasgow 23, Manchester 24, Leeds 26, Sunderland 26, Salford 27, Oldham, 28, Wolverhampton 30, Liverpool 30, Nottingham 30, and Dublin 36.

### Longevity of Medical Men.

In a retrospect of the past year, the *Daily Telegraph* comments upon the longevity of members of the profession ; adducing many past as well as living evidences in proof, especially among men of more than ordinary capacity and intellectual attainments. Of those still present in the flesh are :—Archibald Billing, M.D., F.R.S., who for the last sixty years has resided in London, and completed his ninetieth year on the 10th inst. ; Joseph Hurlock, F.R.C.P., of Brighton, is eighty-eight ; Sir Thomas Watson, Bart., M.D., F.R.S., eighty-eight ; Alexander Tweedie, F.R.S., F.R.C.P., eighty-six ; James Arthur Wilson, F.R.C.P., of Holmwood, near Dorking, eighty-five ; Bisset Hawkins, F.R.S., F.R.C.P., eighty-four ; Sir James Alderson, F.R.S., late President of the Royal College of Physicians, eighty ; Christopher J. R. Allatt, F.R.C.P., of Dover, eighty ; Sir George Burrows, Bart., F.R.S., D.C.L., late President of the Royal College of Physicians, seventy-nine ; James Muscroft, F.R.C.S., of Pontefract ; ninety-five ; T. M. Greenhow, F.R.C.S., of Leeds, ninety ; Robert Tayler, F.R.C.S., of Brighton, ninety-one ; James Moncrieff Arnott, F.R.S., late President of the Royal College of Surgeons of England, eighty-seven ; John Flint South, F.R.C.S., of Blackheath, eighty-four ; Cæsar Henry Hawkins, F.R.S., F.R.C.S., Serjeant Surgeon to the Queen, of Grosvenor Street, eighty-three ; James Luke, F.R.S., F.R.C.S., Consulting Surgeon to the London Hospital, eighty-three ; Robert M'Cormick, R.N., F.R.C.S., Deputy Inspector of Hospitals and Fleets, eighty-three—this gentleman accompanied Sir Edward Parry as Assistant Surgeon in Her Majesty's ship *Hecla* in the attempt to reach the North Pole in 1827.

### The Medical Register, 1880.

OUR attention has been called to the fact that several persons registered in the year 1879 have not as yet applied for the copy of the Medical Register, to which they are entitled. We understand that everyone who was registered in that year, will, on sending the order for the book, duly signed, to the Registrar for the division of the Kingdom in which he has been registered, together with twelve penny stamps to cover postage, the copy for 1880 containing his name will be sent by post.

### The Threatened Epidemic of Small-pox.

LONDON is apparently once again threatened with an epidemic of small-pox ; the disease is described as marching on the metropolis from the south-east, and as being sporadically present in the south-west, and districts apparently unconnected with each other. It has been the custom for some years back to attribute the origin of small-pox, as of other zymotic diseases, to such causes as filth, fermentation, specific poison, and so on, its propagation to contagion. We should be glad to have the views regarding the present outbreak of those who would thus account for the large class of diseases, of which small-pox is one. As a matter of fact, the recurrence of small-pox, typhus fever, and some other diseases, takes place at regular intervals of time, and as far as we are able to see, without any difference in conditions as regards filth, or rather cleanliness of places on such occasions from what prevails during its absence. Communication between persons is no greater during its

presence than while small-pox is absent ; if, therefore, the extension of an epidemic depends upon contagion alone, how are we to account for its cessation after having prevailed in a locality for a certain defined time. These, and kindred questions bearing upon epidemiology, are perhaps easier put than answered.

### Perfumed Carbolic Acid.

PERFUMED carbolic acid is prepared from carbolic acid 1 part, oil of lemon 3 parts, alcohol 36 degrees 100 parts, mixed. This mixture, which appears to be quite stable, and has only the odour of lemon, is what has been known as "Lebon's perfumed carbolic acid," the formula of which has long been a secret, but has now been made known in the *Moniteur Scientifique* of Paris. The antiseptic properties are in no way affected by the oil of lemon.

### The Metropolitan Hospital Saturday Fund.

AT the annual meeting of the Metropolitan Hospital Saturday Fund, held at the Charing Cross Hospital, on Saturday last, the report showed that the 1880 collection exceeded that for the previous year by £452—£5,208 having been collected in workshops, and £1,398 in the streets, on Hospital Saturday, giving a total of £6,604. There is one feature in the present management we would congratulate the Council upon—that is the reduction of expenses, from 29'81 in 1874 to 14'73 in 1880. Six years ago we protested against the scarlet liveries, flags, banners, and other absurd and extravagant adjuncts of the self-elected managers of the fund. Now all is changed. Few, if any, of the mimics of a circus-show have aught to do with the matter ; the expenditure has been reduced by more than 50 per cent., and both collection and distribution is controlled by men possessing a little common sense.

### A Fasting Woman in Ipswich.

THE following extraordinary tale is vouched for, on good authority, by a correspondent :—There exists—I cannot say lives—in a small by-way bordering on Upper Orwell Street, a poor woman, who subsists without partaking of any kind of food. It is not long since that the good people of Ipswich were excited over the exploits of the notorious Dr. Tanner, three thousand miles away, little dreaming that in their own town, close to their own homes, was a person whose fast puts that of the American starver entirely in the shade. The Ipswich faster has taken a fast, perforce, of between two and three years, whilst the Yankee's was a voluntary one of less than six weeks.

This woman is the wife of a jobbing gardener, named John Lockwood. Seven years ago she became ill, and was twice admitted to the East Suffolk Hospital, and was discharged from that institution as incurably afflicted. From that time she had less and less inclination for food, and for the last two years has not swallowed a piece of bread. Until about three months ago, she is said to have subsisted entirely on small portions of the hard-boiled yolk of an egg, at the rate of less than an egg a fortnight. The aggregate weight of the solid food eaten during 1880 would not amount to more than a pound. Previously, she was sustained upon a boiled potato. Since September

she has partaken of nothing but a few drops of weak tea, with which she moistens her mouth. In the early part of the year she refused her customary piece of egg for several days, and was considered to be dying; her eyes remained closed, and respiration apparently ceased. Her friends, however, were able to detect her breath on a glass. In this state of coma she remained for nine days. Since then she has been in a similar state for more than a fortnight at a time, faints with the least excitement, and will not regain her normal condition for hours, or perhaps days. To call attention to herself, she sometimes sighs deeply; but beyond this, not a sound escapes her. She appears, however, to possess her mental faculties. An Ipswich medical man who has visited Mrs. Lockwood states that she is suffering from brain-pressure, for at times she endures intense pain in the region of the right temple. When suffering most, the nervous tremour can be distinctly felt by laying one's hand on her forehead, and the throbbing soon becomes so violent as to cause her to relapse into insensibility, from which condition she recovers in about twenty-four hours. One thing is certain—the prolongation of life in her case is an extraordinary occurrence, and a phenomenon which deserves the attention of the profession. The woman is said to be able to think, and, as far as her strength allows her, to act in an intelligent manner.

In the principal foreign cities the rates of mortality, according to the most recent weekly returns, were in Calcutta 41, Bombay 30, Madras 39; Paris 26; Geneva 16; Brussels 21; Amsterdam 23, Rotterdam 22, The Hague 24; Copenhagen 23; Stockholm 31; Christiania 11; St. Petersburg 38; Berlin 21, Hamburg 26, Dresden 21, Breslau, 23, Munich 25; Vienna 28; Buda-Pesth 36; Rome 30, Turin 25, Venice 26; Alexandria 41; New York 32, Brooklyn 23, Philadelphia 23, and Baltimore 24 per 1,000. Small-pox caused the same number of deaths in Rome as in London—viz., 17, and 14 in Paris.

ST. MARY'S HOSPITAL, Paddington, comes in for the munificent legacy of £25,000 by the will of Mr. Stanford, F.R.S., who died about a month since. This sum is to be devoted to the building of a wing to the memory of his mother, Mrs. Mary Stanford, and to bear her name.

MR. LUTHER HOLDEN, F.R.S., late President of the Royal College of Surgeons of England, has been elected consulting surgeon to St. Bartholomew's Hospital, on resigning as surgeon.

A NEW title has been introduced in the Faculty of Arts at Edinburgh University, which gives the style of "Literate of Arts" to undergraduates after attending certain classes for two years and passing certain examinations.

A PAPER is announced for reading at the Society of Arts, on "A Sanitary Protection Association for London," by Professor Fleeming Jenkin, F.R.S. Professor Huxley will preside.

Among the notices given in the House of Commons

on the opening of the Session was one for "The Repeal of the Contagious Diseases Act," by Mr. Stansfeld.

MR. PETER TAYLOR also gave notice of a "Resolution to amend the present law in regard to Compulsory Vaccination," which was unjust.

MR. E. D. GRAY gave notice of a Bill for the better codification of the sanitary authorities in Ireland, so as to prevent the spread of dangerous and infectious diseases.

MR. CHAPLIN proposes to call attention to the serious outbreak of foot and mouth disease which had recently occurred in many parts of England, and to move a resolution.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

UNIVERSITY OF EDINBURGH.—The matriculation returns for the past year (1880) have just been made up, and show a very satisfactory increase over the returns for 1879. The aggregate number of students who matriculated during the year was 3,172, being an increase of 316 on the previous register. In the Faculty of Medicine the number was 1,634. In this Faculty the gradually increasing ratio is probably due in a great measure to the continued wide range of supply of students to which India, the Colonies, and even foreign countries highly contribute. The entries in the register show that of 1,634 students in the Faculty of Medicine, 679 were from Scotland, 558 from England, 28 from Ireland, 112 from India, 204 from the different British Colonies, and 53 from foreign countries. The late Andrew Vans Dunlop, M.D., bequeathed the residue of his estate, probably amounting to between £60,000 and £70,000 (of which £45,000 has been received), for the purpose of founding 18 scholarships in the University, of the annual value of about £100 each, tenable for three years, to be termed "The Vans Dunlop Scholarships." The first six of these Scholarships were to be devoted to the Faculty of Medicine—the first for the subjects of the preliminary examination, the second for botany, zoology, chemistry, and anatomy, the third for physiology and surgery, and the remaining three for the subjects of anatomy, physiology, materia medica, and pathology. The remaining twelve scholarships specified by Dr. Vans Dunlop's will are to be attached to the Faculty of Arts. They are now before the Senatus Academicus in order that regulations may be arranged and the scholarships be open for competition at an early date, of which due notice will be given.

TRINITY COLLEGE, EDINBURGH.—Dr. Dunsmore, jun., has been elected medical officer of the College, *vice* Dr. Inglis resigned.

A HOSPITAL FOR LARGS.—At a meeting held on the 6th inst., of the joint committee for the parish and burgh of Largs, a letter was read from Mr. John Clark, of Carlinghall, offering to erect a hospital at his own expense. The offer was unanimously accepted.

COURT MEDICAL APPOINTMENT OF AN ABERDEEN GRADUATE.—We learn that by appointment of Her Majesty, Dr. James Law, London, a graduate of the University of Aberdeen, has become physician in attendance at the Court, and that he will at once enter on his duties in succession to Dr. Marshall.

**ABERDEEN—MEDICAL OFFICERSHIP OF HEALTH.**—This appointment, we learn, is at present vacant. In these times it is hardly requisite that we should urge the importance of such an appointment in a city of the pretensions of Aberdeen, and the expediency of appointing to the office a gentleman of high professional standing. In order to the more efficient discharge of the duties pertaining to the position, Aberdeen should follow in the wake of most other cities of equal importance, and elect a gentleman, at a proper salary, to devote his whole time and attention thereto. We understand that this is the view entertained by Dr. Beveridge, and we hope that the Committee of the Town Council to which we believe the matter has been relegated, will adopt the same enlightened view. Sanitary science possesses a special charm for many enlightened practitioners of medicine; it is closely associated with medical police and jurisprudence, and should Aberdeen offer sufficient inducement to well-known junior practitioners of medicine, we believe that an excellent selection could be made, and the community thus greatly benefited. The last medical officer of health received £50 per annum.

**REGISTRAR-GENERAL'S RETURNS.**—According to the official returns in the eight principal towns of Scotland for the week ending Saturday, the 1st inst., the death-rate was 22·5 per 1,000 of estimated population. This rate is 2·6 under that for the last week of 1879, but 1·7 above that for the week immediately preceding. The lowest mortality was recorded in Paisley, viz., 19·1 per 1,000; and the highest in Leith, viz., 25·8 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·7 per 1,000, exactly the same as for the previous week. Scarletina was again the most fatal, and caused 12 deaths in Edinburgh. Acute diseases of the chest caused 141 deaths, being an increase of 17 on the number for last week. The mean temperature was 32·6, being 1·5 below that for the week immediately preceding, and 7·1 below that for the last week of 1879.

**ST. ANDREW'S UNIVERSITY.**—We understand that Sir Theodore Martin has postponed the delivery of his address as Lord Rector of the University of St. Andrews till the beginning of next session. He will probably then be in a position to refer more definitely to the prospects of the University in connection with recent important movements affecting its interests. Mr. John Skelton has been appointed as the Rector's assessor in the University Court.

**EDINBURGH ROYAL INFIRMARY.**—A general meeting of the contributors to this Institution was held on the 3rd inst. in the Council Chambers. The Lord Provost presided. From the Annual Report, which was presented, we glean that there have been received during the past year:—Legacies and donations of £100 and upwards for the Infirmary, to the extent of £18,255 18s. 6d.; out of which had to be met excess of ordinary expenditure for Infirmary, including fever hospital (£27,818 11s. 4d.), beyond ordinary receipts (£21,540 14s. 2d.), £6,277 17s. 2d. Deducting this sum of £6,277 17s. 2d. from the legacies and donations received, there remained to be added to capital a balance for the year of £11,978 1s. 4d. The ordinary income for the year was shown to be—£21,540 14s. 2d., as compared with £18,699 6s. 3d. for the preceding year—being an increase of £2,841 7s. 11d. This increase is the more gratifying and encouraging, as, notwithstanding the general depression during the year, all the ordinary sources of income had improved. The largest increase has arisen from students' fees. These for the year amounted to £4,179 8s., while for the preceding year they were £2,643 13s., showing an increase of £1,535 15s. After the reading of the Report, last year's Committee of Managers was re-elected, and the meeting ended.

## IRISH POOR-LAW MEDICAL SUPER-ANNUATION.

WE remind our readers that a most important general meeting of the Irish Medical Association will be held on Saturday next at the Royal College of Surgeons, Dublin, to consider the whole question of Poor-law superannuation in Ireland. This subject is perhaps *the* topic of most direct interest to the Irish provincial surgeon in the whole arena of medical politics, and it has engrossed much of the attention of the Executive Committee of the Association for several years. It is, in truth, one of the most knotty points with which that Association has had to deal, because of the great difficulty of reconciling the just claims of the Poor-law medical officers, with the possibilities of legislation, and with the reasonable business precautions upon which Government departments insist. We know exactly what the Poor-law medical officers would wish the law to be. They would desire that they should be entitled to claim two-thirds of their full salaries and emoluments, when no longer able to fulfil their duty. They would desire that the guardians should have no power to refuse or curtail this pension, and they think it would be well that the superannuation should be paid out of the consolidated fund, and not out of the rates. Furthermore, they think it reasonable that they should be entitled to a pension of reasonable amount on retirement at any time, whether they be capable of duty or not, as all civil servants are. We do not say that any of these requirements are unreasonable as a matter of equity; but we believe we ought to at once make it understood that, in the aggregate, they are absolutely hopeless of realisation, and that the certain effect of an unbending demand for all these things would be the rejection of Poor-law superannuation for years to come.

The first question is whether the grant of a pension can under any circumstances be made compulsory, and here we are met by the assertion of the principle that those who pay should have power over what they pay. It will be said that if the pension were to be paid by Government then it would be reasonable that the guardians should have nothing to say to it; but as it is paid out of the rates, they should have full power over the sum to be granted. This argument, we venture to hope, may be got over by showing that the whole principle of local government is that the central authority, *i.e.*, the Local Government Board, shall have control over all payments by the guardians, and that as it is the duty of the central authority to see that the money of the ratepayers is fairly expended by the guardians, so it becomes their duty to see that incapable officers are not retained, and that when dispensed with they are fairly treated. The aspirations of the Irish Poor-law medical officer is surely not unreasonable. Speaking generally, he does not seek a respite from his unremitting, laborious, and uninteresting duties until he is truly incapable of his work, and when that moment comes he asks only to be granted what is fair under his own particular circumstances. But this favour he may not receive as long as—under the existing law—his future is at the uncontrolled discretion of the guardians, and he therefore urges that the question shall be decided not by a local clique of third-class *gaubeens*, whose chief desire is to save their pockets, but by a central department which



has no interest save in seeing right done, and securing the efficiency of the service. The clause of the Medical Charities Bill, introduced last year by the Irish Medical Association, is as follows :—

Be it enacted that whensoever it shall appear to the Local Government Board for Ireland, upon the memorial of such officer, or upon other information, that any officer of a union in Ireland is incapable of effectively discharging his duty in either capacity by reason of old age, such age exceeding sixty years, or from infirmity, or ill-health of mind or of body, the said Board shall require such medical officer to submit himself to a medical board for the purpose of examination. Such medical examining board shall consist of the medical commissioner of the Local Government Board for the time being, together with two other registered medical practitioners in actual practice nominated by said Board, but not holding any other office under said Board, and it shall be their duty to decide by examination of said officer, and upon consideration of the nature and extent of his duties as union officer, or as dispensary medical officer, or other office held by him in virtue thereof, whether he is incapacitated from the effectual discharge of his duties in all or any of said offices by reason of the causes aforesaid; and if upon report of the said medical examining board it shall appear to the Local Government Board that the said medical officer is so incapacitated, the Local Government Board shall direct that he shall cease to hold all or any of said offices; and he shall be thereupon held to have vacated such offices; and the Local Government Board, upon consideration of the age and length of service of said officer, and the nature and extent of his duties therein, and all other circumstances bearing thereon, shall grant to such officer, notwithstanding that he shall not have devoted his whole time in respect of each of the offices from which he may be thus removed, a yearly allowance not exceeding two-thirds of entire amount of all salaries, fees, and emoluments received by him in respect of the functions discharged by him as union officer or in connection therewith. Such allowance shall be paid to said medical officer for the term of his natural life by the board of guardians of the union in which he may have held such offices, and shall be charged as previously paid; and such allowance shall be payable to or in trust for such officer only, and shall not be assignable nor chargeable with his debts or other liabilities.

This clause was resisted in the House of Commons by Major Nolan, M.P., and Mr. Macartney, M.P., as being calculated to increase taxation; and we fear it may be objected to also by the Irish Local Government Board, because it throws upon that department the duty of assessing the amount of pension, and might thus bring them into controversy with the Board of Guardians, by whom the pension was to be paid. Nevertheless, some such enactment will be absolutely necessary to meet the case of a medical officer who breaks down after a comparatively short service, and who would not be entitled, on the Civil Service scale, to anything but a pittance.

To be placed on the footing of Civil servants in the matter of pension has long been regarded by Poor-law medical officers as the panacea for their superannuation grievances; but it is necessary to point out that such a concession, *per se*, would be but a doubtful gain. A Civil servant is entitled to pension at the rate of one-sixth of his salary for each year of service, and after a certain length of service is entitled to retire when he pleases. Thus a dispensary medical officer taking office at 23 years of age should serve 40 years—*i.e.*, until he was over 63 years of age—before he could possibly receive as pension two-thirds of his emoluments. Thus, if the privilege of becoming Civil servants were placed to-morrow before the Poor-law medical officers, they would have to choose between a certainty of one-sixth for each year served and a possibility of two-thirds of their emoluments granted at any period of

service. No doubt the senior officers who have served close upon 40 years would prefer the certainty of the Civil Service rate, while the junior officers might rather stand their chance of a discretionary two-thirds.

But this matter will be looked at by Parliament not in the interest of the medical officer alone, but from the point of view of what is fair to all parties.

We hope we are not counting too much upon the just feeling of the Government and the House of Commons when we say that we believe that the Civil Service pension as a matter of right may be attainable, if judgment be exercised and perseverance given to the subject. By a circular which we published last week the English Local Government Board has—to a certain extent—recognised the fairness of this assessment of pension. The Board expressed its intention to make the Civil Service scale the standard which—in ordinary cases—it will sanction, but, inasmuch as the medical officer does not devote his whole time to the service, and is not paid in the same proportion as the other union officers, it will calculate the pension which may be sanctioned by adding ten years to the actual service. This seems to us a fair business-like proposition, and, on the whole, we consider that it will be wise for Poor-law medical officers to accept such a scale of superannuation.

We may hope that, if a Bill be promoted by the Poor-law medical officers of the United Kingdom, to secure the Civil Service rate, with a clause giving power to the Local Government Board to increase the grant in exceptional cases, such a Bill will be acceptable to heads of departments, and may pass Parliament. We desire to look at this question from a statesman's point of view—not to ask what is unreasonable or unworkable, and we fully believe that, in this as in other legislative questions, it is bad policy to clamour for anything which cannot be conceded with due regard to what is equitable.

#### DUBLIN SANITARY ASSOCIATION.

THE annual meeting of the above association was held on the 5th inst.

Mr. Jonathan Pim, President of the society, presided.

**WATER SUPPLY.**—Your committee, while believing that the Vartry water, if properly filtered through sand beds, changed at suitable intervals, is an excellent water supply, strongly recommended that the analysis of the water should be made every month under the direction of the Local Government Board, by an analyst not officially connected with the Corporation, and the results published in the Registrar General's returns as in London. It will be seen from the evidence of Mr. Price, C.E., that avoidable impurities have been found in the Vartry water; and the Corporation, being in the position of a public water company, supplying water for profit—as they do to the outlying townships of Pembroke, Kingstown, Clontarf, &c.—it is but reasonable that independent information as to the proper filtering of that water should be afforded to the public of Dublin.

**BATHS, &c.**—“The bath and wash-house accommodation provided for the working classes is very inadequate. The requirements of such institutions are described by Mr. Rawlinson. Baths and wash-houses for the working classes should not necessarily be fine-looking architectural buildings placed on imposing sites for the sake of appearance, to which neither working men nor their families resort for several reasons. The distances from their houses may be too great, the charges too high, and the imposing

look of the places may also be, to the poor, forbidding. Baths and wash-houses should be in the immediate districts of the poor; they cannot be too plain in appearance if they are sufficient in strength; they cannot be too simple in their arrangements if they are calculated to be useful. Wash-houses, such as we have here indicated, will afford almost as useful accommodation to the working man as adding an additional room to each cottage or tenement. There are open spaces in Dublin which we have inspected admirably situate for such uses if they are made available."

Dr. JOHNSTON (president of the College of Physicians) moved the adoption of the report. He said the College of Physicians and the College of Surgeons were both in thorough accord with the movement of the Sanitary Association.

Mr. WIGHAM seconded the motion. The tenement houses were well described by the Commissioners as the "sanitary sore" and cause of the high death-rate of Dublin. The Commissioners spoke of the horrible room tenements which exist in almost every part of the city, and the terrible injury they caused to the whole community, but more especially to the hundred thousand citizens who occupied them. There was a great deal too much laxity shown by the sanitary authorities in dealing with tenement houses. He happened to be, with others, the owner of several houses of the tenement class, but although he and the other persons associated with him were the owners of the houses, they had no control over their management. Before the property came into their hands a lease existed, and the owner of the lease managed the property, which was about as disgusting a place as a person could go into. The picture drawn by the Sanitary Commissioners of some of the tenement houses was not a bit overdrawn. A large number of families were crowded into one house, which was probably intended only for one or two families. He regarded the present state of things as deplorable. There ought to be some power to compel the closing up of such houses; they should be condemned by the sanitary authorities, and people should not be allowed to live in them. If that could be done the middle men who make such large sums of money out of the miserable lodgings of their poorer fellow citizens could not carry on their objectionable trade any longer, and the houses would fall, probably, into the hands of the owners, whose interest it would be to rebuild them, and make them fit for the working classes to reside in (hear, hear). Instead of containing dubious statements, he thought the report should have candidly told them that the sanitary authorities were slow to take action in these matters. The Corporation spent a large sum of money in paving and keeping the streets in order, but seemed to forget in some measure that a grave danger existed in the state of the public sewers. Then with regard to the infectious disease, he was strongly of opinion that infection was spread at dispensaries owing to the bad and insufficient accommodation provided there (hear, hear). The people were crowded together in the most objectionable way, and he thought attention should be called to the matter, and better accommodation should, if possible, be provided (hear, hear).

The CHAIRMAN, before putting the resolution, said he was glad to know that the meeting of the Social Science Congress would be held this year in Dublin, inasmuch as it would afford them an opportunity for bringing forward and discussing various questions of public importance. The difference existing between England and Ireland as regards the poor laws and outdoor relief was a question that should claim their attention. In England a man in straitened circumstances can tide over the difficulty by getting a little outdoor relief; and in Dublin he could get no assistance unless he went into the workhouse, a thing that most men were naturally unwilling to do. And the poor man in Dublin was living in one of those wretched ill-drained tenements which had been fitly described as the fruitful source of fever and disease. They almost invariably found that when a large number of people were out

of work there was an increase in the number of people who were obliged to go to hospital. In Scotland the governing authorities in towns have the power to interfere with reference to houses that have become dilapidated; and in cases of doubtful title, where the occupier expends money in improving the premises, his expenditure is registered, and he becomes a mortgagee against the premises, and must be paid off by anyone coming forward to establish title.

Mr. MELDON, M.P., in seconding the motion, said the public mind required to be educated on the question of sanitary reform.

The motion was adopted.

The hon. the RECORDER moved the following resolution:—

This meeting desires to express its satisfaction that the inquiry held by the recent Royal Sanitary Commission was of so searching and comprehensive a character; and that its result bears out so fully the necessity for the measures urged from time to time by the Association, and trusts that the public interest thereby excited in the subject of the sanitary state of Dublin will be maintained, and the recommendations of the Commission energetically carried into effect by the sanitary authorities.

The great question in Dublin was the state of the tenement houses. No doubt a great deal of work had been done by the existing authorities. The late Lord Mayor, Mr. Gray, was the first to take up the subject of the Artisans' Dwelling Act of 1875—a large and ambitious act, which proposed the taking down of enormous areas of houses, and the building of others in their places. Five years ago twelve areas were condemned by Dr. Mapother. Only one of these had yet been cleared, and the first stone of the first building upon it was only laid by the Lord Lieutenant the other day. If they only went at that rate they would never get rid of the evil. Mr. Gray had called attention to one difficulty—namely, that of providing residences for the people whose houses were taken. But he (the Recorder) thought the Act of 1875 was too ambitious. Why not try to utilise the buildings they had and make them better? Their fellow citizen, Mr. Vance, had done this with effect, and had made excellent accommodation for a number of families. And before they railed at the Imperial Legislature for not providing for the wants of the people, they should look to what had been done. In 1868 a statute was passed called the Artisans' Dwelling Act. It actually provided—as was the case in the Scotch boroughs—that rent charges and mortgages might be granted for securing the cost of repairs done to houses in an unsanitary condition. But it required all the owners to be brought together; and the sanitary authority was entrusted with the power of granting the mortgages. Now, without in the least disparaging them, he did not think the sanitary authorities would be at all competent to deal with the complications of title that would arise in such cases. There was an appeal to him, but he had never had any case of the kind before him. He did not think the Act workable as it stood; but it could be made so by giving the power of granting mortgages to some suitable tribunal. An Act passed in 1866, called the Labourers' Lodgings Act, was, in his opinion, workable. It gave the Corporation power to build on their own ground, or to buy plots of ground for the purpose of building on them. So that under that Act they could by degrees build labourers' dwellings. There was a provision that the Corporation could borrow money from the Board of Works. Mr. Gray had said very fairly that the townships ought to help to pay for those improvements. He (the Recorder) could understand the people of Rathmines and Pembroke townships not wishing to be brought into the Corporation; but he did not think they would object to pay a share of the cost of settling the tenement houses question. He did not see why, under the Act of 1878, sections 11 to 14, those townships could not be united for sanitary purposes under a joint board: and if they got on well in that way it might lead to a union with the city.

After adoption of some formal resolutions, the meeting adjourned.

## Obituary.

### CHRISTOPHER FLEMING, M.D., F.R.C.S.I.

With very much regret to announce the death of Mr. Christopher Fleming, who for many years filled a prominent position in the surgical profession in Dublin. He had for some years retired from active work, and lived in retirement at 15 Brookfield Terrace, Donnybrook, where he died on the 31st of December, 1880, in his 81st year.

Mr. Fleming was apprenticed to the younger Dease, and on his master's death was transferred to the charge of the late Abraham Collea, under whom he finished his studies. He became a member of the Royal College of Surgeons, Ireland, in 1826, and graduated as A.M. and M.D. in the University of Dublin, in 1838. He was appointed surgeon to the Netterville Dispensary in Blackhall Street, and entered upon private practice; but it was not until he had nearly reached his fiftieth year that he succeeded in obtaining a hospital appointment. He was then made surgeon to the Richmond Surgical Hospital, and held the office for about 18 years. He also became consulting surgeon to Steven's Hospital, and held that office, as well as a seat on the board, until the time of his death. He was a Member of the Royal Irish Academy; President of the Royal College of Surgeons, 1859-60; President of the Pathological Society, 1860-61; Chairman of the Surgical Court of Examiners, Royal College of Surgeons, Ireland, for several years; Corresponding Member of the Surgical Society of Paris; Lecturer on Surgery in the Old Park Street School of Medicine; an Examiner in the same subject in the Queen's University, Ireland; and a Member of the Board of Superintendence of Dublin hospitals.

Mr. Fleming, although he succeeded to his hospital so late in life, set his class an example of industry and enthusiasm which made him one of the most popular teachers. He was a most careful and sagacious surgeon, and especially in dealing with diseases of the genito-urinary organs he exhibited the highest skill in diagnosis, and manipulative dexterity which was remarkable. His pupils were always his admirers, and they still bear the memory of his personal kindness, and of the example of careful observation which he set them. He was a frequent contributor to the periodical journals; among his best known papers being those on Abscesses of the Pharynx in Children and Adults. His writing upon questions of the sexual organs were very voluminous; and he became known as a leading authority upon this branch, with the result of enjoying for several years a very large and lucrative practice in it. Towards the close of his life he issued, in conjunction with Mr. W. Thomson, a volume which included much that he had already written on these affections, and it was received as a work of high merit and of great practical value to the surgeon.

During the later years of his life, when strength was failing, he still liked to recall the pleasant associations he had with his pupils, whose progress, so far as possible, he watched with some pride; and we are sure that to those of them who read this announcement, there will come deep regret for the loss of one who above all things desired to be regarded as their friend.

## Medical News.

**Harveian Society of London.**—The following list of names of gentlemen elected as officers of the Society for the year 1881:—*President:* Henry Power, F.R.C.S. *Vice-Presidents:* F. J. Gant, F.R.C.S., W. H. Day, M.D., \*J. Milner Fothergill, M.D., \*H. Sewill, M.R.C.S. *Treasurer:* James E. Pollock, M.D. *Hon. Secretaries:* George P. Field, M.R.C.S., \*Malcolm Morris, F.R.C.S. *Ed. Council:* G. C. P. Murray, M.D., W. Squire, M.D., G. Danford Thomas, M.D., J. W. Langmore, M.D., \*T. T. Whigham, M.D., \*Alfred Cooper, F.R.C.S., \*J. F. Payne, M.B., \*F. A. Mahomed, M.D., \*Osman Vincent, F.R.C.S. *Ed.*, \*Robert Argles, L.R.C.P., \*W. Towers Smith, M.R.C.S., \*W. Reynier, M.R.C.S. An asterisk is prefixed to the names of those gentlemen who did not hold the same office in the preceding year.

**University of Durham.**—Examinations in medicine and

surgery 6th, 7th, 8th, 9th, and 10th December, 1880. The following satisfied the examiners, and had their respective degrees conferred on December 14th. *For the Degree of Doctor in Medicine:* Edric Selous, M.R.C.S., Walter Lattey, L.R.C.P., John Balton Emerson, M.B., M.R.C.S., Bedford Fenwick, M.B., M.R.C.S. *For the Degree of Bachelor in Medicine:* Thomas George Ainsley, M.R.C.S., Thomas Dutton, L.R.C.P., Alexander William Woodman Dowding, L.R.C.P., M.R.C.S., L.S.A., Thomas Coke Squance, George Lucas Pardington, L.R.C.P., M.R.C.S. *For the Degree of Master in Surgery:* Alexander William Woodman Dowding, L.R.C.P., &c., Thomas Coke Squance. *Examiners:* Chas. Gibson, M.D., Chas. John Gibb, M.D., G. H. Philipson, M.A., M.D., F.R.C.P., Luke Armstrong, M.D., M.R.C.S., Henry E. Armstrong, M.R.C.S., Frederick Page, M.D., T. W. Barron, M.A., M.B., J. S. Bristowe, M.D. *Lond.*, F.R.C.P., Reginald Harrison, F.R.C.S. E.

**RESULTS OF MARRIAGES WITH IDIOTS.**—Dr. Berkhan, in the *Zeit. für Psych.*, vol. 37, making some interesting observations as to the capabilities of microcephalic and other idiots to propagate their species. A semi-idiotic man has been married for some years to a healthy woman, there is no family. A healthy man, married to an idiotic wife, has had three children by her, two of them are idiots. These cases support Vogt's view, that while female idiots may bear children, the males are very frequently incapable of begetting them. Marriages are very rare between male half-cretins and healthy women, but are not uncommon between healthy men and semi-cretinous females who may happen to own a little property. The author has never seen the progeny of these marriages arrive at maturity; if not still-born, the children usually die during childhood.

## 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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**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.

**CORRESPONDENCE.**—The letters of Dr. C. A. Cameron, Dr. John Martin, Dr. T. W. Morris, and Dr. T. M. Sunter are unavoidably held over to our next.

**A DISPENSARY DOCTOR.**—The *Australian Medical Journal* is obtainable in this country of Messrs. Gordon & Gotch, Colonial Newsagents, Bride Street, London, E.C.

MR. NORMAN COWOLLY is thanked for his translation of Prof. Snell's paper "On Simulated Insanity," which is marked for early insertion.

DR. C. W. MCCARTHY. — "Observations on Skin Grafting" will appear during the present month.

MR. WALLER would doubtless be able to obtain the desired information on application to the Secretary.

**AN OBJECTION.**—The practice is highly reprehensible, and owing to the admission of so many into the ranks of the profession of those who can hardly be expected to have "the feelings of gentlemen" is, we fear, on the increase in all large towns. If they are beyond the pale of the moral law the law of the land cannot touch them so long as their practice is kept within legal bounds.

**TAMAR INDIAN.**—Dr. Bumstead of New York, ascertained from the manufacturer in Paris that this preparation was mainly powdered senna leaves mixed with an agreeable confection.—*New Remedies.*

MR. T. M. DOLAN, F.R.C.S., Halifax.—Your papers on "Ophthalmia in Workhouse Schools" and on "The Prophylaxis of Eables and Hydrophobia" are marked for early insertion.

DR. BERRY, Wigan, is thanked for his "Notes of a Case of Hydrophobia," to which space will shortly be given.

### SUBURBAN CEMETERIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—The danger to the public health arising from our overcrowded suburban cemeteries can scarcely admit of exaggeration. Since Mr. Seymour Haden's eloquent letters on "Earth-to-Earth" burial appeared in the *Times* the attention of the authorities and of the public (whom it most concerns) has been again and again drawn to the evil

natives of interest in neighbourhoods thickly populated. Nothing, however, has been done. Notes of warning have been uttered in vain, while even the Government inspectors of grave-grounds have strongly urged that action should be taken in the matter. Certain of the metropolitan cemeteries are perfectly unsuited for the purpose of burial owing to the unfitness of the soil. This circumstance, added to the overcrowding of bodies in circumscribed places, must end calamitously if the practice be not checked. Our suburban cemeteries, like the old churchyards of London, are, to use the language of Mr. Chadwick, likely to become "the plague-spots of its population."

Surely there is no lack of places some miles distant, but yet readily reached, out of this teeming city wherein the dead can find meet sepulture. Woking Cemetery alone, on Mr. Haden's showing, on the principle even of giving a separate grave to each body, is owing to its dimensions, capable of meeting the annual mortality of greater London for all time to come. Besides, it possesses advantages of a suitable soil, salubrity, extent, picturesque, and isolation. So far it resembles the cemeteries of Mount Auburn, Laurel Hill, and Greenwood in the United States which are renowned for their spaciousness and attractiveness. Your obedient servant,

SANITARIAN.

**GERMAN THERAPEUTICS.**—In a recent issue we chronicled the fact "that thirty-eight out of ninety-five extraordinary students (foreigners) of the University of Vienna, during the last summer session, were Americans." In quoting this paragraph from our column the *Louisville Medical News* pertinently adds:—"And what a vast amount of bad therapeutics they will bring home!" What will our German saints in medicine think of this view of their training on the other side of the Atlantic?

**CLINICAL SOCIETY.**—Friday, Jan. 14, Annual Meeting.—Election of Officers.—Report on "The Treatment of Hip Disease, with especial reference to the Operation of Excision."—Mr. Croft, "On a Case of Traumatic Hydrocephalus."—Dr. E. H. Lloyd, "On Two Cases of Myxœdema."—Dr. Sutherland, "On a Case of Chronic Vomiting in which no Food, except Kermes, was taken for Sixteen Months."

## VACANCIES.

- Barnsbury Dispensary.**—Medical Officer. Salary, £120. Election, Jan. 17.
- Braintree Union.**—Medical Officer of Health. Salary, £150. Applications to the Clerk of the Union, Braintree, Essex, before Jan. 22.
- Brighton and Hove Dispensary.**—Resident House Surgeon. Salary, £140. Applications to the Hon. Sec., Queen's Road, Brighton, by Jan. 31.
- City of Dublin Hospital.**—House Surgeon. Salary, £100. Applications to the Secretary of the Medical Board before Jan. 26. (See Advt.)
- Dromore Dispensary.**—Medical Officer. Salary, £115. Election, Jan. 20.
- Dunmanway Dispensary.**—Medical Officer. Salary, £140. Election, Jan. 25.
- Hospital for Epilepsy and Paralysis, Regent's Park, N.W.**—Assistant Physician. Applications, with testimonials, to the Secretary, before Jan. 19.
- Manchester Royal Infirmary.**—Resident Medical Officer. Salary, £150, with board. Applications, with testimonials, to the Chairman by Jan. 22.
- West London Hospital.**—Assistant Physician. Honorary. Application to the Secretary on or before Jan. 21.

## APPOINTMENTS.

- BENTHALL, W., M.R.C.S.E.,** House Surgeon to the Derbyshire General Infirmary.
- EVERARD, H. N., M.B.,** House Surgeon and Apothecary to the Leicester Infirmary and Fever Hospital.
- HOOPER, C., M.R.C.S.E.,** Medical Officer of Health to the Aylesbury Rural Sanitary Authority.
- HYLTON, J., M.B., G.M.,** Assistant Physician to the Royal Edinburgh Asylum, Morristown.
- LONGWOOD, H., L.K.Q.C.P.I., L.R.C.S.I.,** Medical Officer to the Thirsk District and the Workhouse of the Thirsk Union.
- PADDISON, E. H., M.B.,** a Junior Assistant Medical Officer to the Surrey County Lunatic Asylum.
- PATON, C.A., M.R.C.S.E.,** Medical Officer of the Workhouse, Shore-ditch Union, London, E.
- POTTER, H. P., F.R.C.S., M.R.C.S.E.,** Resident Medical Superintendent to St. Mary Abbott's, Kensington.
- TOWLER, H. J., M.R.C.S.E.,** Medical Officer to the Barrowden District of the Uppingham Union.
- WALTER, W., M.D., L.K.Q.C.P.I., L.R.C.S.I.,** Honorary Surgeon to St. Mary's Hospital, Manchester.

## Births.

**ADAMSON.**—Jan. 9, at Hutton-le-Hole, Durham, the wife of James Adamson, M.D., of a daughter.

## Deaths.

- BARFOOT.**—Jan. 5, at Freshwater Villa, Surliton, Edward Wade Barfoot, M.R.C.S., aged 74.
- BUCK.**—Dec. 29, at the County Lunatic Asylum, Leicester, John Buck, M.R.C.S., for twenty-eight years Medical Superintendent of that Asylum, aged 64.
- DAVISON, R. S., M.R.C.S.E.,** Medical Officer of Health for the Castleward Rural Sanitary District, Northumberland.
- EVANS.**—Dec. 31, at Rome, of typhoid fever, George Harrison Evans, M.B., F.R.C.S., of Chad Road, Edgbaston, elder son of the late G. F. Evans, M.D., F.R.C.P., Birmingham, in his 35th year.
- ELPHICK.**—Jan. 5, at 16 Harwood Road, Lewisham, Mary, widow of the late Wm. Elphick, M.R.C.S., of Plaistow, Essex, aged 42.
- FLEMING.**—Dec. 30, at Donnybrook, co. Dublin, Christopher Fleming, M.D., ex-President of the College of Surgeons, Ireland, aged 80.
- KNOTT.**—Jan. 8, at his residence, Harwich, Wm. Knott, M.R.C.S. (half-pay), 6th Inniskilling Dragoons, aged 88.
- LEVER.**—Dec. 23, at Gowran, co. Kilkenny, John Lever, M.B., F.R.C.S., aged 48.

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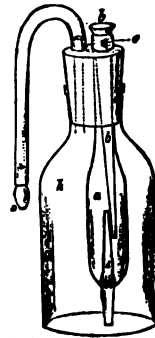
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# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 19, 1881.

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### ALCOHOL AS AN ANTISPASMODIC. (a)

By BENJAMIN WARD RICHARDSON, M.D., F.R.S.,  
President of the Medical Temperance Association.

(Concluded from page 24.)

THERE is another form of case, in which there is acute recurring spasm in the stomach or intestines, and in which, after taking food, or after long abstinence from food, or after much mental or bodily fatigue, the patient is seized with severe pain and faintness, which are not relieved until there is escape of flatus. These cases are sometimes, as we all know, accompanied by what is called gastrodynia, and the spasm, which is their marked symptom, varies from uneasiness and oppression to the most acute suffering.

In this state of disease there cannot be a doubt that alcohol gives relief. It reduces spasm, and permits the free escape of gaseous products, and so it relieves pain, and brings speedy quiet. There are no cases in which alcohol acts more promptly than these. There are, unfortunately, no cases in which it proves a worse friend. On one hand we must not, by any false enthusiasm, deny its efficacy. On the other hand we must not, by any bigoted sentiment for it, deny its danger. Carried a very little too far, it loses its effect, until a slowly fatal dose becomes almost a necessity of life. The patient, under the physician's own guidance, is, in fact, rescued from Scylla to be sacrificed on Charybdis. These are, *par excellence*, the cases that excite in the weak the desire for alcohol. The sufferers are of nervous or nervous lymphatic temperament, and they soon like and long for more than the direct relief from the too diffusible stimulant. From the local relief they court the universal degeneration.

I rarely see a week go by without having before me one or more of these examples of what may well be called nervous indigestion and spasm. I confess at once the extreme trouble and anxiety they give to a conscientiously anxious mind, which has to balance between the certain immediate good and the all but certain and distant evil.

I begin, always, the treatment of these cases without resort to alcohol. If I find that the sufferers have pyrosis, which is a very common accompanying symptom, I forbid specially two kinds of food, oatmeal porridge and tea. Tea I always counter-order, especially afternoon tea; and if the patient is a smoker I do my best to stop that habit. I then prescribe for the dyspeptic symptoms correctives for the secretions, and one or other of the digestive ferments pepsine, pancreatine, or diastase. For the spasm I prescribe bicarbonate of ammonia and potassa, with nitrite of amyl and infusion of cloves, using glycerine as the solvent for the nitrite. The prescription usually runs:—

Bicarbonate of ammonia, grā. v.;  
Bicarbonate of potassa, grā. x.;  
Glycerine, ℥j.;  
Amyl nitrite, m. ij.;  
Infusion of cloves, ℥j.

To be taken when the spasm is present, and to be repeated every hour until relief is obtained.

Only when this fails, or when this and other agents fail, do I resort to alcohol. Then I add to the above mixture from half a fluid ounce to six fluid drachms of '830 alcohol, for brief periods of time, withdrawing the alcohol as speedily as is possible.

Looking upon neuralgia as a form of vascular spasm in tracts of nerves, we have a very clear idea of the reason why antispasmodics are so useful in some forms of this disease, as immediate remedies. The alcohol in port wine has, for this reason, obtained its reputation for the relief of tic. But if, after the relief from relaxation has been obtained, there is one agent more than another which sustains the systemic irritation on which the pain rests, it is alcohol in any shape, and especially in that unknown sweet quantity called, ironically, port wine.

Admitting, therefore, the relaxing power of alcohol in the neuralgias, we have, in using it, always an ultimate

(a) Essay read at the First Meeting of the Session 1880-81 of the Medical Temperance Association.

danger to face, and happily we are not, I think, any longer obliged to face that danger. In croton chloral, and in croton chloral combined with quinine, we have an instant remedy, more effective than alcohol, and free of its reserved evil. For a year now I have successfully replaced alcohol by this new combination, for the use of which I am indebted to my good friend Dr. Elliot, of Hull. The formula is as follows:—

Croton chloral, gra. ij.;

Quinine, gra. ij.;

Glycerine, as much as suffices to make a pill.

The pill to be taken when the attack threatens, and to be repeated every two hours until relief is obtained.

The peculiarly painful spasm which attends the menstrual period in some women, and which becomes neuralgic in its character, is another affection strictly under my present subject. I do not deny for a moment that in these cases a full dose of alcohol—a very full dose—often repeated, relaxes, and so brings relief. But, perhaps, never was so much evil bought at the price of this temporary good as in these examples. That utterly untrustworthy compound sold as gin is the fluid with which these unhappy sufferers, often in early years, are dosed on these occasions. One of my lay friends who has a large number of women in his employ in a factory, writes to me on this topic, stating the demoralisation that the practice brings. He says, “In the young hands the time when the natural period is on is easily known by the odour of the gin in their breath.” “My wife,” he adds, “with motherly care, has been frequently amongst them to try to persuade them from the practice, for unfortunately the habit of taking the gin at these times soon infects the whole flock—sufferers and non-sufferers alike. But all her efforts are unavailing. The reply is that the gin generally relieves the pain, and, when the doctor is referred to, he is said to confirm the statement, and I have been told that you confirm it. But cannot something else be done?”

In better classes of society than factory girls this same practice prevails, and we have all of us often to sanction it or replace it. It struck me some time ago, as I have once before stated here, that possibly the juniper which is present in gin might be, in some degree, the useful agent. Juniper increases the secretion from the kidney like ethyl nitrite, and might be worth using, apart from the idea of gin. I have, therefore, given it in combination with croton chloral in proportion of three minims of the oil with two grains of the croton chloral made into a draught with glycerine and water.

This answers exceedingly well, and I press its use earnestly on your attention. The formula stands as follows:—

Croton chloral, gra. ij.;

Oil of juniper, m. iij.;

Glycerine, ℥j.;

Distilled water, ℥j. ss.

To make a draught. To be taken when in great pain, and repeated every five or six hours until relief is obtained.

In the spasmodic varieties of hysterias, with its neuralgias and other mimics of disease, we meet with many conditions in which the questions that have been already before us come up for consideration.

In these states of systemic derangement we have to confront conditions in which the immediate action of alcohol as an anti-spasmodic might be indicated. Here, however, according to my mind, a line should be sharply drawn. If there is any known agent which above all others sustains the hysterical condition, it is alcohol. For this reason I, for my part, leave it out of the list of remedies altogether, not because I doubt its effect to relieve, but because I am sure that its effect to sustain the evil far out-balances the temporary advantage. There is a stage of alcoholic intoxication, the second, which practically is a form of hysteria, and I know of no precise method of prescribing alcohol that shall not impinge upon that stage and intensify it.

I have, I trust, now given to alcohol all the credit as

an anti-spasmodic that belongs to it. I have given to it a wide range of action; I have not disguised its value; I have not concealed its dangers.

Let me now pass on to consider the mode of administration of alcohol for medicinal purposes.

In my lecture on the Alcohols, published so far back as 1869, in the *Medical Times and Gazette*, I wrote:—“As yet alcohol, the most commonly summoned of accredited remedies, has never been properly tested as a remedy for human diseases. I mean by this that it has never been tested as alcohol of a given chemical composition, of a given purity, and in given measures. Wines, beers, and spirits are anythings, compounds of alcohols, and compounds of alcohols with ethers and other foreign substances. It is time now, therefore, for the learned to be precise respecting alcohol, and for the learned to learn the positive use of one of their most potent instruments for good or for evil.” In the eleven years that have passed since that was published, I have steadily followed out the practice there suggested, and for five years past I have never prescribed alcohol in any other form than the .830 ethylic alcohol—the ordinary pure, but not quite absolute alcohol of commerce. I have known, therefore, in prescribing alcohol, for these five years, the precise thing prescribed, which is, I think, what few can say. I have by this means learned the value of dose, as well as of action. If I have wanted any other of the agents that belong to alcoholic beverages—the bitter of hop, diastase, and ether—I have added it in the same precise manner, and I most respectfully suggest that this is the only way in which alcohol can be scientifically applied in the treatment of disease. The advantage is all on the side of accuracy.

There is another and more cogent reason for this rule. By following it alcohol is kept in the hands of the prescriber and the chemist. When it has served its purpose it can, like mercury or arsenic, or other dangerous remedy, be withdrawn. Ordered as a common drink, instead of being prescribed, the patients become their own doctors and their own destroyers. It is hard enough, as we have seen, so to prescribe alcohol as to prevent evil from it; to order it without care is to endanger its current utility, and to make the perpetuation of its evils the most imminent of dangers.

An inquiry which springs out of these studies is the possibility of advancing further in the line of discovery towards substitutes for alcohol as an antispasmodic. I have shown that amyl nitrite may well come in for such substitution; and to this may be added either ammonia, methylic alcohol, or methylal. The two last-named remedies, when they are perfectly pure, are admirable substitutes. They are rather quicker in action, and the latter, methylal, is more pronounced in its effects as an antispasmodic.

On the mode of administering alcohol by prescription a word may be useful. I prescribe .830 alcohol, adding to it usually a little glycerine; one drachm of glycerine to the half-ounce fluid measure of alcohol and water. For those adults who are not accustomed to alcohol, half a fluid ounce of it in two ounces of water is a good standard dose. That dose will produce a distinct physiological effect. It will quicken the pulse to two thousand beats, and it will cause a preliminary rise of a fourth of a degree of surface temperature. This dose may be repeated every hour for four hours without harm, but not beyond that time with impunity.

For ordinary drinkers of alcohol the dose is small. They will take an ounce, or an ounce and a-half at once and not be seriously influenced, and to them, in emergency, the larger of these doses may not be too considerable. Its repetition must, of course, be considered with great care.

To us, who are engaged in the active work of the temperance reformation, these truths on the medicinal use of alcohol are of vital moment. It is as vain as it is untrue for us to declare to our patients that alcohol cannot relieve them under certain conditions. If we tell



them so, and suggest other plans, they simply resort to the thing itself, in its worst combinations, and instead of using it medicinally, they follow up the use of it, without asking our leave and not knowing when to stop. We, therefore, lose the benefit of applying it as a remedy, and of stopping the use of it when it has performed its purpose. Thus we lose influence in a double sense. To those, again, who are not engaged in our contest; to those who with cruel apathy treat the temperance reformation as a sublime joke, and its leaders with scoffing contempt, these studies are not less vital. Soon it will be learned, even by them, that the temperance movement has a root which cannot be drawn, and a development which cannot be suppressed. Then will come a time when the lay voice will be heard, standing out against the empirical use of alcohol altogether, and questions will be put and arguments used that will be as fatal to the interests of our professional body as all kinds of class bigotry, pride and fanaticism, ever have been, when they have ventured to cross swords with advancements the power of which has been foreseen by all except those who were most interested in their recognition.

### THE ACTION OF ANÆSTHETICS. (a)

By JOHN GRAY M'KENDRICK, M.D., F.R.C.P.,  
F.R.S.E.,

Professor of Medicine in the University of Glasgow.

Dr. M'KENDRICK said that in 1846 the use of ether was first known in America as an anæsthetic. It was practised first by a dentist, Dr. Morton, who said that the substance was first suggested to him by a physician, Dr. Jackson, and first used in dentistry. It very quickly was used in surgical operations, and spread very rapidly over America and the Continent. In the following year Sir James Simpson was led to the administration of chloroform as an anæsthetic, and it very quickly took the place which it still possessed in this country. The number of deaths occurring during the administration of chloroform were not numerous certainly, taking into account the large number of cases in which chloroform was administered for surgical purposes, but still they were often unlooked for, and gave rise to a certain feeling of distrust in the minds of some medical men, at all events, as to the use of this principal anæsthetic. In 1875, when the British Medical Association met in Edinburgh, a large committee was formed of leading surgeons in the principal towns of this country, but it was too bulky for practical work, and two years passed without any action being taken. In 1877, at the meeting of the British Medical Association in Manchester, a much smaller committee was formed, and this committee consisted of John G. M'Kendrick, M.D., Professor of Physiology in the University of Glasgow; Joseph Coats, M.D., Pathologist and Lecturer on Pathology, Western Infirmary, Glasgow; and Wm. Ramsay, Ph.D., assistant to the Professor of Chemistry in University of Glasgow. Dr. Ramsay retired from the committee on his appointment to the chair of chemistry in the University College, Bristol, when David Newman, M.B., Pathological Chemist, Western Infirmary, Glasgow, became a member of the committee. The object of the committee was to investigate generally the physiological action of anæsthetics, and, if possible, ascertain the sources of danger from their use, and perhaps also to suggest an anæsthetic which would be freer from danger than those in use. It was, of course, not the object of the committee to get up anything in the nature of a scare with regard to the use of anæsthetics. They had been so far too good servants in the hands of the surgeons of this country to be hastily thrown aside; but their object was to find out an anæsthetic which would be safer than those now in use; to find, if possible, the source of danger, and to indicate how these dangers might be avoided or overcome. The action of an anæsthetic

was very quickly seen by its interferences with the higher nervous centres. A person might become slightly excited, but after a period of excitement there came a period of confusion, and if anæsthesia was pushed still further there would come a period of complete insensibility, while at the same time the lower nervous centres connected with the movement of the heart, and with the movement of respiration, were interfered with. It was well known to surgeons that if anæsthetics were pushed too far the persons might suddenly die, either from failure of the heart's action or from failure of respiration. Dr. M'Kendrick then narrated experiments that had been made on cold and warm blooded animals, and from these it was ascertained without doubt that chloroform had an injurious influence on the heart, and that ether had not the same injurious influence. They then proceeded to ascertain whether they could find an anæsthetic which would not have the disadvantages of ether or chloroform. Ether as an anæsthetic was somewhat troublesome to use. It required a much larger dose of ether than of chloroform, and a longer time was taken to put an individual under ether than under chloroform, and after under its influence a person was more liable to come from under its influence quietly. Consequently it was important to look about and, if possible, find out some anæsthetic which would come midway between them. A number of substances were tried, and the best they could get were Isobutyl chloride and ethidene dichloride. The experiments with the latter were exceeding good. Under it frogs continued paralysed from 20 to 26 minutes, and there was no interference either with the action of the heart or with the respiration. With regard to ethidene dichloride, it was found, on looking up the literature of the subject that Dr. Snow, of London, in 1858 had experimented with it, but said that it was not likely to come into use on account of the difficulty of obtaining it in a state of purity. Since the committee brought the matter before the profession on January 18, 1879, it was being used in this country to a considerable extent. In Glasgow it had been given to a considerable number of human beings, and in London up to the 29th May last year. Mr. Clover had reported on 1,877 cases, on the whole favourably. Dr. M'Kendrick then explained the nature of several experiments which were made in order to compare the action of the ethidene with other anæsthetics, and, if possible, ascertain its influence on the living organisms, and then find out the influence of it upon what was called blood pressure. He explained that a falling of blood-pressure indicated generally that the heart was becoming rapidly enfeebled. This was exemplified in a series of drawings, showing the results obtained from the experiments made on the animals. These showed that in the use of chloroform there was a tendency to a sudden fall of blood-pressure, with ethidene the fall was gradual, but with ether the pressure was kept up steadily for a lengthened period. Dr. M'Kendrick then referred to several experiments that had been made by Dr. Newman, with the permission of the surgeon of the Glasgow Western Infirmary, and the results of these had been elaborately tabulated. The practical results were that when chloroform was administered the appearance of the countenance of the patient might be that of pallor, and if pushed further, deep breathing would be manifested; but when ethidene was administered the countenance of the patient was remarkably natural. One difficulty was that ethidene at first seemed to be more liable to produce sickness, and, of course, it was a matter of great importance to have no sickness after certain operations. The general effect, however, seemed to be that ethidene did not produce sickness to a greater extent, at all events, than chloroform, and that the sickness did not last for so long a time. Dr. M'Kendrick summed up the general results of the inquiry as follows:—  
With regard to the physiological effect:—1. The effect of anæsthesia with chloroform is to increase the amount of carbonic acid exhaled in a given time. 2. Both chloroform and ethidene, administered to animals, have a decided effect in reducing the blood-pressure, while ether has no

(a) Read at the meeting of the Glasgow Philosophical Society, January 6th, 1881.



appreciable effect of this kind. 3. Chloroform reduces the pressure much more rapidly, and to a greater extent, than ethidene. 4. Chloroform has sometimes an unexpected and apparently capricious effect, the pressure being reduced with great rapidity, almost to *nil*, while the pulsations are greatly retarded, or even stopped. The occurrence of these sudden and unlooked-for effects on the heart's action seems to be a source of serious danger to life—all the more that in two instances they occurred more than a minute after chloroform had ceased to be administered, and after the recovery of the blood-pressure. 5. Ethidene reduces the blood-pressure by regular gradations, and not, so far as observed, by these sudden and unexpected depressions. 6. Chloroform may cause death in dogs, either by primarily paralyzing the heart or the respiration. The variations in this respect seem to depend, to some extent, on individual peculiarities of the animals. In some, the cardiac centres are more readily affected; in others, the respiratory. But peculiarities in the condition of the same animal very probably have some effect in determining the vulnerability of these two centres respectively, and they may both fail simultaneously. 7. In most cases, respiration stops before the heart's action; but there was instances in which respiration continued while the heart had stopped, and only failed a considerable number of seconds after the heart had resumed. With regard to the practical results, it seems to be this—that, as regards comparative danger, the three anaesthetics may be arranged in the following order: chloroform, ethidene, ether; and the ease with which the vital functions can be restored may be conversely stated thus: the circulation is more easily re-established when its cessation is due to ether than to ethidene, and when the result of ethidene than when chloroform has been used. The advantages which chloroform possesses over ether—in being more agreeable to the patient, and more rapid in its action; in the complete insensibility produced by it, and the absence of excitement or movements during the operation—are more than counterbalanced by its additional dangers. The chief dangers are—(1) Sudden stoppage of the heart; (2) reduction of the blood-pressure; (3) alteration of the pulse respiration ratio; and (4) sudden cessation of the respiration. The danger with ether approaches from the pulmonary rather than from the cardiac side, so that by establishing artificial respiration we have a means of warding off death. Its disadvantages are to a great extent obviated by the use of ethidene, whilst the dangers of chloroform are also reduced to a minimum. In concluding, Dr. M'Kendrick said his own impression as to the results of this investigation was that those surgeons who required to use an anaesthetic would select one for particular cases. There were certain cases where chloroform might be best, and other cases where it would be better to give ethidene, which was really physiologically and clinically midway between the two—chloroform and ether. Then it might be said, why not use ethidene more frequently than it was at present done? The reason was a practical one. It was far too expensive at present, and ever since the committee began their work—although much more of it has been used—for some reason it was not manufactured now. It is now very costly; but if any one could manufacture ethidene at a much more reasonable price, he had not the slightest doubt it would be used pretty frequently as an anaesthetic.

## DISEASES OF THE HEART IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.;  
Physician to the Samaritan Hospital for Women and Children.  
(Continued from page 27.)

### VALVULAR DISEASES OF THE HEART.

The general symptoms of valvular disease of the heart may be thus briefly stated. The blood is either impeded in its passage through the heart, or it regurgitates from defect in the closure of the valves, and this leads to hyper-

trophy with congestion of the lungs and other organs, followed by dropsy. The symptoms vary a good deal, and in children, even when the valvular condition and hypertrophy appear to be about equal, the constitution suffers differently. This arises from the conservative process of hypertrophy, which, for a long time, keeps in check the symptoms; but, by and by, the heart labouring to empty its overplus, fails, and congestion of the venous system follows. Then ensue hurried respiration, dyspnoea, pain in the region of the heart or palpitation, anxiety of expression, pallor or suffusion of the face, inability to walk up stairs, and the impossibility of resting in the recumbent position. The symptoms are increased by indigestion or mental emotion. The valves on the *left* side of the heart, are far more prone to disease than those on the *right*. When the latter are affected, it has been attributed to foetal endocarditis.

The constitutional symptoms in these cases are liable to considerable variation. Some children who have all the physical signs of a severely damaged valve, as the consequence of rheumatic endocarditis, experience no breathlessness, and scarcely any other discomfort. They may go on for months or years with very little complaint. I have more than once known the heart entirely overlooked in these cases, and the symptoms of impaired health ascribed to weakness and general debility. But later on, the symptoms of obstruction to the circulation begin to be manifest, and there is cough, congestion of the lungs, and hurried breathing. In prolonged cases, the liver and digestive organs become deranged, the features are swelled, and oedema of the extremities supervenes.

*Diseases of the aortic valves* is so rare in childhood that it might be passed over unnoticed. But, since it does now and then occur in children, it is well to call attention to this lesion. When the aortic orifice is narrowed or constricted (*aortic obstruction—**aortic stenosis*), the blood is impeded in its passage from the left ventricle. Over the mid-sternum, but more especially over the second right costal cartilage, and in the course of the aorta and carotids a soft systolic murmur, corresponding in time with the pulse, is heard, diminishing in intensity towards the apex. A systolic thrill is often felt over the cardiac region, at the right base, with heaving impulse. There is usually great hypertrophy of the left ventricle. If the heart's action is weak, and the narrowing of the orifice smooth, the murmur may not be easily detected. When the narrowing is great, the pulse is small and feeble, but this will in some degree depend upon the amount of hypertrophy present, which modifies its character. The constitutional symptoms are pallor of the countenance, and often headache from cerebral anæmia, owing to the unfilled state of the arteries. Unless the mitral valve becomes involved, so as to allow of regurgitation taking place, the pulmonary circulation is not interfered with.

*Causes.*—These are most probably due to chronic valvulitis, and to endocarditis after rheumatic fever. When rheumatic endocarditis happens, the inflammation begins in the mitral valve, and then, after involving the ventricular endocardium, seizes upon the aortic valves. These remarks on aortic obstruction in childhood are rather theoretical than the result of my own clinical observation. The form assumed by aortic valvulitis in childhood is certainly that of regurgitation, the distortion and mutilation of the valves commences in their free edges, and is usually accompanied by dilatation of the aortic conus, and the actual enlargement of the aortic ostium.

When the aortic valves cannot effectually close the orifice on the aortic recoil, the blood stream returns into the ventricle, and *aortic regurgitation* is produced. The physical signs are a diastolic murmur heard at the mid-sternum obliterating the second sound, and frequently distinctly audible at the apex. It may be soft or rough, weak or loud, musical or prolonged. The pulse is sudden and jerking; it is known as "Corrigan's pulse," collapsing "like balls of blood shot under the finger," but there

may be considerable regurgitation without this being marked, or any visible pulsation in the superficial vessels.

The tendency of the disease is to produce extreme hypertrophy of the left ventricle, but very rarely any dropsy. The ventricle being always too full of blood undergoes comparative hypertrophy, and containing blood in diastole, dilatation is added to hypertrophy.

Dr. de Havilland Hall afforded me an opportunity of seeing a patient of his, a boy ten years of age, who was the subject of aortic regurgitation. Six weeks before he came under observation, he had complained of pains in his knees and feet, and had been confined to bed one week. When seen he was suffering from weakness and giddiness, and shortness of breath on exertion. On examination, he was found to have a soft aortic diastolic murmur, heard loudest over the third right interspace close to the sternum, and conducted along the sternum to the apex. The impulse was greatly diffused, but most marked in the fifth interspace in the nipple line. There was visible pulsation in the brachial arteries.

*Causes.*—This affection may possibly be congenital. It may also follow chronic changes, violent strains, and endocarditis after rheumatism in obstructive disease.

*Disease of the right auriculo-ventricular orifice (tricuspid regurgitation)* is rare, and murmurs are uncommon in this situation, except in long standing cases of mitral disease, in which the right side of the heart has become weakened, and there is obstruction to the pulmonary circulation. "Mitral stenosis is the most frequent cause of serious tricuspid regurgitation, and the earlier in life the stenosis occurs, the more rapidly, as a rule, the tricuspid regurgitation follows, and the more serious the prognosis. (a) The physical signs are increased præcordial dulness to the right of the sternum, at the level of the fourth rib, and epigastric pulsation, the ventricle being seen and felt between the ensiform cartilage and receding ribs in the left hypochondrium. Owing to the accumulation of blood in the right ventricle from congestion of the lungs, it becomes enlarged and dilated. As it encroaches on the position of the left ventricle, and lies in front of it, the apex is pushed away from the chest wall, and the impulse is extremely weak or cannot be felt at all. A murmur usually accompanies the systole, and is most audible over the lower part of the sternum, or ensiform cartilage. I say usually, because the murmur is altogether absent in some cases, and in others it cannot be detected, though the other signs of tricuspid incompetency are all present. Accentuation of the pulmonary second sound should be looked for, and weakness of the aortic sound. The increased outline can often be distinguished readily enough in children, whose chest walls are thin, and the left lobe of the liver may receive an impulse, while at the same time the liver is not unfrequently enlarged. This condition is often attended with over fulness of the cervical veins, because the right auricle is over-distended, and in fact the right side of the heart altogether undergoes passive dilatation. The tricuspid being insufficient, each contraction of the right ventricle drives backwards the blood into the right auricle, and the veins in communication with it. The wavy pulsation in the external jugular veins is an indication of considerable tricuspid regurgitation, but if the orifice is only slightly contracted, then the valve may act efficiently, and the pulsation in the vein be absent. Congestion of the intestinal veins, scanty urine, and even hæmorrhoids are sometimes present. In a boy, aged eleven years, under my care in 1877, or mitral and tricuspid disease, œdema and anasarca of the lower extremities came on a month before death.

When the cardiac enlargement exists to the same extent in two separate cases, we may have in one case regular bowels and normal extremities, with the power to lie down and assume any position; whilst in another case there are severe and continuous congestive headache, enlarged veins in the neck and pulmonary engorgement.

This depends upon the amount of injury the valve has sustained. If the tricuspid orifice is only partially contracted, and there is no defect in the valves, the venous circulation is partially congested; for it should be held in mind that a murmur in this situation, like a mitral regurgitant murmur, may be simply the expression of great debility.

A systolic murmur heard most distinctly over the pulmonary orifice is generally due to anæmia, or to pressure by consolidated lung. When organic it is almost always congenital.

*Disease of the left auriculo-ventricular (mitral) valve*, causing regurgitation from the ventricle into the auricle is the most common form of cardiac disease to be met with. It is evidenced by a murmur, diastolic in time, and unlike that of mitral stenosis is not caused by the contraction of the auricle. It is very much more frequent in girls than in boys. In these cases there is enlargement of the left ventricle, and the apex beat is below and external to the nipple; it often occupies a larger space than in health, except when it strikes directly behind a rib, and then it is not detected so readily. The impulse is considerable and heaving, and if the hand be placed over the præcordial region, there is an appreciable thrill. Over the apex is a bruit accompanying the systole, partially obscuring the first sound, and diminishing, or even disappearing at the base, if only slight; but if loud or intense, it may almost obliterate the second sound at the apex, and be detected over the whole præcordial region. The murmur is synchronous with the pulse, and owing to the blood being carried back into the left auricle, can be heard in the left axilla, at the angle of the scapula on the same side, and at the spinal column. The pulmonary second sound is generally intensified. This murmur (*bruit de soufflet*) is soft and bellows like in recent cases, where possibly the deposit on the valve has become highly organised, but in more advanced cases it is rough and grating, and resembles the sawing of wood. The purring tremor—*frémissement cataire*) occasionally found in disease of the mitral orifice is essentially connected with obstructive, and rarely, if ever, with mitral regurgitant disease. Cough, congestion of the lung, quick breathing, and a small contracted pulse, are common in these cases.

A loud apex murmur in mitral disease is compatible with fair strength and growth, and may be present without impairing the functions of the heart. In such cases there is probably a mere roughening of the surface of the valves, or even a vegetation, which does not permit any of the blood in the ventricle to flow back through the mitral orifice, yet a systolic apex bruit may be present, and regurgitation take place with a competent mitral valve. "In fact, the mitral valve may be perfectly free from disease, and the auriculo-ventricular opening perfectly natural and undilated, and yet regurgitation may, and often does, take place." (a) In anæmia and chlorosis a venous murmur may sometimes be heard over the mitral area, accompanied with accentuation of the pulmonary second sound, as in true mitral constriction and regurgitation, but unassociated with any valvular lesion. There are other cases in which the physical signs are the same, but graver mischief has been done, and the right side of the heart and lungs suffer in time. Children so affected, are small, dwarfed and stunted, and liable to die of dropsy at puberty. They rarely get over the pubertal changes.

(To be continued.)

At the last meeting of the Sanitary Institute of Great Britain, Dr. B. W. Richardson in the Chair, eight Fellows were elected, among whom were the Bishop of Exeter, Sir Stafford Northcote, and General Bartlett. Two members were also elected, and applications read for the election of others at next meeting.

(a) "Disease of the Heart," Balfour, 1876, p. 181.

(a) Balfour, *Op. Cit.*, p. 102.

## ON SANITATION. (a)

By C. A. CAMERON, M.D.,

President of the Society of Medical Officers of Health, Dublin.

In 1879 the provisions of the Public Health Acts of 1878 and 1879, came into force in reference to the returns of burials to be made by the cemeteries authorities to the registrars of deaths. In former years it was estimated that about 11 per cent. of the deaths that occurred in Dublin were not registered, but since the burials returns have been received this serious omission in death registration has been remedied. The corrections afforded by means of the returns from the cemeteries authorities would account for 10 or 11 per cent. of the increase in the registered deaths in 1879 and 1880 as compared with previous years. Thus the average of 27.1 deaths per 1,000 during the ten years ended in 1878 would have been 30 per 1,000 persons living if the registration of deaths had been corrected by returns of interments from the cemeteries authorities. It thus appears that in the Dublin registration area, the death-rate in 1879 was 4.6 per 1,000, or nearly 1.5 per cent. in excess of the average (corrected) death-rate of the previous ten years. Now the questions arise—1. What are the causes of the somewhat high rate of mortality which prevailed in Dublin before 1878? 2. How are we to account for the great increase in our bills of mortality which occurred in 1879 and 1880? It appears to me that it is much easier to answer the former of these questions than the latter. The bad condition of the tenement dwellings, the existence of ill-kept slaughter-houses and dairy-yards in the most densely-crowded parts of the city, the prevalence of poverty, intemperance, and uncleanness are prime factors in the production of our high death-rate. It is, however, difficult to account for the increase in the unhealthy condition of Dublin which has occurred since 1877, but more especially since 1878. During the last two years the condition of the tenement dwellings has certainly been improved, the sewerage system has been extended, and the streets have been kept cleaner.

The high death-rate in 1879 and 1880 has not been caused by any disproportionate increase in the number of deaths from zymotic diseases. Small-pox carried off 520 persons in 1879, but in 1878 this disease killed 560 persons. Scarletina was more destructive in 1879 than in 1878 and 1880, and in the latter year there was a very high and unusual mortality occasioned by diarrhoea. On scrutinising the death statistics of 1879 and 1880, it will be seen that the deaths from zymotic diseases and from all other of the great classes of diseases had increased in equal ratios, as compared with the average mortality from these maladies during the previous ten years.

## THE CAUSES OF OUR HIGH DEATH-RATE.

It is probable that the bad harvests of 1877, 1878, and 1879, have had some influence upon the condition of the public health, even in the case of the towns. In 1879, and the early part of 1880, great destitution prevailed in Dublin, and in many of the provincial towns. Visiting as I do daily the tenement dwellings, I have ample opportunities of observing the social condition of the poorer classes. During the last two years I have witnessed great destitution among the labouring and even the artisan classes. Their rooms were miserably furnished, their clothing and bedding scanty and ragged, and their food defective in quantity and quality.

One of the most saddening of the sights witnessed by those who inquire into the condition of the very poor, is afforded by the children who are not old enough to work. There are thousands of them miserably fed, clad in rags, and shoeless. Little boys from six to ten years old are commonly to be met with clothed in the remnants of their fathers' garments, their breasts and the lower parts of their legs exposed to the biting winds and frosts of winter. When these wretchedly-clothed and semi-nourished children catch measles, scarlatina, or other zymotic disease, is it to be wondered at that their enfeebled little bodies are incapable of resisting the onslaught of these diseases? Having given this matter some attention I say advisedly that the children of the labouring classes, and, to some extent, those of the artisans are worse clothed and shod than are the children of the same class in English towns. A short time ago I visited

(a) Read before the Society of Medical Officers of Health, Dublin.

a primary school near Watford, Hertfordshire, where there were about 200 girls, nearly all of whom were the children of labourers. Every child was warmly clad and provided with good boots. They were all neat and clean. I could not help contrasting in my mind's eye the tidy condition of these children with the squalid, ragged, unshodden, and filthy condition of so many of the children attending the primary schools of this city.

## THE TENEMENTAL DWELLINGS OF DUBLIN.

In the Report of the Royal Commissioners who inquired in 1879 into the sewerage arrangements of Dublin, it is stated that the tenemental dwellings are, according to the medical evidence tendered, "the prime source and cause of the excessively high death-rate" of Dublin. I do not fully endorse this opinion, for I believe that the bad condition of the tenemental dwellings is in a large proportion of cases an effect and not a cause. The poverty and intemperance of a large number of persons re-act upon their dwellings. Such persons placed in new and clean houses would soon render them dilapidated and filthy. Still, it is not to be denied that the wretched state of a large proportion of the homes of the poor is a matter beyond their control, and for which they are not to be held responsible. Nor can it be denied that the state of a very large percentage of the tenemental dwellings is inimical to health and morality. The defects of the tenemental dwellings appear to me to be mainly as follows:—

1. Many of them are built upon the yards or gardens of houses of an earlier erection, and are, therefore, deficient in air, light, and proper sites for water closets, privies, and ash-pits.

2. The greater number of families amongst the working classes inhabit each but one room, which is consequently generally occupied night and day, so that its atmosphere is always impure, and the apartment cannot be thoroughly cleansed.

3. As several families have the use of a common privy or water-closet, no one is immediately interested in keeping it clean; nor are the common hall, stairs, and lobbies of the tenement houses properly attended to for the same reason. In a large number of cases a person, generally an old woman, has a room rent free as payment for keeping the house and out-offices clean, but it is seldom that the work is properly performed. A few owners of tenemental dwellings employ men to keep them clean; in such instances the work is much better done.

4. The want of proper sanitary accommodation for females is all but general in the tenemental dwellings; such accommodation is only to be met with in the houses erected by the Artisans' Dwellings Company. I have no doubt that the lack of sanitary accommodation for a female population of the tenemental dwellings, which cannot be less than 25,000, must operate injuriously upon their health, and it certainly gives rise to uncleanly and unhealthy practices.

5. The circumstance that, as a rule, every room in a tenement house is occupied by a family, favours greatly the spread of contagious diseases. If a case of measles or small-pox occurs in one room of such a house, there is a great probability that the contagium of the disease will soon find its way into other rooms.

The evils which arise out of the present state of the majority of the homes of the poor require the most energetic and widespread measures for their eradication, or at least decided amelioration. Some of these measures I shall briefly describe. In the first place, I think in certain cases it would be desirable to insist that each person should be supplied with more than 300 cubic feet of space for sleeping which hitherto we have regarded as a minimal space for such purpose. Where the room is occupied only as a sleeping apartment, that space might be considered as sufficient; but where people live, cook, wash, clean, work, and sleep in one apartment, I think that the minimal space should be increased to 400 cubic feet.

I am of opinion that there is great danger to be apprehended wherever a large number of families occupy a large house having but one hall and staircase. I have met with several cases of such houses in which severe outbreaks of zymotic disease occurred. In some of these cases I insisted, and with success, on a reduction in the number of families occupying the house—in one instance to the extent of 50 per cent.

The bad odour which prevails in so many of the tenement

houses is often due to the state of their privies and ash-pits. These offices are generally in direct connection, and the contents of the latter are, as a rule, contaminated with those of the former, the whole being frequently converted into a semi-liquid state by rain. During the last two years it has been my constant aim to compel the owners or leaseholders of tenement houses to replace these filthy privies by water-closets of simple construction, and so far the result has been a tolerably successful one. About 40 water-closets per month are being put up, and, on the whole, they are kept in fairly good order, and undoubtedly they are a great improvement on the privies. One of our colleagues, Dr. Speedy, has been indefatigable in getting water-closets introduced into the houses of his district.

In reference to the subject of water-closets, I may say that I have great objection to putting them anywhere within the walls of the house. In a very few cases I have consented to have them placed inside houses, but only when the latter were large dwellings and of a superior kind. In every case the closet was placed in the top storey, and as far away from the dwelling-rooms as possible.

The sanitary authorities have great powers conferred upon them by recent sanitary statutes; and so far as the closing of houses unfit for human habitation is concerned, there is not much difficulty in effecting that object in Dublin, thanks, too, to the views which our police magistrates take. I must confess, however, that I often feel compunction in applying for the closing of houses—unless they are in an exceptionally bad state—belonging to poor persons, and who are unable to put their houses into a proper condition. There are many leaseholders who make a little profit out of subletting the houses. When houses of this class are compulsorily closed, it seems a hardship that the lessee should be compelled to pay his landlord rent for houses which had become unproductive. Legislation is required to remedy this grievance; and also to distribute the cost of putting houses into a proper state of repair, and of providing them with improved sanitary accommodation, on all the persons having a beneficiary interest in the premises.

#### IMPROVED TENEMENTS.

The Industrial Dwellings Company have done good work by erecting excellent and comparatively cheap dwellings for more than 2,000 persons, and they are about to erect additional houses on the large area in the Liberties lately cleared by the Corporation. This useful and energetic company are conferring great sanitary benefits upon this city, and I sincerely trust that ere long every hundred pounds of their capital may become a thousand.

#### CLOSING OF DWELLINGS UNFIT FOR HUMAN HABITATION.

From the 1st August, 1879, till the 31st December, 1880—a period of 16 months—604 houses and 197 cellar dwellings were closed in the city of Dublin, being unfit for human habitation. The greater number having been repaired and rendered tenable, have been re-opened; but a very substantial number have been allowed to go into utter ruin, whilst a few have been either pulled down or remain in much the same condition as when they were detenanted. It is most desirable that power should be given to the sanitary authority to take possession of any house allowed to go into a ruinous condition or to become derelict, and to sell it and have the site cleared and let for building purposes. This work might be done in trust for the owner, should one man be able to prove his claim and pay the costs of the procedure. There are large numbers of houses in Dublin which have been compulsorily closed, and have now become receptacles of filth and eyecores.

#### OUT-DOOR RELIEF.

There are drawbacks in the system of giving out-door relief, the seriousness of which has been, I think, overrated. In England the majority of persons receiving assistance under the provisions of the Poor-law get it in their homes. If a little assistance were given to certain classes of persons I am of opinion that the amount of illness and mortality would be lessened. Widows with young children, earning a little, but not sufficient to sustain life adequately, should be assisted. So also should women deserted by their husbands. In winter much benefit to health would result if the children of the very poor were supplied with some clothing as a species of out-door relief. In the case of persons recently discharged from hospital, but still too weak to work, out-door relief should certainly be given. It has been clearly proved by Stallard, Mitchell, and other eminent authorities, that the burden of supporting

the helpless poor should at least be equally borne by all the tax-payers of the district in which the poor work, and not upon the tax-payers of the district in which they reside. There is now a common fund for the poor contributed equally in proportion to the valuation of their properties or holdings by all the inhabitants of the London Metropolitan area. It is time that this equitable principle should be adopted in the Dublin Metropolitan district.

#### NOTIFICATION OF INFECTIOUS DISEASES.

This important subject was recently discussed before our Society, and a resolution adopted approving of its principle, and recommending that the notification to the sanitary authority should be made by both the physician and the person having charge of the patient. Mr. E. D. Gray, M.P., has introduced a bill into Parliament to render notification by the medical attendant compulsory. I trust this important bill will become law during the present session.

#### CONVALESCENT HOSPITALS.

It is much to be regretted that the efforts recently made to establish a convalescent hospital for infectious cases have failed. I am strongly of opinion that the management of convalescent hospitals of this kind should be entrusted to the authorities of the fever hospitals. I cannot help thinking that if the money subscribed two years ago towards founding an hospital for convalescents were given to, say, the governors of the Cork Street Fever Hospital, and that they were enabled by its means, and by other assistance, to establish a convalescent hospital upon even a very moderate scale, I have no doubt that the corporation would contribute as liberally as would be necessary towards the maintenance of the hospital. The public health authority are unable to manage an hospital, but no restriction is placed upon the pecuniary aid which the corporation are empowered to give towards its support.

#### CRÈCHES.

Very little has been done in Ireland in the way of establishing day crèches; no doubt this institution is much more urgently required in the manufacturing towns, but there is great room for it in Dublin. I constantly see very small children left at home by their mothers whilst the latter are out at work; and it is pitiable to see a child of the most tender years—of an age which, amongst a higher class, would be the object of a nurse's or elder sister's care—taking charge of a younger child. Amongst the poor, infants are the nurses of infants.

In conclusion, I have to congratulate our Society on our successful working during the past year. Many interesting subjects were brought under notice and ably discussed. No class of the community takes greater interest in the prevention of disease than the members of our profession; and in the vast domain of preventive medicine none have worked so hard or so successfully as the medical officers of health. I trust that ere long their valuable services will be recognised by a substantial increase of their salaries, which at present are utterly disproportionate to the status and labours of a most important class of public officers.

## Clinical Records.

### NOTES OF A CASE OF HYDROPHOBIA.

By WM. BERRY, M.R.C.S. Eng., & L.R.C.P. & S. Ed.,  
Surgeon to the Royal Albert Edward Infirmary, Wigan.

#### WITH REMARKS

By T. M. DOLAN, F.R.C.S. Ed., Halifax.

(*Medical Press and Circular* Special Commissioner for Reports on Rabies and Hydrophobia.)

J. D., æt. 40, mother of nine children, was bitten on the 19th of August, 1880, by a large dog (sheep and retriever). The wound was a jagged one, of a triangular shape, about one inch broad at its base, situate one and a-half inches above the left external malleolus. Her shoe and stocking were at once removed, and the wound, which bled freely, bathed well with warm water, bleeding thereby being encouraged. I saw her about one hour after the occurrence, and found her suffering from shock and excitement.

She was daily expecting her confinement, and being also of

a nervo-sanguineous temperament, the shock appeared greater than one would have expected from a similar wound derived from an injury other than a dog bite. She complained of great pain in the wound. I had it again bathed, and afterwards applied the vaunted specific, as a neutraliser of hydrophobic virus, namely, carbonate of soda in powder, completely covering the raw surface of the wound, applied then dry lint, and a bandage. Three days afterwards I delivered her of a fine healthy child after a natural labour.

The wound healed completely in the course of four or five weeks, but at times she complained of pains affecting the seat of wound, although the cicatrix appeared healthy, the pain extending up to her knee. She described the pain as being of a hot, burning character; with the exception of an attack of dyspepsia, and now and again supra-orbital neuralgia, she remained tolerably well till the 29th of December, being a little over four months after the bite, when, on washing, she complained of being very ill, and went to bed. The next day in the afternoon of the 30th December, she experienced difficulty in breathing after swallowing fluids, and attributed this to "wind on the stomach." I saw her on the 31st of December, about 7.30 a.m., and found her with a peculiar anxious expression, complaining of a sense of choking in her throat. Skin cold and clammy; tongue clean, pulse 84, regular, urine scanty, and of a deep colour; micturition frequent. She complained of a smarting pain in her leg, and severe pain in her genitals. On giving her a drink she tossed it down her throat in a peculiar manner, and after swallowing, a severe spasm of the larynx followed. Saliva was scanty. Solids could be swallowed without bringing on one of these attacks. I diagnosed the case to be one of hydrophobia, and prescribed for her the following mixture:—

R Chloral hydratis;  
Potassii bromidi aa ʒss.;  
Aque ad. fl., ʒviiij. solve;  
Sig. ʒj. Secundis horis

I then telegraphed to Dr. Dolan, of Halifax, and he kindly came over at once to see the case. We visited her with my friend, Dr. Tatham, at about 12.30 noon. She now appeared somewhat relieved, dosing a little from the effects of the chloral, but still the spasmodic attacks could be readily induced, even at times by the appearance of liquids. Pulse 90, thready and feeble. Temperature, 98°. Both Drs. Dolan and Tatham agreed with me that it was a true case of hydrophobia. On Dr. Dolan's recommendation I agreed to give her one dram doses of bromide of potassium every four hours, and fifteen grains of quinine every four hours. A vapour bath and beef tea and brandy *per rectum*.

At 5.30 p.m. I saw her again; found her in the same state, but weaker, although the spasms did not occur so frequently. I superintended the administration of the vapour bath, saw her in bed afterwards, gave her a dose of the quinine mixture, intending to give her the injection of beef-tea, &c. She swallowed the dose without trouble, but in a few seconds rose straight up in bed, gasping; in half-a-minute after she fell back on the pillow and ceased to breathe. I at once started artificial respiration, but only succeeded in getting respiratory attempts for a few moments, failing to rouse the heart's action in the least.

The dog was shot the same evening, so we were unable to get accurate information as to its state.

I must here express my obligations to Dr. Dolan for his suggestions, and also my friend Dr. Tatham for his assistance in the treatment of the case.

*Remarks by T. M. Dolan.*—This was an unmistakable case of hydrophobia. There was the well-marked facial expression I have seen in seven other cases, and which word-painting cannot adequately describe. The symptom of inhibitory spasm was well-marked. Consciousness was unimpaired, and the woman was wishful and anxious to get better, though not knowing the name of her disease, so that she readily took the medicine offered to her in my presence. This was swallowed, but produced such convulsive twitchings of the muscles of the neck, extending instantaneously over the whole body, that she sank back exhausted on her pillow. Spitting into a glass, in order to collect saliva for experimental purposes, produced a similar, though slight, convulsive seizure. I noticed the same effect in the boy I saw at Keighley with Dr. Dobie. The quinine was prescribed for physiological reasons. In the presumed cerebral hyperæmia existing in this case, quinine, by exerting its sedative influence, by diminishing the calibre of the blood-vessels, and thus producing lowered intra-cranial pressure, seemed to me an appropriate drug, whilst the bro-

mide of potassium was given in large doses to assist. The Turkish bath could not be given, so resort was had to the vapour bath. Seeing the slight effect produced by quinine and bromide in two cases, I am afraid we shall have to search for some other medicines which will have a more potent influence on the medulla oblongata. On physiological grounds there is one medicine which I think might be tried, and in the next case which I have under treatment I shall use it. It is a direct sedative of the medulla oblongata. It produces constriction of the throat, and has been much used for disturbance of the intercranial circulation, as congestive head-ache, sun-stroke, &c., by homœopaths, by whom it is well known as glondine—better known to us as nitro-glycerine. It was first introduced by Dr. Hering, of Philadelphia, in 1850.

## Special.

FRANCE

(FROM OUR OWN CORRESPONDENT.)

**MATERNAL NURSING.**—At the Académie de Médecine M. Blache read a work entitled *Maternal Nursing*, and the advantages to be derived from it to the mother and child. After insisting on the importance of maternal nursing, M. Blache cited the following figures in support of his opinion. According to the last census in England, the increase of the population was 145 per 10,000 inhabitants. In Sweden and Norway the proportion was still greater. In these two countries maternal nursing is the rule, and thus the mortality amongst children under one year is but 13 per cent. in Sweden, and 10 per cent. in Norway. For the same year (1878) the proportion of the increase of the population was 81 in 10,000 in Switzerland, 77 in Italy, 130 in Germany, and in France 36 only.

**NERVE-STRETCHING.**—At the Société Médicale des Hôpitaux, M. Debove reported the result of an operation (nerve-stretching) he performed on one of his patients attacked with locomotor ataxy. It was well known, he said, that lancinating pains constituted one of the symptoms, the most important, of locomotor ataxy. A great many attempts were tried to ease these pains, the most abused of which were subcutaneous injections of morphine. Thus at Bicêtre there was a patient who received 16 centigrammes (3 grains) daily of morphine in injection, and still he got only momentary relief. For some time the German doctors appear to have obtained good results from nerve-stretching in the case of rebellious neuralgia. A Berlin doctor had the idea of applying this treatment to the lancinating pains of locomotor ataxy. This operation was performed on at first one sciatic nerve, then the other, and finally on both the crural; the patient immediately experienced relief, he could walk, and was almost completely cured of his inco-ordination. At the last congress of German surgeons Esmarch related the history of a patient experiencing violent pains in the inferior members, but above all in the upper, on whom the nerve-stretching performed in the axillary region gave considerable relief, not only in the upper, but also in the lower extremities. These facts tempted M. Debove to try this operation on one of his patients suffering from locomotor ataxy, and who for a long time experienced violent pain in the lower limbs. Since the operation was performed three weeks ago this patient, who has suffered for ten years, has not felt one pain, and the inco-ordination is considerably ameliorated. M. Debove found it difficult to give a satisfactory explanation of these facts; he is disposed to believe that it is the central nervous system that is acted upon.

**REBELLIOUS VOMITING.**—At the Société de Biologie a member considered that in the case of rebellious vomiting, that the submission of the interior of the stomach to the influence of electricity, effected by one wire of a battery conducted into the stomach by means of an œsophageal sound, gave good results. He had been able after fifteen sittings to arrest vomiting, for which everything else was tried in vain.

**USE OF IODOFORM IN GERMANY.**—Iodoform is gaining partisans amongst gynecologists in Germany, especially it has been used with the best results in the treatment of

chronic metritis, perimetritis, and ulcerations of the cervix. Iodoform is applied in these cases under the form of plugs dipped in a solution (one in ten of glycerine), or as a pomade. It has shown itself greatly superior to tincture of iodine. It has also the advantage of speedily allaying pain. The introduction of the plug may be resorted to twice a week, and to act more quickly and effectually the employment of the plug should be combined with frictions of a pomade of iodoform upon the abdomen.

**BROMIDE OF POTASSIUM IN VESICAL CATARRH.**—An Italian doctor has published the effects of the administration of bromide of potassium in vesical catarrh. He considers that this medicine acts promptly and effectually in this affection. In the cases he had treated he had never observed any eruption due to the exhibition of the salt.

**ACUTE RHEUMATIC FEVER TREATED BY ERGOTINE.**—M. Chevallereau communicated two cases of acute rheumatic fever treated by subcutaneous injection of ergotine, at the meeting of the Société Clinique. These cases are, I esteem, worth giving in full. The first was that of a young girl, *æt.* 23, who was attacked with acute rheumatism, occupying especially the right side, shoulder, elbow, hip, knee, and ankle, being all engaged, the pain being very violent. The day the author visited her he injected into the right thigh ten drops of a solution of ergotine (*yyon*) which had diminished the pain in a marked manner, but the patient dreading the momentary pain of the little hypodermic syringe, M. Chevallereau was unable to make the second injection until three days afterwards, when the amelioration was very rapid and sensible. Nine days afterwards or twelve days after the first visit the cure was complete. The second case was that of a little girl, *æt.* 9, of a strumous disposition. On his first visit M. Chevallereau injected eight drops of the same solution of ergotine. Two days afterwards on his second visit the pains were found to have completely disappeared. There was still a little swelling in the right wrist. A second injection was made, and three days afterwards the child was able to be out. The author concluded by attributing the rapid cure in the above two cases to the action of the ergotine, as no other treatment was employed. A friend of mine told me a day or two ago that he was called to a case of acute rheumatism, the subject being a man, *æt.* about 60, and, imitating M. Chevallereau, he injected the ergotine in the right thigh. The effect was almost magic. The next day the swelling, which was considerable, especially at the wrists, had disappeared, and the pain was almost *nil*. It is not always easy to procure a proper solution of ergotine, but the following, which I give on the authority of Moatard Martin, may be depended upon: Ergotine, ʒss.; glycerine, water,  $\text{āā}$  ʒss. This solution keeps any length of time, and has the advantage of being easily prepared. The amount to be injected is from fifteen to twenty drops.

## REPORTS OF MEDICAL OFFICERS OF HEALTH.

### BOURNEMOUTH.

FROM the report of the medical officer of health for this fashionable health resort, we learn that the death-rate included 123 deaths amongst visitors; the resident death-rate being estimated at 12 per 1,000. There was one fatal case of small-pox, and four of scarlet fever, and singularly 14 deaths are attributed to whooping-cough. We trust that the pine trees of Bournemouth will not be cut down, as they contribute materially to the value of this place as a health resort.

There is an excellent regulation here in force at the day schools. A medical certificate is required from all children who have had infectious diseases before they are again admitted. This is a practice worthy of imitation.

### NEWCASTLE-ON-TYNE.

Mr. Armstrong is certainly a hard-working medical officer of health, and his report, with his colour disease charts, plans, and maps, is an excellent example of what a report should be. The conditions of a town like Newcastle are very different from that of a sanatorium, and looking at the

death-rate, we find that it reached 23·5 per 1,000, including 562 deaths from diseases of the respiratory organs.

Infant mortality was lower than in former years, reaching 784, against 888, 842, 971 in the preceding years.

We were very much struck by reading that only 38 cases have been sent to the hospital, and that only 8 scarlatina patients were received, especially since we learn that 284 deaths occurred from scarlet fever, and 33 from enteric fever. It is quite evident that the public do not appreciate Mr. Armstrong's advice, contained in the last part of the report, or the fever hospital would have been more used. Zymotic diseases cannot be extinguished unless the public assist the work of isolation; and if the first few cases of scarlatina were sent to the fever hospital, the disease would be checked in the initial stage, and much suffering would be prevented.

In most of the reports we notice the same facts about the use of fever hospitals. There is evidently a great repugnance to send children from their homes. This is an unwise prejudice detrimental to the health of the community.

Medical officers of health will have to beat it down, it can only be achieved by such a method of education as Mr. Armstrong adopts.

Compulsory notification of infectious diseases and compulsory removal will have to be adopted if the public do not awaken to their true interest in this matter.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 12).

*Pullna Water.*—Clinical experience has shown us that this is similar in action, but more powerful, than Friedrichshall. The writer had, however, found that its greater activity had been rather overstated, and was scarcely equal to what might have been expected from the amount of salts. This discrepancy is explained by the new analysis, which shows Friedrichshall to contain more than was previously supposed. Comparing the analyses now furnished, we find Pullna, with less total solids (as 112 to 192·4) has more purgatives in the proportion of 104·5 to 84·7. It has also nearly three times as much antacids, but the total amount of these is of little import. The alleged presence of lithium is shown to be a fallacy; but far more important is the discovery that the bottled water now in the market is contaminated with organic impurity. The owners should take the hint, and at once set their houses in order. We confess we shall be more disposed to employ one of the other waters, especially for long courses, until this impurity is got rid of.

*Dose.*—Three to five ounces as an occasional purge for adults. For continuous doses a wineglassful, to be mixed with warm water, and taken before breakfast.



*Rákóczy* is twice as strong as either of the preceding waters, containing 200 grains of purgative salts in the half-pint, as against 104·5 in Pullna, and 84·7 in Friedrichshall. It is therefore well adapted when a more rapid laxative action is desired, especially as an occasional purge. It is a very useful family medicine, and the dose is smaller than that of the less concentrated waters. Sufficient hot water may therefore be added to raise it to as high a temperature as can be comfortably drunk, without at the same time making the dose too bulky. Then the considerable percentage of lithia in this water makes it specially appropriate for gouty and rheumatic patients, who may require a saline purgative. In the numerous disorders attributed to hepatic derangement, in lithiasis, and as a promoter of tissue metamorphosis, it may also prove useful. A little iron and a trace of fluorine discovered by Mr. Tichborne may also give some peculiarity to this water. For continued use the quantity taken should be small, and gradually decreased. We do not often advise it in this way unless as a supplement to a course of less powerful waters, such as Leamington or Cheltenham, and for this purpose it is very useful.

**Dose.**—As an occasional aperient, half-a-wineglassful to a wineglassful diluted with hot water first thing in the morning, followed by a cup of tea. For continuous use a less quantity may be taken, either at bed-time or in the morning, diluted with hot or cold water.

*Hunyadi János* is only a little weaker in salts than *Rákóczy*, is equally antacid, and may be given in similar doses and for similar purposes. But it contains no lithia, and therefore has not the special indication furnished by that alkali. On reference to the analyses it will be seen that this water contains very much less magnesium sulphate, but only a little less total purgative salts than the last, inasmuch as there is a larger proportion of sodium sulphate.

**Dose.**—As an occasional purgative half-a-wineglassful to a wineglassful, with an equal quantity of hot water before breakfast. For continuous use the dose should be gradually decreased, and it may be taken either at bed-time or in the morning, as the patient prefers.

*Aesculap Hungarian Bitter Water.*—The analyses in the last report show that this water is related to *Rákóczy*, but is rather weaker, containing ten grains less of solids, but only five grains less of purgatives. It is three times as rich in antacids, but it contains no lithia. Its proportion of magnesian sulphate is higher than the soda salt, of which it contains less than either of the Hungarian waters named. It contains, however, nearly three times as much chloride of sodium, and so approaches nearer those waters in which this salt is an important ingredient. Its uses will be readily recognised from what has preceded.

**Dose.**—As an occasional aperient, half-a-wineglassful to a wineglassful, diluted with hot water, first thing in the morning, followed by a cup of tea. For continuous use a less quantity may be taken, either at bed-time or in the morning, diluted with hot or cold water.

*Matton's Royal Hungarian Bitter Water.*—The chemical characteristics of this water have been already stated, and supply sufficient information respecting it.

*Seidlitz.*—This is a weaker water, containing only 61 grains of purgative salts in the half-pint, and yet this is sufficient to have obtained for the spring a high reputation which lasted many years, though it is now comparatively fallen out of use. Our chemical colleague finds it contains a good deal of sulphate of sodium, though other analyses do not mention this, and accordingly its action has hitherto been attributed entirely to magnesium sulphate, of which it contains much more.

*Saidschutz.*—From the same district as the last-named water is a little stronger. The analysis of Berzelius (quoted p. 394) assigns a larger proportion of nitrate of magnesia to this than to any similar water.

*Birmensdorf* is an excellent bitter water containing also the mixed sulphates but the magnesium salt greatly preponderating, though there is enough soda to give it some character. It contains more sulphate of magnesia than Friedrichshall or Pullna, but less than *Rákóczy* or *Hunyadi János*. On the other hand it has less sulphate of soda than either of them. It will thus be found useful when either of the other bitter waters are found rather too powerful, and may often be preferred when it is desired to continue the use of a purgative water, and the Epsom salts not contraindicated.

**Dose.**—About half-a-tumblerful diluted with warm water.

*Other mixed Bitter Waters* may be mentioned. Some, as *Kissengen* and *Uriage* may be almost regarded rather as salt waters with a small quantity of purgatives. The glory of the *Epsom* spring has departed, but its fame has fixed its name on the chief ingredient of the majority of purgative waters. Other English spas, as *Beulah*, *Streat-ham*, *Purton*, *Scarborough*, and above all *Cheltenham*, belong to this class, and are deserving of more attention than they now receive, especially as the waters when found not strong enough can be reinforced with one of the stronger importations, as we have already pointed out. *Cheltenham*, too, might well be preferred as a residence for a season to many foreign resorts, and between its climate and that of *Scarborough* the majority of patients needing such a course of saline purgatives as we have described might be well suited.

*Leamington* is another beautiful resort, but its waters contain no magnesium sulphate, and therefore more properly belong to our next group, the efficacy of which is due to Glauber's salts.

THE Board of Trinity College, Dublin, has granted the degree of Bachelor in Medicine (without fees) to Mr. John Charles Martin, for distinguished success in having obtained double first place at the recent examinations for medical and surgical degrees,



# Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, JANUARY 14.

The President, Dr. E. HEADLAM GREENHOW, F.R.S.,  
in the chair.

Mr. CROFT narrated a

## CASE OF HYDRONEPHROSIS OF TRAUMATIC ORIGIN.

A boy, *æt.* 12, was admitted under his care in St. Thomas's Hospital on June 3, 1880. On the previous day the boy had hurt his left side and hip by falling across a companion's back whilst trying to jump over him. This was followed by pain and hæmaturia, for which he was brought to the hospital. The pain in the left lumbar and hypochondriac regions continued, and the hæmaturia extended over five days. After that period the pain subsided, and the urine remained free from blood. The patient had never had any previous tumour in that region, or disease of the urinary apparatus. He was discharged on the 16th day to his own home. Twenty-two days after his return home, and thirty-nine days after the accident, he was brought back to the hospital, as he was suffering much discomfort in his side from a swelling, and he seemed very ill. This was on the 9th of July. Five days later he had become drowsy, though easily roused. He said he could not see bystanders, though he distinguished light from dark. His tongue was furred, and he had no appetite. The temperature was sub-febrile. The tumour, which distinctly fluctuated, extended through the lumbar region and left hypochondriac region into the epigastric and umbilical regions, causing the abdominal walls to project considerably. On the three preceding days the total amount of urine collected in twenty-four hours had been fourteen, eighteen, and twenty ounces respectively. On this date the swelling was aspirated, and seventy-nine ounces of urine-coloured fluid were drawn off. The fluid had a *sp. gr.* of 1008. It did not contain any blood or pus, but yielded to heat a trace of albumen. During the next three days twenty-five, twenty, and thirty-five ounces of urine were collected on each respective day; on the fourth day fifty-one ounces were collected, and on the fifth day twenty-five ounces. On the eighth day the swelling had re-assumed a large size, and it was therefore re-aspirated, and thirty-eight ounces of the same sort of fluid were drawn off. Nine days later it required re-tapping, and then sixty-two ounces were obtained. The specific gravity of the fluid was 1005, and contained a little albumen. Between this occasion, July 29th, and Oct. 15th he was tapped five times, more than three pints and less than four pints being drawn at each operation. At the last or eighth tapping the fluid was found to contain a large proportion of albumen. Since that date no further collection of fluid has taken place. No swelling was discovered after that date, and there is not any swelling now. His general health improved steadily after the relief afforded by the first tapping. The daily quantity of urine passed after that first tapping was observed to become increased, but no large and sudden changes were found in the amount passed at any period of his illness, and no morbid products manifested themselves in the urine, which he passed naturally. With regard to the origin of this morbid collection, Mr. Croft conjectured that at the time of the accident a lesion of the pelvis took place (not leading to extravasation of urine) at or above its junction with the ureter; and that the lesion was followed by the adhesive form of inflammation, and as a consequence obliteration of the communication with the ureter. He inclined to the view rather than to the hypothesis that the kidney itself was the seat of the lesion, but the succession of events in the case were in his opinion more consistent with total obstruction of the excretory tube than with disturbance of the excretory organ. The possibility of its being cystic in its origin was briefly considered but negatived. The author referred to the classical cases of Mr. Stanby, recorded in the *Med. Chir. Trans.* for 1844, but as one case was only to a slight degree similar in character to the one just narrated, and the other was dissimilar, they were only briefly adverted to. He presumed that the boy was permanently cured, and that the kidneys, at the side of the injury had undergone atrophic change.

Mr. HEATH said he thought the explanation of a lesion insufficient to account for the progress of the case, the time

allotted to recovery being too short in duration. He suggested that the origin of the injury might have been a small calculus impacted in the ureter, experience pointing to this cause in producing cystic tumours of the kind described. On the removal of the calculus by natural means, the symptoms abate, and rapid recovery ensues. He inquired whether the bladder had been carefully examined.

Mr. CROFT replied that the idea of a calculous origin had been entertained, but no account of any previous mischief to the bladder could be elicited; or of any indications pointing to a calculus in the ureter. The report of the quantities of urine passed showed a gradual decrease in the amounts; and following relief of the urgent symptoms there was nothing to lead to the supposition that a foreign body existed in the bladder.

Dr. LLOYD read notes of

## TWO CASES OF MYXŒDEMA.

Hannah Wall, *æt.* 35, unmarried, had enjoyed good health till within the last five years. Menses regular, but occasional leucorrhœa. Father died at 59 of dropsy and heart disease; the mother now alive, *æt.* 70, but suffers much from rheumatism, and is nearly blind. Brother and sister both healthy. Five years ago H. W. began to feel severe pain in both legs, and could rise with difficulty after sitting down, and movements were slowly made. Appetite also failed. Swelling under left eyelid appeared four years ago; twelve months later pain was felt in the neck, and the voice underwent a marked change, becoming rougher in tone. The memory was likewise impaired. At present the patient has a peculiar expressionless look; the whole face seems swollen; the eyelids puffy; nose enlarged and red. The skin is translucent and red; the superficial vessels much dilated in spots about the face. The hair of the scalp is dry, hard, and scanty. She never perspires. Speech is thick, and slowly uttered, with nasal intonation. The features are devoid of all expression, the mouth almost resembling a slit. Post-mortem examination of a second patient who died in May last, and who was dropsical for a length of time preceding death, showed the body to be much emaciated, the lower extremities swollen, but without marked pitting on pressure, except in the left leg. The skin over the belly was tense and shining, with tendency to desquamation of the cuticle, and purpuric patches on the dorsum of the forearm. The superficial vessels of the face were distended; hair of the scalp dry and scanty; subcutaneous fat yellow and moist, but did not collapse; 240 ounces of brown-yellow fluid were drawn from the abdomen, and patches of ecchymoses were everywhere found. The great omentum was glued to the parietal peritoneum. The kidneys were in a state of cirrhosis. The left pleura contained a pint of clear fluid, and presented a few old adhesions. The right pleura contained fluid, but no adhesions were present. Pericardium held half a-pint of clear yellow serum. The left ventricle was hypertrophied; the mitral and aortic valves thickened; no regurgitation. The dura mater firmly adhered to the bone; much atheroma of the vessels at the base of the brain; the convolutions were flattened; the right hemisphere was especially atrophied; ventricles normal.

Mr. HULKE suggested that the progress of the second case might have been influenced by the renal and cardiac complications.

Dr. ORD explained that he had seen both the cases, the last but a few days before death. The patient shown that night, exhibited all the special features of myxœdema in a marked manner. Skin dry and inelastic; hair scanty; contrast very marked between the cheeks and eyelids, the former red, the latter pale and tumid; no pitting in any parts; speech slow, uncertain, with nasal intonation; urine normal, except that it contains a minute amount of albumen; temperature below normal, and the gait peculiar and staggering. In the other case, which was, when seen, in the last stage of the disease, the skin was wrinkled and movable on the parts below. The cerebral or renal symptoms may be assumed to supervene on this condition. The heart was found to be hypertrophied; ascites was well developed. Several of the tissues had been prepared for examination; the spinal cord was especially interesting in connection with the question whether the nervous system underwent degeneration in such cases, or whether the altered sensibility was dependent on the mere interposition of a tumoid pad between the nerve fibrils. The spinal cord was found not to be sclerosed, but there was a general increase of connective tissues in all parts, the walls of the vessels, and of the central canal, sharing extensively in it. There was

however, no degeneration of the purely nervous structures.

At the suggestion of the President, Dr. Ord undertook, in conjunction with Dr. Savage, to draw up a report of the microscopical appearances when all the tissues in hand had been fully investigated.

Dr. ANDREW CLARK said that since 1870 he had been familiar with the class of cases so well described by Drs. Ord and Duckworth under the name myxœdema, and three years ago entrusted Dr. Burnett with the arrangement of the facts he had collected, but which were not yet ready for publication. He had had no experience of the post-mortem appearances these cases presented, but so far his observations of living subjects of the disease exactly corresponded with that of Dr. Ord. The majority, however, were males, and there was a strong personal likeness among them, produced as a feature of the complaint. The skin in all was dry and translucent, the eyelids swollen, hands puffy, and all complained of a feeling of being "bound" in the muscles. A weak heart—sometimes with a murmur, sometimes not—is found in every subject of the disease. The urine is of low density, and almost all are the subject of cerebral affections, producing change of intonation with low-pitched voice, amounting in women to a falsetto. Inability to move freely in the dark invariably attended the disease, and peculiar nerve symptoms as commonly made themselves apparent. Dr. Clark imagined the stages of the disease to be marked by (1) affections of the nervous system, (2) renal inadequacy, and (3) affections of the circulatory system.

Dr. ORD remarked that the quantity of urine passed was much below the average, in certain cases.

The PRESIDENT said he had seen several cases of myxœdema, but that until Dr. Ord first described them he did not understand them. In one case, however, within his experience, there was found distinct sclerosis of the spinal cord on post-mortem examination. One of the cases exhibited to the Society at its last meeting, he remembered to have seen fifteen or sixteen years ago.

Dr. LLOYD said the temperature of patients in the condition of myxœdema never exceeded 96 to 98 degrees, and might be as low as 84 degrees.

#### THE SOCIETY OF METROPOLITAN MEDICAL OFFICERS OF HEALTH, DUBLIN.

The annual general meeting of this Society was held at the Royal College of Surgeons in Ireland on Wednesday, Jan. 12, at 4.30 p.m.

The President, C. A. CAMERON, M.D., having taken the chair, and the minutes of the previous meeting having been read, confirmed, and signed, the ballot for the election of officers for the ensuing twelve months was declared open.

Some correspondence having been read, the Hon. Sec. informed the meeting that there was a small increase in their numbers, and that during the past year there had been eight meetings, at which seven papers had been read and discussed, and that these had been printed in two pamphlets and copies sent to all the members. The subjects of the various papers were as follows:—

"The position of Medical Officers of Health," by Dr. Chapman. "Some Points of Domestic Scavenging," by C. F. Moore, M.D. "Compulsory Removal to Hospital of persons suffering from Infectious Diseases," by J. F. Pollock. "Toxic Principles in Whisky," by C. A. Cameron, M.D. "Colour-blindness in relation to the Mercantile Marine, Railways, and the Public," by C. F. Moore, M.D. At two of the eight meetings no papers were read, but there were three long and important discussions, one an adjourned discussion on Dr. Cameron's paper on "Toxic Principles in Whisky;" a very important one on "The Quality of Drugs supplied to Public Institutions, and the Method of Supply;" and one on "The Proposed Legislation on the Notification of Infectious Diseases."

The Hon. Sec. congratulated the Society on its healthy financial condition.

The Hon. Treasurer then read a statement of accounts, by which it appeared that, after paying all its debts, there was a fair balance to the credit of the Society.

The President, C. A. CAMERON, M.D., then delivered his Address,

#### ON SANITATION,

which will be found on page 48.

At its conclusion a unanimous vote of thanks was passed to

the President for the interest he had taken in, and the time he had devoted to, the Society. The President briefly replied. Votes of thanks were also passed to the Hon. Sec. and the Hon. Treasurer, both of whom replied in suitable terms, the Secretary regretting that he had unavoidably to sever his official connection with the Society.

The PRESIDENT then declared the ballot closed, and the scrutineers having handed in the result of their scrutiny, the following were declared duly elected to serve during the ensuing year, viz.: *President*—C. A. Cameron, M.D. *Committee*—Drs. Chapman, J. F. Burne, C. F. Moore, Nowlan, Purcell, and Speedy. *Hon. Sec.*—Dr. Pollock. *Hon. Treasurer*—Dr. Peela.

The meeting then adjourned.

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#### THE

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, JANUARY 19, 1881.

#### NOTIFICATION OF INFECTIVE DISEASE.

LAST week we discussed the broad principles upon which proposals to compel the medical practitioner to notify infective disease to the responsible sanitary authority ought, for the benefit of the public, to be dealt with, and we endeavoured then to make it clear that, while agreeing that an overwhelming necessity for sanitary reform might justify a sacrifice of professional interests, yet that those interests must be guarded vigilantly against any aggression not justified by such necessity. We insist that before the medical profession can be induced to submit itself to semi-gratuitous performance of duty as sanitary detectives, it must be clearly shown by those who would put us under this yoke:—

a. That the assumed benefits to public health cannot be attained without the direct and executive agency of the doctors.

b. That the proposed sanitary reform will not defeat its own object by leading to concealment of infective disease and false registration of death.

c. That the end, if attained, is worthy of the proposed sacrifice of medical interest and feeling.

Enthusiastic sanitarians and officials of sanitary authorities will, no doubt, answer all these requirements in the affirmative, and will attach very little value to professional interest and feeling as against the promotion of their own hobby, but we can assure these persons that there are good and sufficient public reasons, irrespective of professional etiquette, which make it almost paramount that a physician shall be perfectly free of every duty towards his patient save that of curing him if he can, and we say that it will be necessary to show a very strong necessity before a proposal can be accepted by which the physician may become not only the confidant and adviser of his patient, but at the same time the police officer acting for the public.

In discussing the proposal to make general in Ireland the compulsory notification of infective disease by the physician, we have hitherto confined ourselves to discussion of general principles and to warnings against possibly objectionable proposals. These proposals are now before us in a definite form, and we give them in their own words in all essential particulars. The following is the Bill introduced by Mr. E. D. Gray, Mr. Brooks, and Mr. Dawson, last week, and now standing for a second reading early in February:—

Whereas it is desirable that due notice should be given to the sanitary authorities in Ireland of the existence of dangerous infectious diseases within their district. Be it enacted, &c., as follows:—

1. Act may be cited as the Notification of Infectious Diseases (Ireland) Act, 1881.

2. This Act shall be read and construed with the Public Health (Ireland) Act, 1878.

3. Upon the application of any sanitary authority the Local Government Board for Ireland may, from time to time, if they think fit . . . declare this Act to be in force within the district or any part of the district of the sanitary authority.

4. If any inmate of any building used for human habitation in the district is suffering from small-pox, cholera, scarlatina, typhus, typhoid, puerperal, or relapsing fever, diphtheria, measles, or erysipelas, every medical practitioner attending or called in to visit such inmate, or if more than one medical practitioner is in attendance, then such one of them as was first called in, shall, on becoming aware that such inmate is suffering from any such disease as aforesaid, forthwith fill up, sign, and deliver, or cause to be delivered or transmitted by post to the sanitary authority, a certificate, stating, according to the forms contained in the schedule to this Act, the name of such inmate, the situation of such building, and the name of such occupier or person, and the nature of the disease from which such inmate is suffering.

5. If no medical practitioner be attending on or has been called in to visit such inmate, the occupier, or any other person having the management or control of such building, or if such occupier or other person be prevented by disease or otherwise, the person in charge of such inmate shall, as soon as he shall become aware of the existence in any such inmate of any such disease, forthwith cause notice thereof to be given to the sanitary authority at their office, in the form contained in the schedule to this Act.

6. The sanitary authority shall supply gratuitously to every registered medical practitioner resident or practising in the district forms stamped for transmission through the post, for the certifying by such medical practitioner of the particulars herein-before mentioned of such cases of infectious disease attended by him, and the authority shall pay to every medical practitioner who shall, in pursuance of this section, duly give any such certificate a fee of *one shilling* in respect of the same, provided that more than one fee shall not become payable under this section within an interval of *thirty days* to the same medical practitioner for certificates

given by him in respect of the same disease occurring in the same building; provided also, that in the case of work-houses, gaols, and public hospitals, no such fee shall be payable.

7. The sanitary authority may, from time to time, by resolution, subject to the approval of the Local Government Board, order that any other acute infectious disease, in addition to those above mentioned, shall be deemed to be within and subject to the provisions of this Act.

8. Any person neglecting to give or deliver, or cause to be given or delivered, any notice required to be given under this Act, shall be liable to a penalty not exceeding *five pounds*, to be recovered in the same manner as penalties under the Public Health (Ireland) Act, 1878.

#### FORM OF NOTICE.

#### NOTIFICATION OF INFECTIOUS DISEASES (IRELAND) ACT, 1881.

"Pursuant to the above-mentioned Act, I hereby certify and declare that, in my opinion, the under-mentioned person is suffering from a disease within the terms of the said Act.

"Dated                      day of                      18

"(Signed)

"Medical practitioner, duly registered.

"1. Name of person suffering from the disease.

"2. Situation of the building wherein such person is.

"3. Name of occupier or other person having the management or control of the building.

"4. Nature of the disease.

"To the sanitary authority of                      ."

We leave this measure to the temperate and unprejudiced consideration of the profession in Ireland, but in doing so we must point special attention to the following facts:—

Firstly, the Bill applies not only to Dublin, but to every sanitary authority in Ireland, and, so being, must be looked at from the differing points of view of town and country.

Secondly, the Bill is entirely permissive, and the sanitary authority may or may not adopt it. It will, therefore, if passed, be certainly put in operation in Dublin, but as certainly will be a dead letter in most country districts, and we shall, therefore, have different sanitary laws (on the subject) in various parts of Ireland.

Thirdly, the extent of the responsibilities of this Bill must be judged, not by the simple fact that notification of infection is to be compulsory, but by the consequential effects of that notification upon the house occupier, the patient, and the physician. Those effects are set forth in the sections of the Public Health (Ireland) Act, 1878, which set forth the part which the sanitary authority is to play on receiving the notification. We shall give these sections next week, and refrain from doing so now lest it might be supposed that we are seeking to provoke hostility to the Bill by exaggerating the inconveniences to the house occupier which the enforcement of sanitary precautions may involve.

Fourthly, the Bill adopts the proposal that the physician shall, when he leaves his patient, notify directly to the sanitary authority, and does not adopt the milder suggestion that he shall hand his certificate to the house occupier, and leave that person to do the rest.

Lastly, the Bill proposes a fee of *one shilling* for the delivery of the certificate; obliges the physician to notify any number of cases occurring in the same house for a whole month for that shilling; refuses him any fee for the trouble of such notification in public institutions; provides no fee for his attendance in Court, if he should be obliged to prove his certificate; and proposes to fine

him five pounds if he omits any part of the assigned duty.

We invite our Irish readers to think over this proposition of law, and to express themselves freely thereon. An opportunity has been given them to do so by the Irish Medical Association; and we would remind them that, if they refrain from expressing their minds as to these proposals, they must not complain afterwards if their responsibilities are irksome, or prejudicial to their interests.

### THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

It is stated that when things get to the worst there is always some hope of a change for the better. The truth of this adage appears about to be exemplified in the case of the Fellowship of the Royal College of Surgeons of Edinburgh. For some years there has been a growing feeling amongst many of the Fellows that the admission to the Fellowship had become a public scandal. An attempt was made by Mr. Annandale in 1876 to repair the damage done by the increasing sale of the diplomas, but owing to motives that cannot be too closely scanned, Mr. Annandale's proposals met with unmerited failure. The last attempt is that by Mr. Chiene on whose proposal a committee was formed to make an investigation into the college rules, and to propose such measures as they deemed necessary to put the Fellowship on a better footing. Before discussing the proposed alterations we must make a few remarks to enable our readers to understand the position of affairs. By a Royal Charter, granted in March 1851, the admission to the Fellowship is required to be by ballot, so that, as the law now stands, another charter would have to be granted before the admission by the ballot could be done away with, thus incurring expense and probably much opposition. Another obstacle to reform is also found in the fact that although the College almost petulantly repudiates the idea of its being a teaching body, it yet requires all lecturers and teachers in the extra-mural school to become its Fellows before granting them on examination a license to teach. Now this is no small difficulty, for a lecturer on *materia medica*, for instance, would doubtless feel aggrieved to have to pass an examination for the Fellowship, and another in his special department, before being allowed to teach. But to return to the reports. Mr. Annandale proposed two classes of Fellows—"Honorary Fellows," and Fellows by Examination. The former were to be members or licentiates of any recognised college of surgeons who had been in practice for not less than twelve years, to be seconded by two Fellows, and to pay a fee of not less than £45. The latter might be students of medicine showing certificates of good general education, and then pass two examinations—the first in anatomy, physiology, and chemistry; the second in the principles of surgery, clinical and operative surgery, surgical anatomy, pathology, and jurisprudence. The fee was to be £30. After these examinations the successful candidates were to be submitted to the ordeal of the ballot in terms of the charter. One of the objections against these proposals can scarcely be read without rubbing one's eyes. It is as follows:—"It would thus seem, under these cir-

cumstances, to be a work of supererogation to add another examination for the Fellowship. It is difficult to see how a standard of examination higher than that for the licence could be instituted, or, if instituted, could be stringently enforced." Mr. Chiene's committee also propose two classes, Fellows by examination and ballot, and Fellows by ballot, without examination, but no notice is taken of intending teachers in the medical school. The examinations are to be less stringent than those proposed by Mr. Annandale, the fees being also somewhat less than formerly suggested. The proposals of the committee are likely to meet with considerable opposition. Whatever may be the result of the deliberations at the meeting in February, two things are self-evident—that the present system of admitting candidates to the Fellowship cannot much longer be sustained; and that, if any examination is proposed, the income of the College will suffer considerable diminution—a result admitted by the committee themselves. Who will then take the Fellowship it is difficult to conjecture, for it is now chiefly taken by practitioners resident in England, either licentiates of the Edinburgh College or members of the London. In England, by a not altogether pardonable omission, the "E" or "Ed." is not written, and the Edinburgh Fellowship is passed off as the English. For what other object English residents can take the Edinburgh Fellowship it is difficult to understand, for it carries no weight with it in England; and, besides the use of the letters, non-resident Fellows have none of the social advantages such as the small band of some twenty-five or thirty Fellows, meeting quarterly in Surgeons' Hall to elect Fellows, enjoy. What are the causes that have been at work to reduce the Licentiate and Fellowship to their present standard it is not for us to inquire, but it is well known that Scotch students rather go to the expense of a visit to London than take the licentiate of their own college; and were it not for the double qualification there would scarcely be a licentiate except from that class of students who go the round of the examining boards in the hope of at last finding a resting place. We sincerely hope that something may be done to put the ancient College of Scotland on a better and more honourable footing.

### Notes on Current Topics.

#### Typhoid Fever in the Garrison of Portsmouth.

It appears that between the 30th of September and 10th of October last seven cases of fever designated *enteric* occurred in the Cambridge Barracks, Portsmouth. In the account of that outbreak before us the distinct significance to be attached to the term *enteric* does not appear, neither are particulars given as to the previous history and condition of the individuals affected, except in regard to one point, namely, that they all used milk obtained from a particular dairy, and that after they ceased to obtain milk from it there occurred no further cases of that fever among them. Now, here is an abstract, taken from the report before us, of the evidence upon which the conclusion has been arrived at that the cause of fever in these instances was the milk, the words itali-

cised being so in order the more distinctly to indicate the measure of their importance, namely—The milkman's son had been suffering from *some kind of fever with typhoid* (dynamic ? or is the term used as a synonym of enteric ?) symptoms. It seems probable that the infection may have been absorbed by the milk, which appears to have been exposed in the apartment in which he lay sick. If, however, as seems likely, the person employed in milking was also in attendance on the patient, the chances of the poison getting into the milk would be enormously facilitated. It would be satisfactory to learn whether or not the fever from which these seven persons suffered was looked upon as specific in its nature ; also the precise grounds upon which, from what really look like so many assumptions, the conclusion has been arrived at that the cause of disease was milk, and nothing else than milk. We are of opinion that information on these points would be of considerable value in a professional point of view.

#### Death from Rupture of a Varicose Vein.

THAT an ignorance of elementary physiology often leads to the sacrifice of human life, was painfully illustrated at an inquest held last week before Mr. Coroner Flint, at Burton-on-Trent, on the body of a married woman, named Sarah Newman. It was given in evidence that this woman had suffered for a long time from extreme varicosity of the veins of the legs, for which she had always declined to take medical advice, although frequently expressing the apprehension that the dilated vessels would burst some day and kill her. On the night of the 8th inst., as she was getting into bed, her fears were realised, a varicose vein giving way just below the knee. Her husband, who was with her at the time, instead of taking any prompt measures to arrest the hæmorrhage, went across the road to fetch her mother, who, on her arrival, bandaged the leg with a piece of a sheet. By that time, however, a large quantity of blood had been lost, and death from exhaustion took place three-quarters of an hour after the rupture. The doctor was brought about half-an-hour after the patient's death. Not without justice did the coroner remark that, if anyone had pressed a thumb on the wound until medical assistance arrived, the woman's life would have been saved. He might have added that, if medical assistance had been sought timeously, no wound would ever have occurred.

#### Some Important Uses of Amyl Nitrite.

THE editor of the *Alienist and Neurologist* gives the following uses for this agent :—

Differential diagnosis of cerebral hyperæmia and anæmia.—Although it is not difficult to distinguish marked forms of these opposite cerebral states, yet there are instances where they sometimes present, even to the neurologist, so many negative evidences that any additional sign that may aid in clearing away the doubt is an actual gain in our means of diagnosis. This sign we have found in the action of nitrite of amyl inhalations, in the minimum doses. In the markedly anæmic, a single five-drop inhalation does not produce cephalalgia or any considerable amount of head uneasiness or suffusion of the face, while in the decidedly hyperæmic the sense of fullness of the head, and even

of cephalic pain, is often exaggerated and very persistent even after one inhalation, the face also flushing more readily and extensively.

As a therapeutic agent in anæmia and imbecility.—The known property of this agent in quickening the cerebral circulation induced us to employ it by inhalation in the treatment of cerebral and spinal anæmia, and in the management of some imbecile patients. One little patient with very feeble head circulation, sluggish mental action and weakened power of control over the lower limbs, is now evidently being benefited by it conjoined with electricity and internal treatment. Two of our chronic aphasics are also on trial with it, conjoined with other medication, with a view of diminishing the area of possible arterial obstruction within the brain.

#### Treatment of Painful Callus.

PROF. GOSSELIN, of Paris, observes that when the pains which have their seat in the callus of a fracture are of a neuralgic origin, we should treat them by blisters or cutaneous revulsives, and especially by the tincture of iodine. Hot or cold douches, or sulphurous douches, or frictions with a chloroform liniment may also be had recourse to. Finally, a roll-bandage with wadding is of undoubted utility, diminishing the pain sensibly by saving the limb from the little shocks which keep up the painful condition.

#### On the Digestive Power of Figs.

IN the *Comptes Rendu*, xci, Prof. Bouchut speaks of some experiments he has made, going to show that the milky juice of the fig tree possesses a fermentative power of a digestive character. Having mixed some of it with a preparation from animal tissue, he found the latter well preserved at the end of a month. This fact when brought into connection with Prof. Billroth's case of cancer of the breast which was so excessively foul smelling that all his deodorisers failed, but which on applying a poultice made of dried figs cooked in milk, the previously unbearable odour was entirely done away with, gives an importance to this homely remedy not to be denied.

#### Regimental Surgeons in the French Army.

IN these days of *unification* and disestablishment of medical officers in our army, it is pleasant to find that elsewhere the position of regimental surgeons remains unchanged by that spirit of *reorganisation* which for some years back has more or less completely upset and destroyed all military establishments as they had grown up to meet the requirements and purposes of the service of this country. In the French army, although in times of war all hospital establishments are on the *general* system, and in times of peace all the sick except such men as are only trivially ill, are sent to general hospitals, yet to each battalion there is attached as belonging to it a medical officer, to whom are entrusted the numerous duties incidental to that position, as laid down in an elaborate code of instructions for his guidance. With regard to him the *Daily News* pleasantly discourses in this wise :—

"The médecin-major is certainly a general favourite in the regiment. He knows a good many odd secrets, and keeps them with much prudence and good nature. He is

everybody's friend, and is in nobody's way because he does not bar the promotion, or carry off the kudos, of other officers. Then he tells a good story, perhaps sings a good song, and plays a better game at dominoes than anybody except the colonel, who cannot safely be beaten in accordance with the rules of the service. He will grant sick certificates in a friendly way whenever it is at all decently possible to do so, and often gets a subaltern out of an awkward scrape by laying him up in lavender till the wrath of his commanding officer has blown over. He is the universal arbitrator and president of all duel cases, and generally renders them harmless when consulted in time. With respect to medical and surgical questions, he appears to be in want of rest. He has been so badgered by examiners and superiors that the thing in which he most delights is repose. It is darkly hinted in the ranks that he always prescribes the same remedy. He is a very round and mellow man, and a small fundholder, though not much given to saving or self-denial. One thing, however, is quite certain—he is an officer of scrupulous honour, and there is not a franc of his little property but could bear the light and look well in it."

#### Clinical Society of London.

THE annual general meeting of the Clinical Society was held on Friday last, when the report of the council was read, and officers for the ensuing year were elected. The report described the condition of the Society as very flourishing, the number of members reaching to 267, in addition to 58 non-resident. The balance sheet is highly satisfactory, showing a balance of £131 14s. 7d., notwithstanding the heavy expenses incurred with the recently issued volume of transactions, by far the largest and most important of the thirteen annual volumes yet printed. The Council regretted that two reports of committees, that on hip-joint disease, and that on hyperpyrexia in acute rheumatism, had not concluded their labours in time to have their reports issued before the general meeting took place. The Council concluded their report by congratulating the members of the Society on its prosperous state. The result of the ballot which took place during the evening was the election of Prof. Lister as president of the Society in the room of Dr. Greenhow, whose two years of office have expired; other changes in the list of office-bearers also took place, among them being the election of Mr. Hayward in place of Mr. Howard Marsh as secretary. Dr. Andrew Clark in an eloquent speech moved that the thanks of the Society be accorded to Dr. Greenhow for his valuable services rendered to the Society during his tenure of office as president. This having been seconded by Mr. Barker, was carried enthusiastically. Dr. Greenhow in responding referred to the attempt he had made to forward the committee work of the Society, and urged the necessity and value of such labours as had been accomplished in this connection. Several other votes of thanks were carried, among them being one to the retiring secretary, Mr. Howard Marsh, whose efforts on behalf of the Society made the compliment a richly deserved one.

#### Royal College of Surgeons of England.

ON Thursday last the quarterly meeting of the Council of the Royal College of Surgeons of England was held,

when the examination committee presented their report. In this it is recommended that the arts examination, conducted under the College of Preceptors, be discontinued after December, 1881; and further, it is suggested that the General Medical Council should be reminded of the necessity for consulting the convenience of candidates at the various examinations to be approved by the College of Surgeons in place of that it is about to disestablish. The adoption of the following resolutions was likewise recommended by the committee:—“(a) That a certificate of registration by the General Medical Council shall entitle a candidate to commence his professional education, whether for the membership or fellowship of the College, at any time after the date of such registration. (b) That the Council reserve to themselves the right of determining the conditions of admission to examination for the diploma of the College in the case of any colonial, Indian, or foreign student not registered by the General Medical Council; and (c) That, in future, candidates for the diploma of Fellow be not required to undergo any preliminary examination beyond that required for the diploma of Member of the College.” The report was adopted entire.

#### The Navy Health Report.

THE Annual Report of the Health of the Navy, for 1879, has just been issued. It records that 32.9 were invalided and 44.98 constantly sick per 1,000 of the average strength. The deaths were 8.58 of the same number. These figures show a reduction on the decennial average, and the reduction was observed on all foreign stations except the south-east coast of America, and west Africa and the Cape. The Zulu war, however, should be taken into account in this connection as having been instrumental in raising the mortality. It is to be desired that the returns presented in these reports may be compiled, if not more accurately, at least more with regard to comprehension, for the really valuable information they contain is in the present form often almost inaccessible. It is interesting to note that the younger men afford the higher percentage of hospital cases, and it justifies the thought whether the recruits for the navy are always judiciously selected.

#### Reward to a Surgeon.

THE Albert Medal of the second class has been conferred on Henry Grier, Surgeon, Army Medical Department, in consideration of his unselfish devotion in the practice of his professional calling. Lieutenant Graham, of the 10th Regiment, being in danger of death from diphtheria, in August last, Mr. Grier performed tracheotomy, and then applied his own mouth to the wound to restore respiration. The patient unfortunately died, and the surgeon sustained no ill consequences. For this act the medal has been conferred.

#### An Epidemic of Scarlatina.

A SEVERE epidemic of scarlatina is at present prevailing in Halifax, Yorkshire. We believe we are within the mark when we state that upwards of two hundred cases are under treatment. The disease is attributed by some to the milk supply from a particular farm; and as this very useful domestic article is not unfrequently fixed upon

as an easy and probable solution of zymotic difficulties, we are glad on this occasion to be able to protect its oft-smiled interests, by stating that we are informed on reliable authority that such a conclusion is erroneous. Halifax is suffering from the want of co-operation between the general body of medical practitioners of the town and its medical officer of health, and we trust that the Local Government Board will speedily investigate the matter, and assist the authorities to stamp out the present serious epidemic.

#### Completion of Ziemssen's Cyclopædia.

ZIEMSEN'S Cyclopædia of the Practice of Medicine has been completed during the past few days by the issue of Volume IX. There are now seventeen volumes in all, and during the first three years, an instalment was issued every three months with considerable regularity, but the present and last volume is two years behind date, a fault due, we believe, entirely to the German editors. Messrs. Wood and Co., the American publishers, and Messrs. Sampson Low and Co., agents for the work in this country, are to be congratulated upon the completion of their gigantic enterprise—a work of 14,596 pages deserves such an appellation—and upon keeping faith with the subscribers at a great additional and unexpected outlay to themselves.

#### The Fever at Tandragee, Ireland.

FROM our inquiries as to the truth of paragraphs on this subject which have been going the rounds of the papers, we learn that there has been an outbreak of typhoid in that district, not unprecedentedly violent or unusually fatal, that the Belgian flax which was debited by the newspapers with the responsibility for the outbreak is not believed to have had anything to say to it, but that the cause seems to have been the infection of a well by overflowing sewage. Under the existing inefficiency of the Public Health administration in Ireland, the only surprise should be that such outbreaks of typhoid are not of weekly occurrence.

#### The Approaching Meeting of the Social Science Congress in Dublin.

THE assembly of the Congress is fixed to be held in Dublin in the autumn of the present year, and already steps have been taken to organise the meeting and prepare subjects for discussion. With this object a preliminary meeting was held last week at the palace of the Archbishop of Dublin, and a programme was provisionally agreed to. It will contain—the separate and special consideration of—1, Tenemental dwellings; 2, Relief of the poor; 3, Intemperance; 4, Prostitution.

#### Hospital Saturday.

AT the meeting of delegates to whom the administration of the Hospital Saturday Fund is entrusted, the annual report was read, from which it appears the last collection realised £6,604, £1,398 of which was obtained in the streets. This amount shows an increase of £452 on the preceding year, while the expenses connected with the management of the fund have been reduced one-half, being now 14·73 per cent. of the amount received.

#### Devonshire Hospital, Buxton.

THE annual report of the Devonshire Hospital, Buxton, for 1880, shows that during the year 1,189 in-patients were admitted. Extensive works have interfered a good deal, however, with the working of the hospital, but not to the extent which, at one time, it was feared might be necessary. The financial position of the hospital is not unfavourable, the expenditure having been reduced by the inability to receive the full number of patients; the amount received has likewise been less than in the previous year. The alterations in progress are not expected to interfere to a much greater extent with the regular routine of hospital duties.

THE Hospital Sunday Fund in Liverpool realised on the 9th inst., so far as is at present ascertained, a sum of £2,871, against £2,819 last year.

FOR the enlargement of the County Lunatic Asylum the magistrates of Cornwall have sanctioned the expenditure of £20,000, so as to provide accommodation for 160 additional pauper lunatics.

THE rates of mortality per 1,000 last week in the principal large towns of the United Kingdom were—Portsmouth 13, Leicester 15, Bradford 16, Birmingham, Oldham, and Sheffield, 18, Newcastle-on-Tyne 18, Salford 20, London, Plymouth, Norwich, and Wolverhampton, 21, Hull 22, Brighton 23, Nottingham 23, Liverpool, Manchester, Bristol, and Leeds, 24, Sunderland and Edinburgh 25, Glasgow 26, and Dublin 31.

OF deaths last week from diseases of the zymotic class, scarlet fever showed the largest proportional fatality in Sunderland, Norwich, Nottingham, and Oldham; and whooping-cough in Nottingham, Portsmouth, Sunderland, and Leeds. The highest death-rates from fever (principally enteric) occurred in Plymouth, Leicester, Dublin, and Leeds. Of the 17 deaths referred to diphtheria in the twenty towns, 11 occurred in London. Small-pox caused 38 more deaths within London and its Outer Ring of suburban districts, 2 in Birmingham, and 1 in Dublin, whereas no fatal case was recorded in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE WORLD RESPECTS PEOPLE WHO RESPECT THEMSELVES.—GOVAN-HILL.—Some time ago we referred to the retirement of Dr. Hall, from the position of medical officer of health, to this infantile burgh, and the dignity displayed in so doing. As in other cases, unfortunately too frequently, there are not wanting numbers of people willing to step into any gap, no matter how created. On the 11th inst., a meeting of the Police Commissioners of this burgh was held in the Burgh Chambers. A letter was read from John V. Wallace, Esq., M.D., Langside Road, intimating his acceptance of appointment as medical officer for the burgh, the duties to be as stated, viz., that he should consult with the magistrates and officers of the burgh in all matters requiring



a medical opinion, make examinations, submit reports, and attend courts when required at a salary of £12 per annum ! the engagement to be terminable on a month's notice on either side. The charges, it was agreed, should come out of the burgh funds. Mr. Steele, with reasonable surprise, observed that he could scarcely believe that any medical gentleman would be willing to accept such an amount of work at such a remuneration, and asked if the appointment had been confirmed by the Board of Supervision. Provost Millen pointed out that the appointment was not under the Public Health Act, and therefore the sanction of the Board was not required. We cannot congratulate Dr. Wallace on this appointment ; yet the medical profession is being so beggared by inordinate charitable work, falsely so-called, and the struggle for existence is so pressing, that one can hardly be surprised, if such of its members as are not in possession of private means, are now and then obliged to accept appointments at the income of female domestic servants of the lower type. What will the state of the profession be with a new hospital on the south-side ?

**THE NEW MATERNITY HOSPITAL, GLASGOW.**—On the 11th inst., the New Maternity Hospital, at the corner of North Portland Street and Rotten Row, was formally opened by Lord Provost Ure. Among those present, were Professor Gairdner, Colonel Clark, several Bailies, Drs. Wilson, Scott Orr, &c. It is not said that this institution was opened by prayer. The proceedings were opened by Mr. R. R. Grant, the Deputy Chairman of the Board of Directors, who explained the circumstances which led to the erection of the new building. Not only, he said, was the former hospital "done," but attacks of disease had been frequent in it, and personal attacks, we may add, quite as frequent and more entertaining. On account of the outbreaks of disease it had several times to be closed, to the great dissatisfaction of the public. This seems rather as a revelation to us, as we were always led to believe that "the maternity" was one of the strongholds of the carbolic acid panacea, and that here, at least, disease, and it were incompatible. The new edifice, which was designed by Mr. R. Baldie, architect, was estimated to cost £8,500, but the actual sum would probably be somewhat larger, and, with the exception of about £900, the whole of it had been already provided, £4,132 by public subscription, and £1,700 out of a reserve fund under the control of the directorate. Professor Gairdner, speaking for the medical profession, was sure that on the part of its members nothing would be wanting to keep up the credit of the institution. Now that the directors had passed through their little period of trouble [their gestation] he hoped the public would thoroughly and earnestly support the hospital in such a manner as to make it worthy of the city. The Lord Provost remarked that, having examined the building, he could, with perfect truthfulness, declare it to be in a fit condition to be opened for the purpose to which it was to be devoted. Dr. Scott Orr moved a vote of thanks to the subscribers and building committee.

**GLASGOW DEATH-RATE.**—For the week ending with Saturday, the 9th inst., the death-rate of Glasgow was 26 per 1,000 per annum, as against 23 in the preceding week ; and 23, 28, and 24 in the corresponding weeks of 1880, 1879, and 1878 respectively.

**HEALTH OF EDINBURGH.**—The death-rate of Edinburgh for the week ending with Saturday, the 9th inst., was 25 per 1,000 per annum, the deaths having risen from 81 to 107 ; 19 occurred under one year, and 24 above 60, of which 4 were above 80, and 1 above 90. Chest diseases accounted for fully 50 deaths, and scarlatina for 9. The extreme se-

verity of the weather accounts for the large percentage of deaths from chest affections.

**THE PROPOSED FEVER HOSPITAL AT EDINBURGH.**—A meeting was held on the 10th inst. of the Joint Sub-Committee of the Lord Provost and Public Health Committees in reference to the proposed fever hospital. The propriety of purchasing a portion of the old infirmary buildings for conversion into a hospital for the treatment of infectious diseases was, we believe, fully discussed, and while this plan found influential support, a strong feeling was expressed on the other hand that, if such an hospital were necessary, it should be erected outside the city. Ultimately it was decided to request the medical officer of health to prepare a report on the accommodation at present existing for the treatment of infectious diseases in the city, and to suggest what, in the circumstances, it may seem desirable to do.

**VITAL STATISTICS OF THE PRINCIPAL SCOTCH TOWNS.**—From the registrar-general's returns for the week ending Saturday, January 8, we learn that the death-rate in the eight principal towns was 25·9 per 1,000 of estimated population. This rate is 3·6 above that for the corresponding week of last year, and 3·4 above that for the week immediately preceding. The lowest mortality was recorded in Greenock—viz., 15·9 per 1,000—and the highest in Paisley—viz., 36·0 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 4·1 per 1,000, being an increase of 0·4 on the rate of last week. Acute diseases of the chest caused 161 deaths, being an increase of 20 on the number for last week, which was exactly accounted for by the increase in Glasgow.

**ALLEGED FATAL ASSAULT IN A LUNATIC ASYLUM.**—The Board of Lunacy in Scotland were last week engaged in the investigation of a case of death from fractured ribs in an insane patient, at the Govan Asylum at Merryflatts. The deceased was admitted about two months since suffering from an acute form of mania. He was of a very powerful build, required constant watching, and considerable physical strength to keep him from injuring himself and others. During a violent seizure on the 2nd inst., the two night watchers are supposed to have used more than necessary force to subdue him as on the morning of the 3rd inst. Dr. Liddell, the medical superintendent, found him to be suffering from fractured ribs. Thereupon he communicated the circumstance to headquarters, and the two warders were, after examination, committed on remand.

## Correspondence.

### NOTIFICATION OF INFECTIOUS DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to state that you have wholly misunderstood the tenor of some of my remarks upon the above subject. If you refer to the report of my observations in the current number of your journal you will see that I have stated that the medical profession are all but unanimous that someone should notify the existence of infectious diseases. You are surely not in earnest in attempting to "negate" this affirmation ? I do not think you could show any evidence to prove that even an important minority of the profession are opposed to the principle of notification. In fact, I do not myself know a single person opposed to it, unless you are yourself prepared to disapprove of notification in any form or by any person, medical or non-medical.

I remain, Sir, your obedient servant,

CHARLES A. CAMERON.

[Neither Dr. Cameron, nor any other of the writers and speakers in favour of compulsory notification of infectious disease, made it clear, in speaking of the approval of the project

by the profession, that that approval had reference to principle and not to the method by which notification was to be effected. On the contrary, they have all left it to be understood that the medical profession approves of compulsory notification as proposed by its advocates in Dublin; and from the statements to which we referred, the daily press has taken up this idea, and has assumed that the proposals of Dr. Cameron are backed up by the voice of the medical practitioners of Dublin. This—so far as the profession has declared its opinion—is not the fact. It has agreed that infectious disease ought to be notified; but there is reason to believe that it does not agree that the physician should be the notifier in writing. This latter is Dr. Cameron's proposition, and it is the enactment of the Bill just introduced by Mr. Gray, the ex-Lord Mayor. It was, therefore, our duty to point out that the public statements of Dr. Cameron conveyed an erroneous impression respecting the attitude of the profession on this subject.—ED. M. P. & C.]

### FISH-EATING AND LEPROSY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to Surgeon-Major Curran's letter on the connection of fish-eating and leprosy, I think I may safely aver that no case has been reported in the south of Ireland during the present century.

The Leper Hospital at Waterford is said by tradition to have been founded by King John, who having either eaten too much unwholesome salmon at Lismore, became afflicted by some serious skin disease, of which he was cured by drinking the water of a well dedicated to St. John, which then existed near the site of the present hospital. I fancy that in those days all bad skin disease was confounded with leprosy.

The worst case of eczema I ever saw was on the face, throat, and chest of a gentleman who ten days before had eaten of a spent salmon taken in the month of November, and there is a strong prejudice which, I think, is well founded, against the use of such fish unless when dried and salted.

When I settled here on the banks of the river, now close on half a century ago, salmon was only 3d. to 4d. a pound, and it was a custom with many families to dry and salt a large number of those fish during the autumn and use them during the winter in various forms of fish pies, and I cannot recall any case of skin disease produced by the use of wet fish. It was the custom in Clonmel and other boroughs to insert clauses in the indentures of apprentices that they should not be fed more than a certain number of days in the week on salmon, an unnecessary precaution at the present day.

I am, Sir, your obedient servant,

Portlaw, co. Waterford,

JAMES MARTIN.

Jan. 2, 1881.

### BICARBONATE OF SODA AS AN EMULSIFIER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I have never heard or seen that soda bicarb. has been used in making an emulsion, I beg to state that I have used it for this purpose, and found it answer admirably.

The following prescription will serve for an example:—

R Sodæ bicarb. grs. xv;

Spts. chloroformi, ʒj;

Aquæ cinnamomi vel menthæ ss., ʒx., solve.

Et adde ol. ricini ʒvj., agita bene ft. haustus.

The advantage of this over other emulsifiers is, that the resulting mixture is thinner, less nauseous, and more readily made, and in using it with copaiba, it serves a double purpose, as it renders the urine alkaline, which, of course, is useful in gonorrhœa, &c.

Once the emulsion is made, any quantity of water may be added without separating the ingredients. The softest water procurable should be used, viz., rain or Vartry.

I remain, yours &c.,

T. W. MORRIS, B.A., &c.

53 High Street, Dublin.

## Literature.

### CONSUMPTION AS A CONTAGIOUS DISEASE. (a)

A TRANSLATION of Professor Cohnheim's pamphlet "Die Tuberkulose vom Standpunkte der Infectious Lehre," forms the first 24 pages of this book. The translator deserves the thanks of the profession for his carefully performed work. The rest of the book is mostly devoted to the continuation of the argument in favour of the contagious character of consumption, and to a few brief and far too general remarks on the extremely complicated disease in question. It would appear that the writer, feeling strongly on the subject of contagion, falls naturally into the error of generalisation, and is rather inclined to ignore any other origin for consumption. He thus expresses himself "The one essential cause is the specific corpuscular contagious virus." We cannot go this length with him, for although recognising as a distinct disease miliary tuberculosis, and also rapid or galloping phthisis, being inclined to regard both these as mayhap contagious in character, we look upon the other varieties of phthisis, that is, the common or sub-acute, as secondary always to an inflammation affecting primarily the vesicular or bronchial tissue of the lungs. We were rather surprised to find that the writer placed so little stress on the condition of lungs hereditarily predisposed to break down rather than to recover from attacks of inflammation. Although glad to testify to the interesting character of the book and to recommend all interested in this disease to read it, we cannot but deplore that any—although scanty—room was found for the hackneyed subject of physical signs and treatment. Had any new material been introduced under these heads, there would have been naturally an excuse for mentioning it. As it is, however, these remarks are of little value. Doubtless interesting to lay readers, but of no use to those of the writer's own profession.

### WILSON'S HEALTH RESORTS. (a)

In a handy and attractive little volume Dr. Wilson has brought together a considerable amount of information suitable for invalids in search of places likely to help in restoring them to health. In a preliminary chapter on "Health and Disease," Dr. Wilson dwells on the importance of "change" as a therapeutic agent, and while he draws a scarcely flattering picture of the resources of medicine, few will dissent from his conclusions respecting this subject. It is possible, however, that all will not follow him in his dissertation on pulmonary consumption, although there is sound treatment in most of the advice he tenders. The descriptions of the health resorts are terse, sufficient, and clear, and serve the purpose they are intended to fulfil, by indicating for whom, that is, what class of invalids should proceed to each in search of relief to their symptoms. The concluding section of the work, on mineral springs, is an excellent guide to the features of the most important situations in which these natural fountains occur, and the whole work will prove an useful and acceptable companion to the sick and ailing of all places.

### ANOTHER NURSING DIFFICULTY.

WITH reference to the remarks made under the above heading in our last issue, we are assured by Dr. Palfrey that the information conveyed to us is certainly incorrect so far as it concerns the London Hospital. The lady superintendent, Miss Lückas, has not introduced any change whatever into the nursing system of that institution, and the relations existing between that lady and the staff of the hospital are of the most cordial and friendly character.

(a) "Consumption as a Contagious Disease." By Daniel Henry Cullimore, M.D. Pp. 122. London: Baillière, Tindall, and Cox. 1880.

(a) "Health and Health Resorts." By John Wilson, M.D. Trubner and Co.

### INTERNATIONAL MEDICAL CONGRESS, (LONDON, AUGUST 2ND TO 9TH, 1881.)

The following programme in the Section of Medicine has just been decided on—*President*: Sir William Withey Gull, Bart., D.C.L., LL.D., F.R.S. *Vice-Presidents*: Professor W. T. Gairdner, Dr. George Johnson, F.R.S., Dr. Richard Quain, F.R.S., Dr. William Roberts, F.R.S. *Secretaries*: Dr. Dyce Duckworth, Dr. William M. Ord. *Lists of Subjects for Discussion*.—1. Localisation of Disease in Brain and Spinal Cord, so far as pathognomonic and diagnostic. 2. Trophic changes of nerve-origin. 3. Vascular changes, functional and organic, in Disease. 4. Primary diseases of the Lymph-system. 5. Gout, Rheumatoid Arthritis, and Rheumatism. 6. Forms of Renal Diseases (Bright's Diseases). 7. Methods of Physical Diagnosis. 8. Therapeutic Methods:—Revsulsions, Blood-letting, Diet-cure, Uses of Heat and Cold, Drug-cure, &c.

All communications regarding Section 4 should be addressed to Dr. Ord, 7 Brook Street, Grosvenor Square, London, W.

**Odontological Society of Great Britain.**—At the annual general meeting held 10th January, the following members were elected as officers and councillors for the year 1881. *President*: Mr. Thomas Arnold Rogers. *Vice-President*: Messrs. Joseph Walker, J. Smith Turner, Charles S. Tomes, Alfred O'Meara, J. E. Rose, Samuel Lee Rymer. *Treasurer*: Mr. James Parkinson. *Librarian*: Mr. Felix Weiss. *Curator*: Mr. S. J. Hutchinson. *Honorary Secretaries*: Mr. J. Howard Mummery (for Foreign Correspondence), F. Canton (Council), Mr. T. F. Ken Underwood (Society). *Councillors*: Messrs. J. Oakley Coles, W. H. Woodhouse, Edwin Saunders, T. Chartres White, G. Wallis, W. F. Henry, Alfred Coleman, H. Moon, J. Stocken, W. A. Hunt (Yeovil), T. W. G. Palmer (Cheltenham), T. J. Browne-Mason (Exeter), W. Williamson (Aberdeen), J. E. Palmer (Peterboro'), William Fothergill (Darlington).

### 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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**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.

**"CLINICAL LECTURES ON INFANTILE PARALYSIS."**—We propose commencing some valuable lectures on this subject by Dr. Buzzard in our next issue.

**BROMPTON CONSUMPTION HOSPITAL.**—A course of "Clinical Demonstrations of Cases of the less common Diseases of the Chest" will be commenced this (Wednesday) afternoon at 3 o'clock by Dr. J. Mitchell Bruce.

**"THE BLUES."**—In connection with the annotation on this subject in our last number, a correspondent who suffers occasionally from himself says, the remedy he always takes, and, moreover, prescribes with good effect, is coca in doses of ℥ss. of the fluid extract.

**AN INQUIRER.**—We have no personal experience of "Hazeline," it is under trial at the present moment; we will report results in due course.

**STUDENS.**—You should get Harris and Power's "Manual for the Physiological Laboratory," it is the most practical little manual on the subject we have had the pleasure of examining.

**THE QUALITIES OF A GOOD SURGEON.**—In the year 1863 Guy de Chauliac wrote in the introduction to his work on Surgery as follows: "The surgeon should be learned, skilled, ingenious, and of good morals; be bold in things sure, cautious in dangers; avoid evil cures and practices; be gracious to the sick, obliging to one's colleagues, wise in his predictions; be chaste, sober, pitiful, and merciful; not covetous nor extortionate of money, but the recompense be moderate according to the work, the means of the sick, the character of the issue or event and its dignity." What sounder advice can be now offered five centuries later.

**ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.**—Wednesday, Jan. 26, at 8.30 p.m., Annual General Meeting.—*Agenda*: Mr. W. A. N. Catlin, F.R.C.S., "On the Imperfections of the Dentist's Act, with suggestions as to the alterations required to protect the Interests of Qualified Surgeons."

### VACANCIES.

**Ballinrobe Dispensary.**—Medical Officer. Salary, £125. Election, Feb. 10.  
**Dromore Dispensary.**—Medical Officer. Salary, £115. Election, Jan. 20.  
**Glasgow Faculty of Physicians and Surgeons.**—Faculty Lectureship. Full particulars on application to the Secretary.  
**Liverpool Dispensaries.**—Assistant House Surgeon. Salary, £108. Applications to the Secretary before Jan. 24.  
**Maguirebridge Dispensary.**—Medical Officer. Salary, £115. Election, Jan. 24.  
**Manchester Hospital for Sick Children, Pendlebury.** Junior Resident Surgeon. Salary, £80, with board. Applications to the Chairman before Jan. 27.  
**Queen Charlotte's Lying-in Hospital, London.**—Resident Medical Officer and a Medical Officer for Out-patients. Salary for the former office, £80, with board; the latter, honorary. Applications to the Secretary before Jan. 25.  
**Richhill Dispensary.**—Medical Officer. Salary, £140. Election, Jan. 21.  
**Royal Free Hospital, London.**—Junior Resident Medical Officer. Board provided, but no salary. Applications to the Secretary before Jan. 26. (See Advt.)

### APPOINTMENTS.

**EVANS, E. P., L.R.C.P. Ed.,** Medical Officer for the Mountain Ash District of the Pontypridd Union.  
**HASLAM, G. J., M.D., M.B.C.S.E.,** District Surgeon to the Salford and Pendleton Royal Hospital.  
**HEMANS, G. E., M.B., M.R.C.P.L., F.R.C.S.E.,** Physician to the Eastern Division of the Royal Maternity Charity, London.  
**ILLINGWORTH, C. R., M.B., C.M.,** Medical Officer for the Rishton and Clayton-le-Moors Districts of the Blackburn Union.  
**LEAHY, A. W. D., M.R.C.S.,** Medical Registrar at Charing Cross Hospital.  
**MAHON, G. A. D., M.B.C.S.E.,** Medical Officer for the Eighth District of the Newport Pagnell Union.  
**MILNES, G. H., M.R.C.S.E.,** Assistant House Physician to St. George's Hospital.  
**NEWTON, J., M.R.C.S.E.,** House Surgeon to the Salford and Pendleton Royal Hospital.  
**SMITH, R. M. D., C.M., M.R.C.P.L.,** an Assistant Physician to Charing Cross Hospital.

### Births.

**ELLISON.**—Jan. 13, at Blythe House, Forest Hill, the wife of Frederick W. Ellison, M.R.C.S., of a son.  
**GIVEN.**—Jan. 7, at Gortin, co. Tyrone, the wife of George K. Given, M.D., of a son.  
**HEMSTED.**—Jan. 12, at Freemantle, Southampton, the wife of Edwin Hemsted, M.D., of a daughter.  
**M'BRIDE.**—Jan. 14, at Glenview, Freshford, the wife of A. M'Brade, M.D., Fleet Surgeon, R.N., of a son.  
**RICE.**—Jan. 13, at Swift's Hospital, the wife of William Rice, F.R.C.S., of a son.  
**SHELDON.**—Jan. 14, at 123 Cornwall Road, London, W., the wife of Thomas Sheldon, M.D., of a son.  
**THOMPSON.**—Jan. 8, at The Lawn, Belturbet, the wife of H. W. Thompson, M.D., of a daughter.  
**TICHBURST.**—Jan. 8, at Stichester House, St. Leonard's-on-Sea, the wife of A. E. Tichehurst, M.R.C.S., of a son.

### Deaths.

**ALCOCK.**—Dec. 23, at Catherine Street, Waterford, Daniel R. Alcock, Staff Surgeon, R.N. (retired), aged 43.  
**BAIR.**—Jan. 8, at Bournemouth, Benjamin Bain, L.R.C.S. Ed., late of Birtley, co. Durham, aged 87.  
**COOPER.**—Jan. 8, at 79 South Hill Park, Hampstead, Thomas Henry Cooper, M.R.C.S., aged 38.  
**DOWNING.**—Jan. 7, at Franklin Road, Brighton, Edward H. Downing, M.R.C.S.E., of Deptford, aged 51.  
**ROBERTS.**—Jan. 13, at 78 Southwark Bridge Road, London, Ellen, the wife of John D. Roberts, M.R.C.S.E. (formerly of St. Anstall), of bronchitis, aged 40.  
**TIMS.**—Jan. 8, at North Street, Langport, Thos. L. Tims, L.R.C.P. Ed., M.R.C.S.  
**WOOLLERY.**—Dec. 31, at Kent Cottage, Old Kent Road, S.E., S. Poole Woolley, M.D., M.R.C.S., aged 56.  
**WHITE.**—Dec. 29, at Duncan Terrace, Newington, Edinburgh, William Alexander White, M.D., F.R.C.S.E., Deputy Surgeon-General (retired), A.M.D.  
**WHITE.**—Jan. 2, at Clifton, Bristol, Charles Whyte, Inspector-General of Army Hospitals, aged 85.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 26, 1881.

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## CLINICAL LECTURES

ON

### INFANTILE PARALYSIS, AND ACUTE ANTERIOR POLIO-MYELITIS IN ADULTS. (a)

By THOMAS BUZZARD, M.D., F.R.C.P.,  
Physician to the Hospital for the Paralyzed and Epileptic.

#### LECTURE I.

I PROPOSE in my lecture to-day to bring under your notice some cases of acute atrophic paralysis occurring in children. Up to a comparatively recent period the disease, of which you will see some examples, was called "infantile paralysis," or "essential paralysis of children," in consequence of its being supposed to be peculiar to that time of life. Later observations have, however, shown that it is by no means infrequent in adults, although probably occurring in much less proportion in them than in children, and especially in infants under two years of age.

Pathological investigations have shown that the disease is an acute form of systematic myelitis affecting the anterior portion of the grey matter of the spinal cord, and hence the name *polio-myelitis anterior acuta* (πολιός, grey; μωλος, marrow; ιτις, inflammation). The term systematic myelitis has been applied by M. Vulpian for inflammation which is restricted to certain systems of fibres or cells in place of being diffused over various parts of the section of the cord indefinitely. It is especially to the work of M. Charcot that we owe our knowledge of the existence of these systems of fibres. The accompanying scheme, which is very slightly modified from one given by Dr. Grasset, of Montpellier, in his admirable "Maladies du Système Nerveux," will be found useful in showing the position of acute anterior polio-myelitis among the other forms of systematic myelitis. It is indicated in italics.

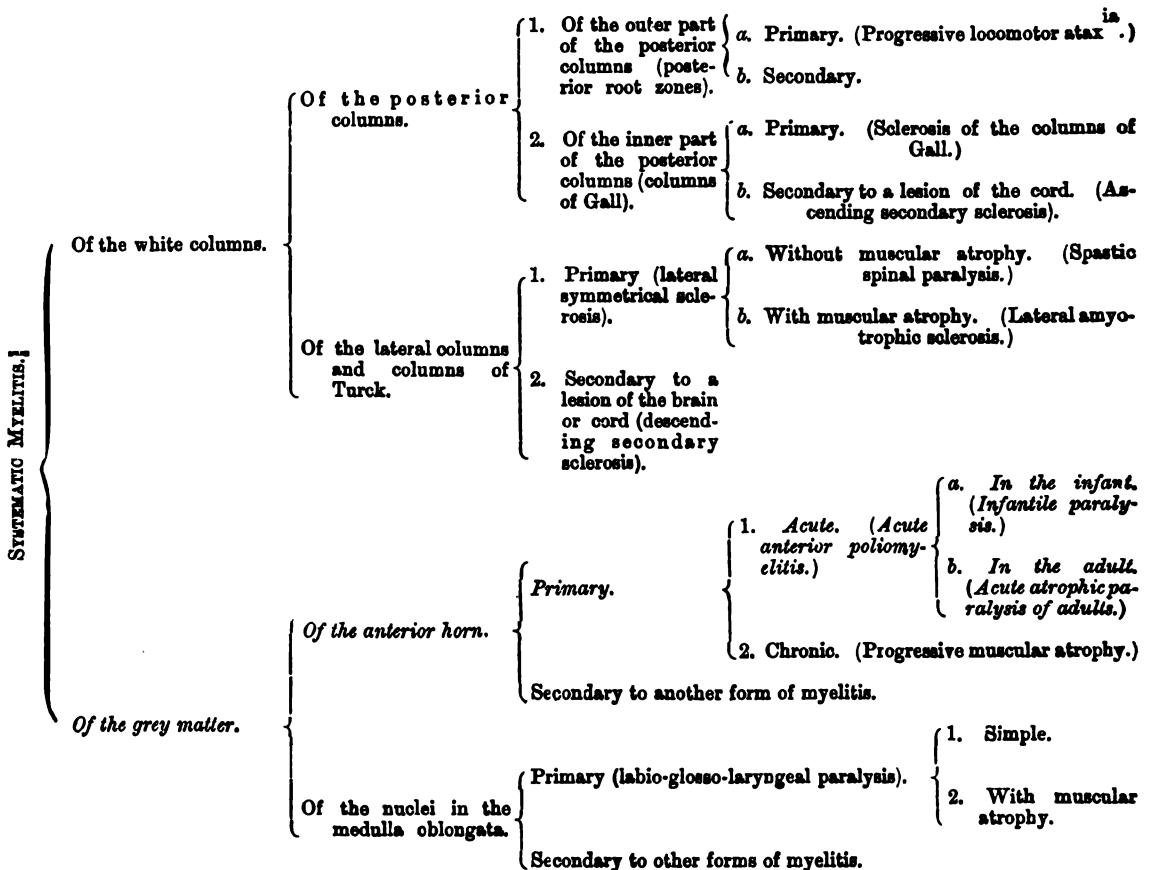
It should be remembered that, although a scheme of

this kind indicates in a general and convenient fashion the names applied to disease attacking various systems of fibres or cells in the cord, it must not be taken to be strictly accurate in detail. The pathological changes are not often confined absolutely to the localities indicated, although in these they may certainly be expected to be most strongly marked.

Before presenting to you some examples of acute atrophic paralysis which are at present under my care, I will give you a sketch of the symptoms of the disease.

As it occurs in infancy (and it is peculiarly apt to attack children under two years of age) the essence of the disease is this, that after a varying amount of febrile movement, one or more, or all, of the limbs are observed to be paralysed. You cannot always obtain a history of fever in these cases, but experience seems to show that absence of a certain amount of febrile disturbance is at all events exceptional. In a case lately in the hospital, and now attending as an out-patient, Mr. Broster, our then resident medical officer, made the following note of the mode of onset: "A strong healthy child when six months old used to pull herself up from the floor and walk by aid of the furniture. When she was fifteen months old her mother, who had to go out to work, left her in the morning quite well. When she returned at night the child seemed feverish and fretful. She was poorly for several days, and her mother kept her in bed. After this she got up again, but now she did not attempt to walk or climb upon chairs as she had previously done, and her mother noticed that the right leg felt quite soft and seemed quite useless." In other cases the febrile movement is much more marked, and excites suspicion of the onset of some zymotic disorder. In others, again, the first symptom to attract attention is the loss of power. In a case which I saw a few days since, a child, 11 years of age, had romped with other children in the afternoon and sat up to her parents' dessert. She went to bed and only woke once. Her bed companion noticed that she got out of bed and appeared to have some difficulty in getting in again. She was not feverish. Next morning she could not stand nor raise her body in bed.

(a) Delivered at the National Hospital for the Paralyzed and Epileptic.



There is a curious difference in the duration of the febrile disturbance. Duchenne fils found, in examining records of seventy cases, periods of fever lasting from one hour to fifteen days. The duration and intensity of the fever were thought to be, as a rule, less long the younger the child. The paralysis most often occurs with great rapidity, but occasionally, although rarely there is a gradual loss of power dating from the initial fever. The disease sometimes occurs at the close of a specific fever—as typhoid. I have seen it follow measles.

Out of sixty-two cases, Duchenne fils noted five in which the paralysis was general; nine, paraplegia; one, hemiplegia; two, crossed paralysis (the right upper and left lower limb); twenty-five in which the right lower limb was affected; seven of the left lower limb; ten of the right or left upper limb; two, lateral paralysis of the upper limb; and one case in which the muscles of the trunk and abdomen were paralysed. My own observation would lead me to think that the muscles of the trunk are not unfrequently involved.

Dr. B. Lees exhibited not long since, at the Clinical Society, two cases in which the serrati magni had remained paralysed after an attack of infantile paralysis. Occasionally, though I think very exceptionally, there is paralysis of muscles supplied by the medulla oblongata. I shall be able to show you in the next lecture an example of the kind.

In addition to the fever there may have been convulsion, coma, some transient loss of cutaneous sensibility, and a temporary trouble with the bladder or rectum, but to a great extent (though not exclusively) the brunt of the disease falls suddenly, or at least very rapidly, upon the motor power of a limb or limbs. Now and then there are pains in the limbs, with tenderness to the touch. There is no tendency to formation of bed-sores in typical cases. After the first day or so, any change which takes place in

the power of movement is a change for the better. The limbs do not become more paralysed. On the contrary, after a few weeks, or sometimes days, there is a gradual clearing off of the difficulty as regards some of the limbs, one or more perhaps remaining unimproved. Or the paralysis may remain limited to a few muscles in one limb. There are rarely or never relapses, so that the return of power in a limb may be regarded with confidence as of permanent, and not temporary, character.

Let me now draw your attention to the most remarkable feature in this form of paralysis. Many of the muscles paralysed lose their faradaic excitability entirely within a week, and rapidly waste. But although they fail to respond to the strongest induced currents they react to slow interruptions of the constant current (reaction of degeneration). The nerves to the muscles, on the other hand, lose their excitability to both forms of electrical excitation. Some, again, of the muscles whose faradaic excitability has been lowered, but not lost, are not long in regaining the power of contraction to voluntary impulses. This rapid loss of faradaic excitability is peculiar to the disease. In no other form of more or less generalised paralysis (unaccompanied by marked sensory disturbance) do you find within a few days that the muscles fail to contract to induced currents.

The earliest opportunity which Duchenne had of examining into the electrical condition of the muscles in a case of this kind was the third day. In that instance the right arm was paralysed. It was not until the fifth day that the electrical excitability of the deltoid was notably enfeebled. On the seventh day, however, it was completely abolished. His experience was, that if the muscles have retained, after the seventh or eighth day, some amount of electric contractility they always recover their motility, and the more rapidly the less the excitability has been enfeebled,

F. Müller has found the excitability of the nerves lost on the fourth day, and that of the muscles on the fifth and sixth days. The muscles paralysed are flaccid. The reflex from the sole of the foot is usually absent in cases of paralysis of the lower limb, and so also is the patellar tendon reflex where the muscles on the front of the thigh are involved.

The second period of the disease begins a few weeks, or may be delayed for several months, after the attack. It is called the period of regression, for in it there is a gradual return of power in more or less of the muscles, and their excitability to faradism again appears. The amount of recovery differs extraordinarily in cases, so that it is impossible to say more than this that when several limbs are attacked at first it is much more common than not for some of them to recover, but rare for all to do so. The mode in which recovery takes place is also very uncertain, in some muscles proceeding rapidly, in others very slowly. It occasionally happens that muscles which have remained for some time irresponsive to electrical stimuli (either induced or slowly interrupted voltaic currents) will suddenly show reaction to the latter, and increasing amendment follow. More often than not, perhaps, where the paralysis is extensively distributed, the improvement in the upper extremities precedes that which takes place in the lower limbs. With return of voluntary power and faradaic excitability, the muscles which have wasted gradually regain their volume. Those which remain paralysed, on the contrary, take no part in this amendment, but are more and more marked out by contrast with the others. I have found great differences in regard to the excitability by electrical currents in the muscles. In some cases muscles have refused to show response to either form of current after a few months, in others even after several years, though the limb continued helpless the application of a slowly interrupted voltaic current would bring about a distinct though feeble contraction. Voluntary power usually returns long before Faradaic excitability.

In the sequel of the disease atrophic changes are marked in the muscles, which may be so wasted as to leave the limb in a skeleton-like state, or fatty substitution may mask the real loss of muscular substance, and give a false air of plumpness to the limb. The development of the osseous system is more or less arrested, so that a bone may, in course of years, be some inches shorter, and considerably thinner than its fellow. There is diminution in the calibre of blood-vessels leading to comparative coldness and blueness of the limb, which also often shows unusual liability to chilblains. And most important of all, perhaps, the tonic of such muscles as remain sound or comparatively little injured causes them gradually to overpower those whose function is destroyed giving rise to deformities which often tend to persist and increase in spite of all efforts to reduce them. In this manner are produced the greatest number of those forms of club-foot which are not congenital. The relaxed state of the ligaments of the joints in these cases is a noteworthy and characteristic sign of the disease, the shrunk and useless member hanging like a flail. At a comparatively early period of the disease there will often be found a tendency to deformity, though at that time reduction by the hand (which later becomes impossible) is not difficult.

Duchenne says (*a*) that, by electric exploration, he has always found a greater quantity of healthy fibres in the contracted or retracted muscles than in the others. And this is what might be expected. In the commencement all the muscles of the limb affected are paralysed; later on certain muscles recover their contractility after having been more or less atrophied, and these draw the limb in their direction when their contractility appears. Their continued shortening determines, in the end, their retraction, the shortening of certain ligaments, the deformity of limbs and articular surfaces. Other muscles remain paralysed, and very probably undergo textural changes. It is in the antagonists of the retracted muscles that the

greatest fatty changes are found, but not exclusively in them.

I show you a boy who was attacked five months ago with this disease, and notes of whose case have been taken by Dr. Beevor, Resident Medical Officer.

CASE I.—Ernest R., *æt.* 4, the youngest of ten children, of whom two died at birth, was admitted into the hospital on October 6, 1880, on account of loss of power in the right leg. It seemed that three months previously to his admission, the child had a febrile attack which lasted a few days, and on its recovery from this it was observed that it could do nothing with its right leg. The other limbs appear from the history to have been unaffected. Since then it had slightly improved. When admitted, the child could not stand, and could only crawl upon the ground. It could not extend the knee or flex the hip-joint or move the ankle. The right leg was rather smaller than the left.

The boy has improved, as you see, since he came here. He can now stand and walk, although imperfectly. The knee-joint is lax, the internal lateral ligament being weak, and perhaps still more the capsular fibres (forming a lateral ligament) which are prolonged downwards from the insertion of the vastus internus to the inner tuberosity of the tibia. The leg, therefore, forms an obtuse angle with the thigh, the apex inwards. When seated he cannot extend or flex the leg, or lift the knee or the foot. Standing he can lift the foot off the ground by the iliaco-psoas.

Let me call your attention to certain points in the paralysed limb. In the first place there is no loss of cutaneous sensibility in it. He feels touches and pinches just as well with this leg as with the other, and this has been the case throughout. When he takes a warm bath the water feels just as warm to one leg as the other. He is too young for the muscular sensibility to be tested.

Next, the limb is distinctly smaller than the corresponding one, and Dr. Beevor who has, at my request, examined into this point, informs me that the diminution in size can be traced especially to the quadriceps (especially the vastus internus), the anterior tibial group, and the peronei, as well as, though to a less extent, to the calf muscles. You will note here, therefore, and this is a point to be remembered, that we have not to do with an affection of muscles, all of which are in the district of one particular nerve, or even of a single plexus of nerves. The quadriceps femoris, you will remember, is supplied (along with most of the other muscles in the front of the thigh and the iliacus) by the anterior crural nerve, which arises mainly from the third and fourth lumbar nerves. The anterior tibial muscles and peronei, on the other hand, derive their nerve supply from the great sciatic, which arises from the lumbo-sacral cord and the four upper sacral nerves. But so also do the muscles of the calf, which are not so much affected as those in front of the leg. A measurement made on November 9 gave the following: Right calf,  $7\frac{1}{4}$  inches; the left,  $8\frac{1}{2}$ . Right thigh (3 inches above patella), 10; the left,  $11\frac{1}{4}$  inches.

The patellar tendon reflex, you will observe, is absent on the right side, present on the left. Tickling the sole of the right foot causes a very slight reflex contraction of the muscles. On the left side the contractions are vigorous. There is no loss of cutaneous sensibility. The muscles of the right limb when last examined did not react to faradism, but contracted to slow interruptions of a constant current from ten cells of a Stöhrer's battery.

If one rheophore from an induced current machine be applied to this child's back and the other placed in succession over the motor points of the muscles of the thigh and leg no contraction is produced by a stronger current than is amply sufficient to cause vivid contractions of the corresponding muscles of the left limb. In order to save the child from pain as much as possible the current is interrupted slowly by pressing the hammer of the machine, instead of allowing this to be done rapidly by the automatic arrangement for the purpose. By degrees a very

(a) "L'Electrisation Localisée." Third Edition. Page 412.

powerful current can thus be put on, yet no contraction is caused.

If now there be substituted for faradaism the constant current derived from a voltaic battery, one rheophore being placed on each muscle in turn (the other being on some indifferent spot), it is found that when the current is gradually strengthened till it comes from ten cells, and this is interrupted by using a commutator, contraction takes place in the paralysed muscle.

I may say that, on October 6, when the boy was admitted it required a current coming from twenty cells to produce contractions.

On November 9, a month later, ten cells were sufficient. Throughout there has been no response at all to any strength of faradaic currents.

This is an example of a very common form of infantile paralysis. Before showing others, I should like to say a few words upon the pathological anatomy of such cases.

*To be concluded.)*

## Original Communications.

### PARTIAL EXCISION OF THE TONGUE. (a)

By WILLIAM THOMSON, F.R.C.S.,

Surgeon to the Richmond Hospital, Dublin; Member of the Court of Examiners, R.C.S.I.; and Examiner in Surgery, Queen's University, Ireland.

I wish to bring before the Society two cases in which I have performed partial excision of the tongue; and to raise two or three questions regarding the surgical methods of treating some diseases of that organ.

The first was that of a woman, aged about 50, who had suffered from an ulcer of the right side of the tongue for some months before she came under observation. When she presented herself the ulcer had all the appearance which indicate epithelioma. The induration extended across the median line, and corresponded to about the middle third of the tongue, from before backwards. The discharge was fetid, the pain was of the usual darting character; and as there were no enlarged glands discoverable, it was deemed a case in which the relief of an operation might be given. Accordingly, I proceeded to remove the anterior portion of the tongue with the *écraseur*. As the disease was further back than could be reached through the mouth, I adopted Colles's plan of slitting the cheek from the anterior edge of the masseter to the labial commissure. This gave very ample room, and when the *frænum* had been freely divided, I was able to pull the tongue well forwards, and put the chain of the *écraseur* behind the seat of disease. The tongue was transfixed by a stout handled-needle, in front of the loop, so as to prevent that from slipping forward when it was tightened. The screw was turned every half minute, and after a very tedious wait the diseased structure was removed. There was no hæmorrhage; the wound in the cheek was brought together, and the woman was well in about a fortnight. Three months afterwards she again presented herself, with a mass of glands in the sub-maxillary region, and the skin over them ulcerated in one spot. I could not unhappily propose any other operative interference; and the poor woman soon afterwards died.

The second case was that of a man, *æt.* 58, who was admitted to hospital under my care in March, 1878. He complained of a curious filiform-looking growth which occupies the middle of the left side of his tongue. It was about an inch in length from before backwards, extended to within a third of an inch of the central line of the dorsum, and lapped round the edge of the tongue to its inferior surface. The hair-like growths were pale in colour, and some of them were long enough to lie on the

surface of the tongue. He suffered from pains radiating from the angle of the jaw upwards to the temple, and downwards along the side of the neck. There was no glandular enlargement, but the patch was spreading, and the pain was always increased on eating. Three years before, after drinking and smoking to excess he observed three small blisters on the tongue, and came to hospital, where two got well; but the third remained, became warty, and finally assumed the proportions and appearances now presented. He had been under other care for this growth: it had been cauterised without good result; and he now came again under my observation. The growth was regarded as a decidedly suspicious one, and although its malignancy could not be declared, it was thought, looking at the history of the case, and the probability of its becoming cancerous, the best treatment was its immediate removal.

I was not satisfied with the *écraseur* as an instrument for removing growths about the tongue, and I determined in this case to use as the thermo-cautère. The cheek was slit as in the previous case; the tongue was well drawn forwards by a ligature through its tip, and the hot knife applied. The effect was most satisfactory. The tissues were cut through with the greatest ease, the small vessels being sealed up, and when in a couple of minutes the diseased piece had been removed there remained a seared surface, with two vessels in the centre bleeding rather freely. These were ligatured; the edges of the cheek-wound were brought together, and the patient was sent to bed.

There was a slight increase of temperature; and a good deal of pain, always referred to the site of one ligature; but the patient progressed rapidly. The wound in the cheek was entirely healed on the eighth day, and the man was allowed to leave bed. On the ninth day, while drinking some tea, and chatting with other patients, he had a fierce attack of secondary hæmorrhage. My resident pupil, Mr. White, happened to be present, and at once rendered help; but a good deal of blood was lost before the bleeding could be restrained by pressure. There was no more trouble, however, and the patient was quite well in a week afterwards.

I have sections of the growth here for exhibition. They were prepared by Mr. Richardson, and both he and Professor Bennett agree in the opinion that the disease was a papilloma. The patient came to hospital two months ago to show himself. He has remained perfectly well since the operation; the gap in his tongue has greatly diminished; the mark of the incision in the cheek is very slight, and his utterance is clear and distinct.

In speaking of this case a few minutes ago I expressed my dissatisfaction with the *écraseur* as an instrument for the removal of the tongue, and this feeling is based not upon any one case only, but upon others in which I have seen it used. There is no doubt that it will cut through the tissues if you give it time, and that it does so with little loss of blood. But the supposed bloodlessness of the operation is not sufficient to counterbalance the drawbacks; and that is its only positive claim. It is miserably slow in operation; it does not protect infallibly from hæmorrhage, immediate or remote; and if it should turn out that we have cut through a diseased nodule in the centre of apparently healthy tissue, we have to go over the whole process again, or revert to the knife or the cautery. There are cases in which the *écraseur* is a most valuable instrument, but in those of tongue extirpation it has nothing specially to commend its use.

Of the ligature there is little to be said, and certainly nothing favourable. To strangulate a diseased portion of tongue and to allow it to slough off in the patient's mouth is not high surgery; and to entail upon him for several days the presence there of a fetid rotting lump is a quite unnecessary infliction.

The two methods which I think are best suited to the removal of the tongue, or of any part of it, are the cautery and cutting. There are many surgeons who prefer the latter, and I think it presents some advantages. But

(a) Read before the Surgical Society of Ireland.



the hæmorrhage which is likely to follow any extensive removal is a great objection when compared with the other plan. It is not, however, so great as to be deterrent; and we always have the advantage of being able to examine tissues uncharred and unbruised, and so easily determine the character of the divided surface.

The cantery, whether the galvanic or that known as the thermo-cautère, is, I think, the most attractive and the most efficient instrument for operating. I prefer the thermo-cautère because it is less expensive, and more reliable in its action, the method is rapid, its track is almost bloodless, and it can be re-applied at once if we find that sufficient of the diseased parts have not been taken away. This is important, for it is worse than useless to operate if we do not remove all the visibly infected portions. To be on the borderland even only helps by irritation to give increased energy to the disease and make it spread more rapidly.

It is said that this method is liable to be followed by secondary hæmorrhage. Of course a cautery cannot be expected to seal up large vessels; and such arteries as the lingual must be ligatured. But that it is more likely to have the unfortunate complication of secondary hæmorrhage is by no means proved. All plans alike run this risk—the ligature, acupressure, and even the écraseur; so that in this respect, at all events, the cantery is in no worse a position than its competitors.

It is for the reasons I have assigned that I think this instrument most suitable for the removal of parts from very vascular situations, to which in addition access is difficult.

There is still a point, and it is the most important one, to which I should like to direct attention, and that is, as to the extent to which our excision should go in these cases. There is no more distressing disease in some respects than cancer of the tongue, and the surgeon is naturally anxious to give as much relief as possible from its horrors. Unhappily, as we know, the respite is usually short, the disease spreads in the stump and in the adjacent glands, and the patient dies. But still there seems to be no doubt that life is prolonged if the plan adopted be a sound one.

Mr. Fairlie Clark collected notes of thirty-nine cases, and observes, that of these "the average duration was fifty-seven weeks; the shortest ran its course in fourteen weeks; the longest extended over six years. If we divide these thirty-nine cases into two classes—1st. Those which were not operated on, twenty-five in number; 2nd, those which were fourteen in number—we find that the average duration of life after the disease was noticed was, in the 1st class, forty-two weeks, the longest period being less than two years; while in the second class the average was eighty-six weeks, the longest period being six years. Thus, it is evident that the balance is much in favour of the cases that were submitted to operation; and this tallies with the conclusions that have been arrived at by Sir James Paget."

The disease, however, is probably the most fatal of all forms of malignant infection, and if operative means hold out the hope of prolonged life, we should be sure that these means are the best. Now, I am very strongly of opinion that in these cases our operations should be more thorough than they are, and that we should not rest satisfied with the mere cutting out of what is tangibly diseased.

Far beyond the indurated piece of tongue the tissues are almost certain to have already in them the seeds of fresh outbreaks of disease; and there is, therefore, always a danger that in contenting ourselves with a moderate margin of apparently healthy structures we are leaving plenty of trouble behind us. We do not hope that we can remove the disease, but if we are only radical enough in our operation we shall certainly be the means of prolonging life to a greater extent than by mere partial excisions.

Where one side of the tongue only is affected, I should adopt the plan of Mr. Buchanan, of Glasgow, or of Mr. Mount Baker, of London, who, with some differences in detail, split the organ back to its root along the septum,

and then remove the diseased half. The lines of lymphatics are more numerous in the long axis, and the great dangers of infection lie along there. Therefore, where there is good evidence of lateral limitation, such a procedure holds out good hope of success. But when the central line is closely approached or crossed, I submit that the safest and wisest operation is to remove the tongue altogether. I mean by this a free separation of the tongue from the floor of the mouth, and the removal of all of it that is then possible. The operation is not often a fatal one; power of speech is preserved to a very remarkable extent, and the relief from local symptoms and the prolonged life certainly justify it.

## DISEASES OF THE HEART IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.;  
Physician to the Samaritan Hospital for Women and Children.

(Continued from page 47.)

### VALVULAR DISEASES OF THE HEART.

*Disease of the Left Auriculo-ventricular Orifice (Obstructive Disease), causing Contraction of the Orifice (Mitral Stenosis) and Obstruction to the Blood-flow into the Ventricle.*—In this disease, congestion of the lungs, hæmoptysis, or pulmonary hæmorrhage may ensue. The effects on the circulation are much the same as in the former case. Chronic bronchitis, pneumonia, and urgent dyspnoea, general venous congestion, and anasarca must be looked for. After a time the embarrassed pulmonary circulation affects the right side of the heart, and its cavities become enlarged; there is increased dulness to the right side of the sternum, and the right ventricle may be seen and felt between the ensiform cartilage, and the receding ribs of the left hypochondrium in long standing cases.

Some cases of mitral constriction are supposed to be of congenital origin, and they continue for years without causing any sign of heart mischief.

The pathognomonic physical sign of obstructive disease of the mitral valve is a presystolic murmur (*auricular systolic*), and when once heard there can exist no doubt as to its significance. The murmur is produced as the current of blood in its natural passage through the heart encounters resistance at the contracted valvular orifice; the valves being converted into a curtain with a slit in it (*the button-hole mitral*), or into a finger-like cone projecting into the ventricle. The bruit immediately precedes the first sound of the heart and carotid pulse; it is presystolic in character, and is coincident in time with the contraction of the auricles, and not that of the ventricles. It would serve no practical purpose to enter into the vexed question concerning the exact time during the heart's revolutions at which this murmur is produced, but I would just notice a remark by Dr. Andrew to the effect that it occurs at the latter part of the diastole and seems to be continuous with the first sound from which it is difficult to distinguish an interval. (a) It is a short and rough murmur, and obliterates the second sound at the apex, but intensifies it at the base. Accentuation of the pulmonary second sound is one of the most constant conditions of mitral stenosis. Its loudness, like all other cardiac murmurs, depends upon the condition of the blood, and the size of the aperture, and the force of the heart's action; but why it should disappear from time to time whilst the constriction remains unaltered is at present unexplained. A cardiac thrill (*diastolic*) is usually present, and the left ventricle is contracted, and its walls thin according to Niemeyer, (b) but Dr. Balfour remarks, "as we never have mitral stenosis without regurgitation, some degrees of hypertrophy of the left ventricle is almost always present, &c." (c) The left auricle is dilated

(a) "On Presystolic Murmurs at the Heart's Apex," St. Barts. Hosp. Report. Vol. xiii. Page 1.

(b) "Practical Medicine," 1875. Vol. 1. Page 363.

(c) "Diseases of the Heart," 1876. Page 153.

and hypertrophied, and the right side of the heart also. The pulse is occasionally regular, but often weak, rapid, and irregular. Mitral obstruction and regurgitation may exist together. (a) The murmur of mitral stenosis is heard at the left apex, and inclining towards the right apex; whilst a regurgitant murmur is carried towards the axilla, or behind from the left nipple to the mesial line at the back. It is heard over a less area than that of regurgitation. It is generally, but certainly not invariably, limited to the mitral area—"that is, within a circle of about an inch, described round the point where the apex impinges as a centre." (b) An attack of pulmonary catarrh with elevation of temperature will often render the murmur softer and more diffused.

The causes which induce valvular diseases of the heart in children are acute rheumatism, chronic albuminuria, chorea, and the specific fevers, especially scarlet fever; indeed, any circumstance which will set up pericarditis and endocarditis may lead to dilatation or contraction of the cardiac orifices, and to adhesion and rigidity of the valves which guard them. Dr. Hayden considers the poison of scarlet fever as next in frequency to that of rheumatism in producing heart disease. "Many of the most formidable examples of valvular lesion that I have met with owed their origin to scarlatina. The patients are generally children, and rarely survive the second period of life. The complication is usually declared in the second week of the fever, but occasionally in the first week, or the stage of desquamation." (c) Endocarditis is set up as we have already seen (*vide* Endocarditis) and the valves, more especially the mitral valve becomes involved in structural change. Of thirteen cases of heart disease associated with scarlatina, which came under Dr. Sausom's care, there were three cases of pericarditis; one case was uncomplicated, and two cases were complicated with endocarditis (mitral regurgitation). There were ten cases of endocarditis, including mitral regurgitation in eight cases, one case of dilatation of left and right cavities, mitral stenosis in one case, mitral stenosis and regurgitation one case. In six cases of heart disease associated with measles, there was pericarditis with endocarditis (mitral regurgitation) in one case; endocarditis inducing mitral regurgitation in three cases. In one case hypertrophy and dilatation; in one case tricuspid insufficiency. In one case mitral stenosis; in one case mitral stenosis and regurgitation. (d)

Dr. Dyce Duckworth has collected eighty cases of mitral stenosis, of which only seventeen were males; the oldest patient was 63, the youngest (a girl) 14; the majority of the cases occurred between the ages of 25 and 35. He arrives at the conclusion that two-thirds of the cases had a rheumatic origin, and that fright, strain, and other injuries are to be enumerated among the list of causes, or rather as the writer observes, the valve not being healthy, these special causes were enough to aggravate the condition which already existed. Slow degenerative changes

(a) "A girl, *æt.* 13, of rickety constitution, was admitted into the Samaritan Hospital under my care in November, 1878, with symptoms of mitral stenosis. There was no history of rheumatism or chorea, the disease being probably congenital. Two years previously she had a severe cough, and threw up a good deal of blood. Now the lungs gave some proof of hyperæmia and congestion. The heart's action was thumping and sudden; dulness extended to the sixth interspace below, a little external to the nipple line, and in the direction of the epigastrium. There was some hypertrophy and dilatation on the left side of the heart. There was no thrill, but a very distinct presystolic murmur limited to the area of the cardiac apex of a cantering sonorous character, fading in force towards its termination, like a sound dying away in the distance. It was well vocalised by the letters *R r r* or *V o o* as Dr. Balfour has pointed out (*Op. Cit.*, page 110). A louder and different murmur was heard posteriorly, and in the axillary line, also in diminished force over the right chest and back; it was systolic, and had all the characters of a mitral regurgitant murmur. The pulse averaged 90; it was jerking, weak, and wavy, but regular."

(b) Balfour, *op. cit.*, p. 103.

(c) "Diseases of the Heart and Aorta," 1875. P. 315.

(d) Clinical Lectures "On Diseases of the Heart in Childhood."—*Medical Times and Gazette*, October, 1879. P. 471.

in the mitral valve leading to stenosis are, I think rightly considered, not uncommon. (a) In the cases of two girls, affected with mitral stenosis, who came under my notice, aged respectively 13 and 17, there was no history of rheumatism, nor of any illness that could account for this grave cardiac condition. Of the above eighty cases, six only were traceable to chorea. Of sixty-one fatal cases of chorea mentioned by Dr. Hilton Fagge, there were only two in which all the valves of the heart were perfectly healthy. (b)

*Treatment of Valvular Diseases.*—This is at best but unsatisfactory. We cannot restore the injured valve in its integrity, but we can foster the growth of hypertrophy, and in some fortunate cases even restore the ventricular chamber to its normal size. The symptoms which arise as a consequence of these organic changes are best relieved by rest, and the avoidance of exercise and excitement. By maintaining the general strength and guarding against local congestions and inflammatory attacks, we may often succeed in giving a fair share of health and comfort to children, while warm clothing (particularly cotton-wool or flannel worn over the chest), nutritious food, and active aperients will tend to keep in check some of the worst symptoms, as dropsy, when they show themselves. If congestion of the lungs, or bronchitis occur, squill, carbonate of ammonia, belladonna, strychnia, and other stimulating expectorants and sinapisms will be indicated.

When the heart is getting weak and quick in mitral disease, and there is a tendency to dilatation of the right cavities, the tincture of digitalis administered in gradually increasing doses will improve the tone and fullness of the pulse beat, reduce the frequency of the heart's action, and cause the over-distended cavities to contract more vigorously on their contents. Instead, therefore, of blood accumulating in the heart during diastole, a larger quantity is expelled at each contraction of the ventricle. Digitalis has been said to increase the discharge of urine, but there is some doubt about this so long as low arterial tension remains unaffected. I carefully measured the quantity passed in two cases of mitral regurgitation in children with dilatation of the right ventricle, yet in neither was there any appreciable difference in the amount passed, nor any change in its quality. They were in no way improved by the drug. Traube first noticed that the fall of the pulse rate, and the rise of arterial tension during the employment of digitalis, are attended with an increased amount of urine.

In nearly all the cases in which I have given digitalis for the heart affections of children I have combined it with iron, and frequently with strychnia also. Iron improves the quality of the blood, and the muscular power of the heart. Digitalis is of most value in simple dilatation from debility in the cardiac muscle, and in both forms of mitral disease, where weakness and irregularity of the pulse are present. It may be given with advantage in dilatation with hypertrophy, but not in the latter form of heart affection alone. If nausea, headache, or unsteadiness of pulse should come on during the employment of digitalis, the drug should be intermitted for awhile.

In certain rickety children with thoracic deformity, with twisting of the aorta, hypertrophy of the left ventricle is early developed (Rokitanski), and in some cases even valvular disease (Hilton Fagge). In these cases cardiac failure is early developed.

Heart cough is common in adults in the failing stages of heart disease, and is usually found in children with heart disease at any stage. It is the result of congestion of the pulmonic circulation; it is aggravated by sedatives like paregoric, and even by bromide of potassium; it is effectually relieved by cardiac tonics like digitalis com-

(a) "On the Etiology of Mitral Stenosis."—*St. Barts. Hosp. Reports*. Vol. xiii. P. 263.

(b) Reynolds's System of Medicine, "Diseases of the Valves of the Heart." Vol. iv. P. 169.

bined with iron, and when very troublesome it is well to put the patient to bed with complete rest for a week or two.

(To be continued.)

### COLLES'S FRACTURE. (a)

By JOHN W. KNOTT, L.R.C.S.I.

A SHORT time since the body of a female subject was brought into the dissecting room of the College of Surgeons' School, in which the radius of each side was found to present the evidence of former fracture of the lower extremity, united with unreduced deformity, and I thought that a description of the specimens might be worth bringing under the notice of the Surgical Society, as both presented peculiarities which contrasted with the usual and typical form of fracture occurring in this situation, and with which the name of one of the greatest of Irish surgeons is so deservedly connected. I also thought the occasion a favourable one for giving a short *resumé* of the literature of the subject, on which it is said that more has been written than on any other similar lesion occurring in the human body.

Of the pair of specimens in question, the radius of the right side had been the seat of an oblique fracture, the obliquity, as is usually the case, running from above and behind downwards and forwards, but at a much higher level than is generally seen, the line of fracture being in front, an inch and three-quarters above the carpal extremity of the bone, whilst on the posterior aspect, it reached to a little more than two inches from the articular margin. The lower fragment had been, so far as I could make out, simply hinged backwards with the slightest possible amount of separation of the broken surfaces, and a vertical antero-posterior section showed no trace of the line of compact tissue imbedded in the spongy structure of the lower fragment, which was believed by Voillemier to be conclusive evidence of impaction. The carpal fragment had also undergone the peculiar form of rotation described by Goyrand, in which the triangular fibro-cartilage forms the radius of a circle, of which the lower piece of the broken bones describes an arc during the progress of displacement, so that the outer side of the lower fragment is carried further backwards than the inner. A remarkable complication existed in the form of a dislocation of the scaphoid bone, which had been rotated on its vertical axis, so that the tuberosity looked backwards and outwards, forming a prominence below and a little behind, the styloid process of the radius.

The fracture on the left side had been at a low level, the solution of continuity being placed in front about an inch above the lower end, while it reached about one-third higher posteriorly. On neither side did any evidence of impaction exist, but this is not to be wondered at, as even Voillemier himself, the great apostle of the impaction theory, says that it is not to be expected in fractures more than an inch or so above the articular extremity.

Although the name of Colles is in this country invariably associated with the usual form of solution of continuity of the lower end of the radius, the frequency of the occurrence of fracture in this locality was pointed out long before by Ponteau, whose description of the signs of this lesion in the second vol. of his "*Œuvres Posthumes*," will be found to contain a very excellent description of the most prominent local signs of the lesion. His pithy remarks that this is of all fractures the one in which a diagnosis can be most certainly made by a single *coup d'œil*, has become a household word in surgery; but his theory of the mechanism of the fracture, that it was due to a spasmodic contraction of the pronator and supinator muscles of the forearm, will not find many supporters at the present day. He ingeniously compares the articulated

bones of the forearm to a segment of a circle, of which the arc is represented by the radius, whilst the chord is formed by the ulna, and so demonstrates—to his own satisfaction, at least—that the action of the pronator muscles on the curved bone in approximating the fragments to the ulna, must be to produce lengthening of the broken radius. To this imaginary lengthening it is that he attributed the peculiar displacement of the carpus which he mentions as the first of the characteristic signs of the lesion. The other typical changes which he enumerates are, the tumour on the palmar aspect of the forearm, caused, as he thought, by contraction of the pronator quadratus, throwing forwards the flexor tendons; thirdly, diminished breadth of the forearm at the seat of fracture from the action of the same muscle causing approximation of the fragments, and consequent obliteration of the inter-osseous space; and fourthly, increased size of the wrist, produced by the *mouvement de la vasculæ*, communicated to the styloid process of the broken bone.

He also remarks that it is not necessary to expect much displacement, but a depression of the arch at the seat of fracture, which is aptly compared to the lezarde or baillement of architectural ornamentation.

Yet, strange to say, notwithstanding Ponteau's recognition of the importance and frequency of fractures of the lower end of the radius, we find his teaching on the subject absolutely ignored by subsequent authorities in French surgery for a very considerable period. Boyer writing in 1833 (a) and subsequently in 1820 (b) does not seem to be aware of the existence of such a lesion, and although he speaks of fractures of the radius produced by a fall on the hand, he places the seat at the centre of the shaft of the bone.

In Desault's *Journal de Chirurgie* in 1790, there had appeared, indeed, a record of a single case of fracture of the lower end of the radius, observed by Herne, but the case is merely noted, without further comment, and the writer does not make the smallest allusion to Ponteau's description. Most of the leading surgical authorities of the time followed the old errors; the four luxations of the wrist were unanimously recognised, their characteristic signs pointed out, and appropriate treatment recommended.

It was in 1820 that Dupuytren, by the immense influence of his writings and lectures, succeeded in establishing—for French surgeons at least—the non-existence of luxation of the wrist, of which he had never seen an example throughout the whole of his enormous experience; and the frequency of fractures of the carpal extremity of the radius, which formed a fifth of the cases occurring in his practice. So completely was the work of foreigners in this direction ignored by French writers, that we find Voillemier, in 1842, giving Dupuytren the credit of having created, so to speak, fracture of the lower end of the radius.

It was in 1814 the short but valuable description of Professor Colles appeared in the pages of the *Edinburgh Medical and Surgical Journal*, and with the exception of the single point of his localisation of the level of the seat of fracture, which he placed an inch and a-half above the carpal extremity of the bone, his account of the lesion has suffered but little at the hands of subsequent critics. Colles was not then aware that any previous account had been published, and wished to call the attention of surgeons to the frequency of the occurrence of a solution of continuity of the lower end of the radius, and the extreme infrequency of the forward (or so-called Desault's) dislocation of the carpal extremity of this bone, for which this injury had been mistaken, because of the "absence of crepitus" and other signs of fracture, together with the swelling which instantly arises in this as in other injuries of the wrist, render the difficulty of ascertaining the real nature of the case very considerable. He points out the depression which is seen about an inch and a-half above the end of the radius, the swelling and backward displace-

(a) Read before the Surgical Society of Ireland. Discussion will be found on page 73.

(a) *Mal des os.*

(b) *Dict. de Med.*

ment of the wrist and metacarpus, the fulness of the anterior surface of the forearm limited below by the anterior annular ligament of the wrist, and apparently caused by the flexor tendons being thrown forwards, and the projection of the lower end of the ulna towards the palm and inner side, to a degree varying in different instances. The lower end of this bone can also be moved backwards with abnormal facility; but an examination of the radius at the seat of fracture fails to detect either crepitus or yielding of the fragments till extension is made, so as to restore the limb to its natural form, when a backward and forward movement will be found to cause a sensible yielding of the broken surfaces. The inward projection of the lower end of the ulna he attributed to the pressure of the upper end of the carpal fragment of the radius, the yielding of the other bone being facilitated by laceration of the ligaments of the inferior radio-ulnar articulation. Such is Colles's account of his own fracture. Imperfect it of course is, but for an original description we cannot but admire the sagacity with which he appreciated, and the happy simplicity and clearness of language with which he detailed, the diagnostic value of the local signs of this lesion.

The teaching of Pontean in France, and of Colles in this country, was comparatively neglected till the subject was revived by Dupuytren, and by R. W. Smith, and it is indeed to the widespread influence of the opinions and writings of these eminent surgeons that may chiefly be attributed the prominence which has been accorded in the literature of the profession since their time to the consideration of this, the most frequent—at least, according to some authorities—of the fractures that have been met with in the human skeleton.

While Colles had contented himself with pointing out the comparative frequency of fracture, and the rare occurrence of dislocation, Dupuytren went so far as to doubt—although not of course absolutely deny—the possibility of the occurrence of a luxation occurring at the radio-carpal articulation, and amusing stories are still recorded of the fierce clinical dispute which sometimes took place on the subject, even in presence of the patients, between the hot-tempered surgeon of the Hotel Dieu and his colleagues, Pelletan and Marjolin, both of whom remained for a long time orthodox believers in the errors which had been impressed on them by their earliest surgical teachers. In one case a man who had fallen on the extended hand was brought into the hospital presenting the characteristic deformity of the lower end of the forearm, and the case was examined by both Marjolin and Dupuytren. The former diagnosed a luxation of the carpal; the latter a fracture of the radius. Neither was disposed to yield in the least to the opinion of the other, when an opportunity was afforded of settling the point by the death of the patient from some intercurrent disease. The autopsy was made in the presence of the two champions. The victory remained with Dupuytren.

In the description which is published in the *Lancette Francaise* in the year 1820, he notices the change in the axis of the fore-arm, and also in that of the hand, which is carried to the radial side by a movement of *abduction de totalité*. The projection of the lower end of the ulna he refers to the displacement of the hand. He points out the anterior and posterior tumours, the former of which he refers to the angular projection of the fragments in front, and the latter to the prominence of the carpus behind. He also adds that in those cases where an opportunity had been afforded of examining the recent specimen, he always found the inferior fragment divided by radiating lines into several pieces, as if it had been violently struck with a hammer, a condition to which he applied the term, *fracture par ecrasement*. He places the seat of fracture at two or three lines, up to half an inch, rarely so high as an inch or more, above the lower end of the bone, but makes no reference to the obliquity of the line of fracture. In the *Lecor's Orales* he points out the remarkable analogy which exists between this fracture and that of the lower end of the fibula, with which the

name of Pott is now so generally associated, and traces the prominent points of resemblance of the two lesions. The abduction of the hand in one case, is compared to the eversion of the foot in the other. The projection of the lower end of the ulna has its counterpart in the prominence of the inferior extremity of the tibia; the depression at the seat of the radial fracture resembles the *coup de hache* which is found above the external malleolus; while the action of the long abductor muscle of the thumb (extensor ossis metacarpi pollicis) is supposed to have an influence on the carpal deformity in the case of the lesion of the upper extremity similar to that which is exercised on the distortion of the foot by the peronei muscles in case of a solution of continuity of the lower end of the fibula.

The fact that the radius alone gives way, Dupuytren accounts for by observing that it is the bone which offers the greater resistance, as it only articulates with the wrist, and accordingly deserves the name, which was given to it by the old anatomists, of *manubrium manus*. By this anatomical arrangement the radius is made to receive all the force which is communicated to the upper extremity by a fall on the hand. The situation of the fracture at the lower end, in spite of the greater thickness and apparent strength, will be understood when it is remembered that the whole violence of the shock is concentrated on that part of the bone, and that the increased thickness does not by any means denote greater solidity, as the osseous tissue at the favourite seat of the lesion is almost purely cancellous. The liability to fracture is also vastly increased by the almost complete impossibility of dislocation, which is explained by the immense resisting power offered by the tendons, both flexors and extensors, which are closely applied to the surfaces of the radio-carpal articulation. If, as the writer believes, a force of 2,000 lbs. would be insufficient to overcome the resistance, a fall under ordinary circumstances will fail to do so, for the momentum or moving force, calculated by multiplying the weight of the body by the velocity of the fall, will not, except in cases where it has been from a great height, give so large a figure as the one mentioned. A violent fall on the hand, then, if not followed by a dislocation of both bones backwards at the elbow joint, nearly always produces a fracture of the lower end of the radius. Sometimes the result may be found to be a severe sprain of the wrist-joint, or fracture of some of the phalanges or metacarpal bones, but these are not often seen.

The example of M. Bouchet, who, in his thesis, published in 1834, gave the results of a series of experiments on the cadaver, was followed by a host of other inquirers, who endeavoured, by this method, to throw some new light on the mechanism of this still obscure lesion. Goyrand (d'Aix), had, indeed, been in the field before him, but had not done so much. He, however, made his views and experiments, the subject of a very valuable communication to the *Gazette Medicale* in the year 1832. He lays great stress on a point which had been neglected by Dupuytren, that is, the obliquity of the line of fracture, which, according to him, takes, in nineteen cases out of twenty, a direction from above and behind, downwards and forwards. He also makes three varieties of this fracture (1) by far the most frequent in which the line of fracture runs obliquely from behind downwards and forwards; (2) comparatively rare, in which the line of obliquity runs from the anterior aspect of the bone downwards and backwards; and (3) the *en toile* of Dupuytren. In the first of these forms the lower fragment glides on the inclined plane formed by the oblique surface of the other, and so becomes displaced upwards as well as backwards, either by muscular action alone, or by the violence which had produced the fracture persisting after the solution of continuity had been established. In the latter case the displacement, of course, would be much more considerable. At the same time, as the lower fragment is still tied to the ulna by the triangular fibro-cartilage, it is obliged to undergo a rotatory movement, in which it describes an arc of a circle, of which the radius is formed by the fibro-

cartilage, the centre being at the ulnar extremity of the same. By this double movement, the articular surface undergoes a change of direction, so that instead of looking forwards and inwards, it becomes inclined backwards and outwards. In the second form of fracture, analogous phenomena are met with, excepting that the forward deviation of the lower fragment is less pronounced than the backward in the other case, and that the direction of the articular surface is turned still more forwards than in the normal condition. With regard to the abduction of the hand, he expresses very strongly an opinion directly opposed to that of Dupuytren, who looked upon this deformity as one of the most characteristic signs of fracture of the lower end of the radius. Goyrand, on the other hand, considers its occurrence to be quite exceptional, and insists that so long as the internal lateral ligament of the wrist and styloid process of ulna remain whole, the hand will be found to be inclined not outwards but inwards; whilst he admits that in the rarer cases in which the ligament has been torn by an extreme amount of violence, or the styloid process wrenched from the head of the ulna, the axis of the displaced hand will be found to have undergone some deviation to the radial side of the forearm. The mechanism of the fracture is referred by this writer to *contre-coup*. In a fall on the palm of the hand the whole weight of the body is thrown on the upper extremity. The carpus, broken up into a great number of pieces, movable articulations decomposes the shock, and resists it, but the radius, pressed between the weight of the body, and the carpus, supported by the ground, receives the transmitted force at its inferior extremity, where from the sponginess of its structure, it is least able to resist. The opinion of Goyrand on the relative frequency of this fracture is somewhat remarkable, for he soundly asserts that the number of specimens admitted to the Hôpital d'Aix, bore to the number of all other fractures taken together, the proportion of one to two, at the same time observing that many genuine cases escaped observation, because the patients looking upon the injury as a sprain did not apply at the hospital for surgical assistance.

(To be continued.)

## Clinical Records.

### ST. MARY'S HOSPITAL.

*Abscess and Caries of Head of Tibia—Result of an Injury—Trephining—Removal of Sequestrum.*

Under the care of A. T. NORTON, F.R.C.S.

THE patient, a strong healthy looking man, æt. 27, injured the upper extremity of his left tibia by a fall from a cart about fourteen years ago. He was laid up for three months, after which he seemed to have completely recovered.

Last summer ("1879") he struck the same spot with a hammer; he did not take much notice of the injury however, but went to work as usual.

In July, "1879," the seat of former injury became painful, and continued so with some variation till September 18th, 1880, when he was admitted to the Hospital.

On examination, it was found that necrosis had taken place in the upper extremity of tibia.

On the 23rd of September the patient was taken to the theatre, chloroform was administered, the trephine employed, and a sequestrum removed. The wound was dressed with antiseptic marine lint, and syringed with carbolic lotion, a back splint being also supplied. The temperature remained at 98° 8'.

On the 24th the wound was dressed, as on the 23rd pain was gone. Temperature in the morning, 97° 6'; evening, 99°, which, with the evening of the 28th, when it was 99°, were the two highest temperatures recorded.

On the 30th the wound was dressed as before, with the addition of a drainage-tube in the cavity.

The dressings were continued the same way till Nov. 1st,

when the drainage-tube was cut short, the wound filling up with granulations.

On the 12th the patient was discharged apparently cured.

After leaving hospital suppuration again commenced, and a small opening formed through which the probe could be passed into the position of the former cavity where it came in contact with some carious bone tissue. He was, therefore, re-admitted on the 14th December. The former cavity was laid open by a simple incision and plugged with carbolic lint.

Jan. 1st, 1881.—No bone came away in quantity after re-admission, but healthy granulations sprang up absorbing what remained of the carious tissue.

On the 8th January the probe would no longer reach any grating material, and the wound was healing well and rapidly from the bottom. The plug of carbolic lint was inserted only into the mouth of the wound until its complete closure.

## Department of Lunacy.

### THE STAFFORD COUNTY ASYLUM AT LICHFIELD.

DR. DAVIS, the Medical Superintendent of the Stafford County Asylum at Lichfield, who is about to retire from that position on a pension, and who is to be succeeded by Dr. Spence, Assistant Medical Officer at the Idiot Asylum at Earlswood, does not err in his last annual report in the way of publicity or premature publication, that for the year 1879 having just reached us, and being confined, as far as Dr. Davis's contribution to it is concerned, to half a dozen brief and heavily loaded sentences. From the Report of the Visiting Commissioners in Lunacy, and from the tables appended, we learn that the Asylum contained at the end of 1879 511 patients, that the death-rate during that year was 16'01, calculated on the average daily number resident, which is so high as to call, we think, for special explanation which is not offered, and that the rate of recovery during that year was 24'95, calculated on the admissions, which is exceptionally low. The cost of maintenance of each patient per week was 8s. 11½d., of which amount 4s. 8½d. went for provisions. The diet table looks sufficient on paper, but wherever an asylum death-rate is high the manner in which the diet table is practically carried out in the stores and kitchen should be the subject of careful and independent scrutiny. One patient suffered from small-pox, but his immediate isolation prevented the propagation of the disease.

### THE SURREY COUNTY ASYLUM.

DR. BRUSHFIELD's reports are always clear and interesting and that for the year 1879, and bringing down the history of the Surrey County Asylum to the beginning of the present year, contains much peculiarly instructive matter. Bound up with it there is a special report to which we have given separate consideration, on the question of substituting non-stimulants for beer in the asylum dietary. The report itself shows that on the 1st January, 1879, there were 1,012 patients in the asylum, that 337 were admitted during the year, and that 191 having been discharged, and 117 having died, there remained on the 31st of December 1,061. Amongst the admissions there was a marked increase in the number of cases of general paralysis, and a diminution in the number of cases of epilepsy. More than one third of the total number of

deaths occurring in the asylum during the year were attributable to general paralysis. The recoveries were at the rate of 34·17 per cent. of the admissions, and included a case of complete restoration to reason after insanity of ten years' duration. A number of criminal lunatics, whose term of imprisonment had expired, were sent to the asylum during the year 1879, and with respect to these Dr. Brushfield says that while some of them had unquestionably become criminals owing to their insanity, others were criminals, independently of their insanity, to all intents and purposes. They had all the low propensities, and used the coarse and peculiar language customary among persons of that class, and were therefore undesirable companions for those patients of more refined habits and virtuous inclinations who were compelled to associate with them in the asylum wards. One wretched patient was received from Wandsworth Prison on April 28th, having been convicted on the 2nd of April of assault and aggravated assault, and sentenced to two consecutive sentences of six months each. He died of general paralysis on the 25th of May, that is to say, within a month of his admission, and two months of his conviction and sentence. Dr. Brushfield thinks, and no one familiar with the history of general paralysis will have any hesitation in agreeing with him, that this man was insane when he was tried, and insane when he committed the breaches of the peace for which he was punished. He was therefore solemnly tried, convicted, and imprisoned, when sinking under a fatal disease of the brain, for acts which were probably scarcely consciously performed. All such cases, and we are afraid they are of not infrequent occurrence, should be specially brought under the notice of the Home Secretary, so that some account may be required of the magistrate and officials who have played a part in such a grim farce. Only under a wholesale and rough and ready system of judicature could such cruel miscarriages of justice occur.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

SESSION OF 1880-81.

A MEETING of the Surgical Society was held on Friday evening, 7th inst., in the Albert Hall, Royal College of Surgeons. Dr. E. D. MAPOTHER, senior member of Council of the Society, in the Chair.

Mr. B. WILLS RICHARDSON, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

Mr. WILLIAM WHEELER exhibited a conical bullet which he had removed from a gentleman on the 2nd inst. The history of the case was simply this:—The gentleman, being a landlord, had purchased a revolver for the purpose of defending himself on his return to the country. On the evening of the 2nd inst. he was sitting with his legs elevated at one side of the mantelpiece. A friend of his who happened to visit him was admiring the revolver, of which two barrels were loaded. Taking the revolver in his hand, one of the charges went off, and hit the owner of the weapon, entering close to the trochanter major. The bullet, impinging on the trochanter major, was deflected, and passed upwards and backwards, towards the sacrum. Called in by a medical man who was present, he (Mr. Wheeler) found the patient in a state of intense alarm, and stating that he was dying. However, his pulse was good, and there was no reason to fear that he would die. Having ascertained exactly where he had

been shot, he passed a long probe into the opening, following the track of the bullet, which he hit without much difficulty. The probe passed beyond the bullet, and touched the skin. Knowing that bullets often changed their situation, he at once cut down upon it, and, seizing it with a forceps, extracted it. The upper part of the trochanter was not injured, which might be expected, the bullet being conical. The initial velocity of the bullet must have been at the rate of 300 miles an hour. Taking as data that the old musket used at the Crimea projected bullets at a velocity of about 850 miles an hour, and calculating the quantity of powder that expelled the one, and the proportion it bore to the quantity of powder which expelled the other, he arrived at the result mentioned. Of course by such method of calculation one could only approximate. Intense pain was felt along the track of the bullet and underneath the site of it, but on its removal the pain ceased. There was very little hæmorrhage—merely what he could easily stop with pressure. The patient is rapidly recovering.

Mr. W. THOMSON read a communication on

#### PARTIAL EXCISION OF THE TONGUE,

which will be found at page 66.

The CHAIRMAN (Dr. Mapother) observed that in the hospital to which for a great many years he belonged, a large number of cases of cancer of the tongue and other organs annually presented themselves for surgical treatment. He at once acknowledged that they had been unsuccessful in preventing the return of the disease by the removal of portions of the tongue. There was not the least doubt that most of the cases had been of the true scirrhus type, and by no means epithelial. Most had developed hard glands in the sub-maxillary and sub-lingual regions. Of five operations he could call to mind but a single instance where the disease did not return. So impressed was he with the liability of the disease to return that four years ago, in a case he saw with Dr. Robert McDonnell, although the cancer was confined to the anterior fourth, they both expressed the opinion that removal was unadvisable; and death rapidly ensued in four weeks afterwards, consequent on the rapid extension backwards of the disease.

Dr. J. K. BARTON said the subject of the communication was one of great surgical interest. Surgeons were very slow in adopting operative procedure, feeling it safer to let those cases alone. He thought that Mr. Thomson had done well in bringing the subject forward in order to add as much as possible to their facts, and to clear away the doubt and difficulty that hung over the treatment of such cases. There had been so many instances of the return of disease shortly after removal that operative treatment had become very discouraging. But he thought that advance was to be made, and greater success hereafter attained by following the methods pointed out in Mr. Thomson's paper. Some three years ago he had himself a case—that of an old man—the carcinomatous disease occupying the posterior part of the right half of the tongue. As far as he could form an opinion at the time, it was epithelioma, and was exceedingly hard, but very limited. He operated by means of the thermo-cautery, and the tongue was easily cut. There was moderate hæmorrhage. The operation was readily and successfully performed, and he was enabled to see what he was about. The case was interesting as the mode adopted had been referred to by Dr. Thomson with commendation. Moreover, the patient was nearly eighty years of age at the time, and two years afterwards he (Dr. Barton) heard of him as being perfectly well.

Mr. W. THORNTON STOKER held a very strong opinion of the value of the thermo-cautery in this and a number of cases in which it had been used. He had himself employed the three methods spoken of by Mr. Thomson in removing a portion or the whole of the tongue, but only in one instance had he used a ligature for removing a cancerous tongue—it was his first case, and the last. He looked on it as a relic of barbarous surgery, which he trusted never to see employed again. It had an objection even greater than Mr. Thomson had referred to when he spoke of the disgusting slough occupying the mouth of the unfortunate patient—and this he had himself had experience of—the ligature would eat into the surface of the tongue; and, in his opinion, no matter how tightly applied, it became loosened, and the result was that a secondary operation had to be performed to strangulate what the surgeon had failed to strangulate in the first attempt. With regard to the use of the écraseur, it should be employed only when applied to the anterior surface of the tongue, and there



was a perfectly clear isthmus attached to the hyoid surface of the bone; but cancerous disease was seldom confined to the anterior part of the organ. The *écraseur*, once applied, cut straight through the tissues; so that to avoid the risk of hæmorrhage—which was a recommendation of the *écraseur*—it took an extraordinary time to remove the tongue (from an hour to an hour-and-a-half). He had seen a patient in a half-anæsthetic state for an hour-and-a-half, whilst the tongue was being strangled by that cruel instrument. But the *thermo-cautère* he had used in such a way as to remove all diseased tissue in one or two minutes, rapidly and bloodlessly except so far as large vessels were concerned, and it left a healthy and clean surface behind which could be inspected or examined with the finger, enabling the surgeon to scoop out any traces of disease that might have escaped the first incision. He did not believe there was any greater risk of secondary hæmorrhage after the *thermo-cautère* than there was after the *écraseur*. There was no method by which all risk of secondary hæmorrhage was removed, and he thought the *thermo-cautère*, if properly applied, avoids the risk of secondary hæmorrhage as much as any other.

Mr. W. WHEELER said he had operated on several cases of cancer of the tongue, one complete removal of it, in which he was assisted by Mr. Tufnell, and several cases of partial removal. He remembered accurately the case Mr. Stoker had alluded to of ligaturing the tongue, it was performed in Baggot Street Hospital, and certainly it was not satisfactory. With Mr. Stoker he therefore entirely condemned that mode of procedure. But he did not agree with Mr. Stoker in saying the ligature would cut through leaving portions of the part intended to be strangled still supplied with blood, unless too large a portion was included. By applying two ligatures instead of one the part would be cut away only with the disadvantage of having the slough remain in the mouth, a great disadvantage no doubt, and having regard to which no one would now adopt that method. He concurred in Mr. Thomson's views with regard to the excision of the tongue by means of the platinum knife or *thermo-cautère*, but he could not agree with him in the disparaging manner in which he spoke of the *écraseur*. He himself had adopted the method attributed to Collis, of dividing the cheek, and the attachment of the floor of the mouth he separated by means of the *écraseur*, and then he cut the tongue across with the platinum knife, but there was a severe spout of hæmorrhage. Mr. Tufnell, from whom he had had a communication on the subject, thought the hæmorrhage was from the lingual artery, and he (Mr. Wheeler) caught it and tied it. There was no more hæmorrhage from that vessel, but in eight or nine days afterwards there was secondary hæmorrhage from the other side. Therefore, he took it from that result alone that the cautery was not as good a way of stopping the hæmorrhage as the ligature. In that particular case the disease occupied the whole of the anterior surface of the tongue. Four years had since elapsed, and the patient, who was known to Mr. Tufnell, was still alive and well. Another reason why he did not speak so disparagingly of the *écraseur*, as Mr. Thomson had done, was this: that by adopting the plan Bryant recommended, viz., putting pins in and transfixing the tongue, and using the *écraseur*, beyond that the surgeon would get completely behind the disease, and would not cut into the diseased surface, but through healthy structures. Though he was not advocating the *écraseur*, he did not think it should be disparaged, as it was a useful instrument. His plan would be to separate the floor of the mouth with the *écraseur*, and then cut across with the hot knife, as in the case he had mentioned. The reason there were so many unfavourable results in partial removal of the tongue was that the operator did not cut far enough back. It was to insufficient examination rapid returns and unsuccessful results in the removal of the tongue must be often attributed. Surgeons did not remove sufficient of the tongue, and in cases of that kind there should be larger incisions than was recommended by Collis. In fact, Syme's method of cutting the lower lip and splitting the jaw to give room to get at the disease in order to remove every particle of it was quite legitimate.

Mr. THOMSON replied. The general tenour of the observations had been, he said, in the same line as that which he had himself travelled over. Mr. Wheeler did not seem to have noticed the fact of his having stated that he adopted the plan of transfixing the tongue when he used the *écraseur*. He inserted needles to prevent the loop of the chain slipping forward and passing through the diseased portion, at least

that discovered to be diseased on examination by the fingers. But even that method was not safe or reliable, and did not remove the objection he had indicated. Suppose when cutting through the tongue with the *écraseur*, the surgeon found he had passed through the middle of a diseased nodule, there was no provision to remove what remained but by going over the same operation again, occupying over half an hour. So far as that contingency was concerned the platinum knife had a vast advantage over the *écraseur*. As to hæmorrhage, plenty of cases could be noted where there was immediate hæmorrhage after the use of the *écraseur*, and also secondary hæmorrhage. That was an unfortunate danger of all operations, no matter what care was taken, and on that account there was no reason for pre-eminence of the *écraseur* over the platinum knife. Dr. Barton's case was one of extreme interest, not only because of the method employed, but the result of it. Mr. Stoker had condemned the use of the ligature from his own experience, but he did not agree in what he said as to using the *écraseur* in cases where the disease was confined to the anterior portion of the tongue. His (Mr. Thomson's) objection would apply to the removal of any portion of the tongue, the process was tedious, and did not save them from secondary hæmorrhage. If the disease was in a free portion of the tongue, the anterior part, the cautère was the instrument which would give the best results. Mr. Wheeler and Dr. Barton had both concurred in the view that he tried to press, namely, that they were entirely too limited in their operations of removing portions of the tongue. If he had to do his first case over again, the operation would certainly be a more radical one than it was.

Mr. KNOTT read a paper on the subject of

COLLES'S FRACTURE,

which appears at page 69.

Dr. BENNETT regretted that an accident prevented the discussion of the paper having the interest it otherwise would; for the specimens which Mr. Knott intended to present as the foundation of it had come to an untimely end. Thus the Society had the sermon without the text. The first point worthy of remark was in reference to the specimens but which could not be verified now. In describing them as specimens of Colles's fracture, Mr. Knott localised one of the fractures as being an inch and a-half or more than that above the level of the radial carpal surface. But whether rightly or wrongly, it had been the habit to exclude such specimens from the category of Colles's fracture, and to include those that fell within the distance of under an inch and three-quarters of the carpal extremity. Therefore it was open to question whether or not the data on which the facts of the paper were strung were cases of Colles's fracture at all; and the question of their being oblique or transverse fractures depended on the solution of that point. He had himself published statistics of those injuries far more than had hitherto been collected; and fractures of the radius within the limit of an inch, and close above it, he had been careful to exclude all such from the category of Colles's fracture. On that point he would be glad of an explanation, as it was well to be exact on the limits to which the discussion applied.

Mr. WHEELER congratulated Mr. Knott on his excellent and exhaustive paper, and pointed out that he had excluded the fractures referred to by Dr. Bennett from the class of Colles's fracture as being above three-quarters of an inch.

Dr. BENNETT said the paper appeared to be founded on two cases of Colles's fracture recently dissected.

The PRESIDENT.—The title is undoubtedly that of "Colles's Fracture."

Mr. RAWDON MACNAMARA observed that it was most extraordinary how deficient the museum of the College was in specimens of the fracture which had received the name of the great Irish surgeon, Colles. When he heard that three cases of Colles's fracture were to be brought before the Society, he rejoiced in the idea that the museum was to be so enriched; but he was now sorry to hear a gentleman boast of a large number coming under his observation without enriching their national museum of specimens. Over and over again the Council had represented their anxiety to get them, and he was sure now that the matter was brought before the members of the Society they would contribute specimens.

Dr. BENNETT said he happened to know the collection in the museum better than Mr. Macnamara did, and it contained the finest specimens—he did not mean in great number—but some of the most typical to be found in any museum.

Mr. MACNAMARA.—How many?



Mr. W. THORNLEY STOKER.—Five.

Mr. MACNAMARA.—They are very few.

Dr. ABRAHAMS said he had had an opportunity of examining Mr. Knott's specimens, and he corroborated all he had said about them as regarded the position of the fracture.

Mr. KNOTT replied. He did not consider the fractures as typical Colles's fractures, and he had in his paper pointed out their peculiar position as being much higher than the typical ones, excluding those above an inch. Colles himself had located them at an inch and a-half, but the typical ones were lower down.

The Society then adjourned.

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THE

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, JANUARY 26, 1881.

### INUNDATION AND INFLAMMATION.

It is to be expected that among the sequæ to be anticipated as the consequences of the run of severe weather we have lately experienced, augmentation of the death-rate will not be the least important and striking. Not perhaps so forcibly as occurred in 1880, shall we be reminded of the fatal influence exerted by the winter changes on the susceptible and the aged, since the unprecedented fogs of last winter are accountable for the unusual mortality which was registered in the early part of the year; and from the nature of the diseases to which they gave rise, it was not in any way difficult to trace a direct connection between the fog and the prevailing illnesses of the time. The first months of 1881 will, we fear, be similarly distinguished from the later periods by the high number of deaths that will probably take place within the areas of the metropolis and other large towns. And in a similar fashion, too, we doubt not it may be shown that by no means a small proportion of the illness to be expected, will be of the kind influenced and set up by conditions that should be practically avoidable by a

civilised and enlightened State. At this moment there are very large districts in London, Manchester, and other places, either under water, or but recently so; and in every one of these situations there are resident a large number of people who, but for the miserable shelter afforded by their drowned-out abodes, would be homeless. Not by ones, or tens, or even hundreds, but by thousands are these unfortunates to be counted; and we may well ask ourselves how comes it that this thing can be in the heart of the world's greatest city. Again and again have suggestions been made, to pass unheeded, for ensuring the future protection of the quarters subject to inundation; and again and again, in consequence of the supine indifference of authority to suffering in which it has no immediate share, have the floods been allowed free play where it had been comparatively easy to restrain them. It may be, of course, that there is no proper appreciation of the mischief produced by these overflows, and this, because it is not seen at once, save in the mere physical sense of discomfort and loss of goods. This, however, is only the least of the evils to be anticipated. Far graver, and far less easily remedied, are those constitutional infirmities encouraged, or initiated, by the untoward condition of exposure and damp. Not at once, when the water has receded, or been pumped from a house, are its inmates relieved of the danger to be dreaded from its presence. It is the after, slow, gradual drying which is the more prejudicial to life and health. For a protracted time exhalations of moisture, laden with every impurity to be found in the flood-soaked soil, finds its way through the walls and under the doors of every habitation built within their reach; and those living in such a region, though they may not, and often do not, heed or recognise the influence at work on them, yet do they none the less surely and certainly at length succumb to one or other of the deadly diseases to be dreaded in such situations. The pathological relations of inflammation are now sufficiently well understood for us to have no difficulty in tracing a causal connection between the inflammatory stages of constitutional disease, and those etiological conditions originated in districts which are, or have been, flooded. Nor, as a rule, are we at a loss to trace the consequences that are likely to follow any fresh occasion of flooding, such as those which have occurred in the south metropolitan district within the last few days. There is nothing in the history of the past to justify an anticipation of immunity in the future for those people who are subjected to malarial, or only merely cold and damp, exhalations. Rheumatismal, bronchitic, even typhoid affections are no uncommon attendants on the densely aggregated poor of London, but the tendency to contract any one of these will be infinitely greater now that the surroundings of the unfortunate dwellers in the crowded neighbourhoods of the river-side are so peculiarly fitted to harbour any chance disease brought there. Never, it must be said, sufficiently robust to meet a long-continued attack, the ordinary poor are peculiarly unfitted to undergo the peril they will pass through, the majority of them, it must be feared, with only meagre prospect of safely emerging therefrom.

Admitting all this, then, it does seem a strange and unnatural truth that the cause of it should be permitted to

continue, with full knowledge of the disastrous consequences to be dreaded. It is incomprehensible that remedial measures are omitted, sufficient to ensure, at least, that high tides shall not swamp those dwelling in the vicinity of the river banks; and that, at any rate the most obvious precautions against the injurious effects of the riparian exhalations should not be taken. When, however, no one of these conditions is observed, but the warning emphasised by each additional overflow, and echoed in the dying sighs of thousands who suffer through the negligence of a few is allowed to pass unheeded, it is then assuredly time that an emphatic protest should stir into action the apathy that has too long looked regardless and remorselessly on.

Efficient though it is, and all-willing, the medical service can do but a little in the way of relieving the necessities of the numbers who will so soon need the utmost help possible. The aid must come from another source, and to be real it must be practical, and end in the adoption and fulfilment of measures adequate to the total prevention of a recurrence of those inundations which leave behind them a rich and funereal legacy of constitutional inflammations.

#### THE NOTIFICATION OF INFECTIOUS DISEASE.

We printed last week the text of the Bill which is being promoted by the Dublin Corporation, and is fixed for its second reading on the 30th of March, and we pointed out:—

1. That it applies to the whole of Ireland.
2. That it is entirely permissive.
3. That it compels the physician attending an infectious case to send a written notice to the sanitary authority.
4. That the fee proposed to be paid to the physician for notifying is ludicrously small as his responsibilities under the Bill are great.

We said also, that the extent of the responsibilities of this Bill must be judged, not by the simple fact that notification of infection is to be compulsory, but by the consequential effects of that notification upon the house occupier, the patient, and the physician. Those effects are set forth in the sections of the Public Health (Ireland) Act, 1878, which set forth the part which the sanitary authority is to play on receiving the notification, and it is impossible for us to form a judgment as to the amount of inconvenience, loss and responsibility which the Bill imposes on the physician until we ascertain what it is which may follow upon the performance of his duty as a notifier of disease.

This information we learn from the 137th and following sections of the Public Health Act of 1878 (page 576, Irish Medical Directory). We give the words of the sections, omitting redundancies of phraseology.

Where any sanitary authority are of opinion, on the certificate of any qualified practitioner, that the disinfecting of any house, and of articles therein likely to retain infection, would tend to prevent disease, it shall be their duty to give notice to the owner or occupier, requiring him to cleanse and disinfect such house and articles within a time specified. . . . If the person fails to comply, he shall be liable to a penalty of 40s. for every day during default; and the authority shall cause such house and articles to be disinfected, and recover the ex-

penses in a summary manner. . . . Any authority may destroy any bedding, or other articles which have been exposed to infection, and may give compensation for the same. . . . Any person suffering from any dangerous infectious disorder, and without proper lodging, or lodged in a room occupied by other persons not so suffering, or is on board any ship or vessel, may, on a certificate signed by a medical practitioner, be removed to such hospital. . . . Any person who disobeys such order shall be liable to a penalty of £10. . . . Any person who—(1) while suffering from such disorder wilfully exposes himself in any street, public place, shop, inn, or public conveyance, or enters any public conveyance; or (2) being in charge of any person so suffering so exposes such sufferer; or (3) gives, lends, sells, transmits, or exposes, without previous disinfection, any bedding, which have been exposed to infection; or (4) conveys without proper precaution the body of any person who has died of any infectious disorder; (5) or permits to be waked, the body of such person shall be liable to a penalty of £5; and a person who, while suffering from such disorder, enters any public conveyance, may be summarily ejected therefrom, and shall pay to owner the amount of any loss and expense they may incur. . . . Any person who knowingly lets for hire any house, or part of a house in which any person has been suffering, without having such house, and all articles therein liable to retain infection, disinfected to the satisfaction of a medical practitioner, shall be liable to a penalty of £20. . . . The keepers of an inn or school shall be deemed to let for hire any house to any person admitted as a guest. . . . Any person showing for the purpose of letting for hire part of a house who, on being questioned as to the existence of infectious disease therein, within three months previously, knowingly makes a false answer, shall be liable to a penalty of £20, or to imprisonment with hard labour for one month. . . . Any person who shall knowingly send a child to school who, within three months, has been suffering, or who has been resident in any house in which such disorder shall have existed within six weeks, without a medical certificate, that such child is free from infection, and unless it has been properly disinfected, shall be liable to a penalty of 40s.

These provisions may be supplemented by regulations made by the sanitary authority, subject to the sanction of the Local Government Board, which regulations may be of any degree of stringency, so long as they do not go beyond the powers here given to them.

Now we do not quote these sections of the Act as suggesting that they are in the least too stringent or unnecessarily burthensome on the house occupier. On the contrary, we hold that the custodian of the patient should be bound down by every possible legal means to perform his duty, however disagreeable, for the safety of his neighbours.

We refer to these sections for the purpose of showing that the physician incurs a very serious responsibility, and must perform a very unpopular duty, if—by the sending of his notification to the sanitary authority—he brings his employer directly within the grasp of these precautionary measures, and we cannot doubt that the fear of all these sanitary procedures would tend to produce an altered condition of things between the physician and his employer, and to make the communication of the physician respecting the nature of the disease less straightforward than it has been, and ought to be.

As to the extension of the system to Dublin, the profession has been afforded by the Irish Medical Association an opportunity of expressing its feeling, and the

whole subject was debated yesterday in the Council of that Association with that expression of feeling before it. The decision of the Association was arrived at too late for record in our pages to-day, but on it depends the question whether or not the Bill is to be actually resisted in Dublin. We shall next week be able to indicate a more decisive policy upon the question.

#### BARRACKS IN RELATION TO HEALTH.

THE subject of barracks has lately been discussed in presence of a distinguished military audience. The principles according to which these buildings are now built are no doubt perfect as compared to those which guided their constructors in former times, yet the facts ought not to be forgotten that in this as in various other matters the advance has been by slow degrees extending over many years, and that even now certain of those principles only being adopted on an extensive scale were suggested by Robert Jackson, the eminent army surgeon, more than eighty years ago, as for example small barrack rooms. He suggested that they should be constructed so as to accommodate twenty-five men each, those now erected accommodate twenty-eight.

Nowhere do we find that soldiers are provided with barracks built upon so large and extensive a scale as in India. These have all, with a very few exceptions, been erected since 1864, and yet already there is reason to doubt whether the results as regards health of this large and costly experiment have been at all equal to expectations regarding it. That such is the case, no doubt arises in some instances from faultiness in site. Thus, at Allahabad, the new palatial barracks were erected upon that of the old ones, the locality known to be unhealthy, so that among the initiated there was no surprise at the occurrence of a violent outbreak of cholera in the first regiment that occupied them. Experience has discovered various sanitary objections in regard to such barracks generally in India. They are believed to be hotter in the hot weather, colder in the cold weather, than the former style of buildings; to be more draughty and generally uncomfortable, more especially in the far interior of that country, where the winds during the cold season are peculiarly *piercing*, also that the occupants of the lower storey have the constant inconvenience arising from traffic in the upper—this inconvenience being in proportion to the thinness of the separating floor; and to the men in the upper stories the difficulty and inconvenience in getting to outhouses, more especially during night time. Some of these inconveniences no doubt admit of being remedied, others do not, but in some stations where the old one-storied and the new two-storied barracks co-exist, the preference of the soldiers is decidedly for the former.

A series of observations as to the comparative temperature in the upper and in the lower rooms of the new barracks gave the following results, namely:—At Peshawar in the month of July, August, and October 1870, the lower stages upon the whole cooler than the upper, the upper room cooler at night than the lower, the new barracks both in their upper and lower rooms slightly cooler at 4 p.m. than the old barracks at the same hour. At Jullundur the upper room was cooler at night than the lower,

but during the day hotter. At Barrackpore in July, August, September, and October, the lower rooms of the new barracks were cooler throughout the whole twenty-four hours than the upper, the temperature in the old barracks sank 2° F. below what it did on either floor of the new, but attained previously the same maximum temperature as in the latter. Thus, as a matter of fact, the diurnal range of temperature in the new barracks is considerably less than what it is in the old—in other words, the new offer better protection against extremes than the old. Nevertheless the general subject remains open, results vary according as to whether the barracks are situated in a dry arid part of India under the influence of the hot winds, or in Lower Bengal, with the peculiarities of soil and climate of that province.

Similar comparisons have been instituted as to the sickness among troops occupying upper and lower stories of Indian barracks respectively. At Lucknow the admissions from lower stories were, exclusive of venereal diseases and accidents, more than double those in the upper, from fever three times, and from bowel complaints in the proportion of 60 to 38 from the upper. From hepatic diseases the order was reversed; of these, 25 cases came from the upper against 23 from the lower, on the other hand, every case of palpitation, debility, and anæmia came from the lower. At Agra, the admissions from all diseases gave the proportion of 1,040 from the lower to 700 from the upper stories, of fevers 920 to 550, bowel complaints 40 to 16, while all hepatic cases came from the upper. At Rawul Pindie, on the contrary, the admissions from all causes were in the proportion of 1,594 from the upper storey to 1,465 from the lower, those by fever 1,316 from the upper against 1,182 from the lower, by bowel complaints 75 to 63, while of hepatic diseases only 12 cases occurred on the upper floor against 22 from the lower; all cases of palpitation, debility, and anæmia were from the lower floor. At Peshawar, the admissions from the upper floor were 3,120 against 1,878 from the lower, of fever 2,846 from the upper against 1,636 from the lower. On the other hand bowel complaints gave 60 admissions from the lower floor to 50 from the upper, palpitation and debility causing in their turn 60 admissions from the lower floor, but also 42 from the upper. At Julundur, in 1869, the troops occupying the double-storied new barracks suffered numerically more from fevers and from other diseases during hottest months of the year than those in the old single storied buildings in the same station. At Soobathoo the admissions by all diseases were 189 from the upper story and 341 from the lower, by fevers 102 against 221, local affections 15 against 25, hepatic diseases 5 against 12, while all the cases of palpitation, debility, and anæmia were from the lower storey. With regard generally to cholera at all Indian stations, the results of observations, so far as they have as yet been made, do not indicate any material difference as to liability to attack or mortality among the occupants of either floor of the double-storied barracks.

ON Saturday last a boiler in the kitchen of the Tiverton Infirmary exploded, killing a boy, and severely injuring one of the nurses.

## Notes on Current Topics.

### London Besieged.

THE intense cold and heavy snow of last week produced in London a state of things, in some respects, such as prevails in a besieged city. Communication with the outside world was cut off—not, indeed, by an investing circle of fire and steel, but by snow-drift, which stopped, and in some instances completely blocked up, railway trains. Street traffic was interrupted, not by falling shells, but by severe frost, and then by heavy snow, rendering it next to impossible for horses to draw carts, waggons, and other conveyances. Few pedestrians ventured upon the thoroughfares—not because they feared a stray shot or ambuscade, but because the biting east wind drove with violence and in eddies little pellets of congealed snow along the streets and round corners everywhere. Houses were quickly reduced to a state bordering upon darkness; cisterns became frozen; thus the water supply, like the gas, was to a great extent cut off. But, worse than all, the food supply speedily showed signs of failure; milk at once became scarce, and enhanced in price; fish and butchers' meat could not be obtained from the coast and country districts; and bakers, unable, similarly, to obtain their flour, expressed their difficulty in meeting demands of their customers. But, worst of all, hundreds of poor and needy people were rendered homeless—not as a result of their houses being torn to pieces by shot and shell, but by inundation of the Thames. Sickness has increased among all classes, but particularly among the lower and poorer orders. Thus, as in a regular siege, so now there is ample room and opportunity for those who are willing and able to render aid to the victims—not of actual war, but of an unusually severe winter, to do so.

### Legislation on London Fogs.

MR. CUBITT has given notice of his intention on an early day, to move for a Select Committee to consider to what extent the fogs of London are injurious to life, health, and property; whether they have increased, and are increasing, from causes which are controllable; whether the existing Acts of Parliament relative to the consumption of smoke are applicable to the present state of the metropolis, and can still be enforced; and whether alteration and extension of this legislation would be beneficial.

### Rewards to Army Surgeons.

In our last we briefly chronicled the fact that Her Majesty the Queen had conferred the Albert medal of the second class on Surgeon Henry Grier, of the Army Medical Department, for the performance of a heroic operation on Lieutenant Graham, who was dying of diphtheria, in the late Afghan campaign. We congratulate Mr. Grier on receiving the distinction justly due to his act of heroism and professional zeal. We trust that the precedent thus established may be liberally followed, and that medical officers of the army and navy may in due time receive, in the proportion they generally earn them, similar recognition for saving life. Hitherto, a wounded artery secured upon a field of battle, a fragment of skull

depressed by shot or shell, and other operations by means of which life has, beyond all question, been saved or prolonged, have received no other reward than the consciousness on the part of the operator of having performed the necessary operations—often under heavy fire and in the turmoil of battle. Already have the members of this department a large proportion of the crosses for valour; to that much-envied decoration is now added the further mark of heroism on their part.

### The Metropolitan Asylums Board.

THE small-pox scare has considerably subsided in London, for which the Arctic weather of the past ten days is probably responsible. There was, therefore, but little business to transact when the Board met on Saturday last, under the presidency of Dr. Brewer. A letter was read from Mr. John Jones, enclosing resolutions passed at a meeting of the inhabitants of Homerton and district deprecating the introduction of small-pox patients into the Fever Hospital there, and further protesting against the erection of huts for the accommodation of the same class of cases. With regard to the negotiations commenced with the view of purchasing the West Ham Hospital for conversion into a hospital for small-pox patients, the Board decided that the project should be abandoned.

### Pot. Iod. in Scarlet Fever.

DR. WATSON, of New Holland, Illinois, writing in the *Monthly Review of Medicine and Pharmacy*, advocates the employment of iodide of potassium in the treatment of scarlet fever, and quotes cases of its successful use in defence of the practice. He prescribes for a child of 7 years tablespoonful doses of a mixture consisting of syr. scillæ, ℥ij., and pot. iod., ℥ss., to be given every three hours. In severe cases he recommends also, in conjunction, quinia and stimulants internally, and a gargle of salt and vinegar; the body to be rubbed with bacon grease. He claims for the iodide that under its use, with due precautions regarding exposure, there are no abscesses to open or dropsical troubles to contend against. Given early in the onset of the disease too, it averts the coming mischief, and the patient easily and rapidly recovers.

### International Medical and Sanitary Exhibition.

A VERY commendable scheme for the holding of an International Medical and Sanitary Exhibition in London, in August 1881, has received an amount of support sufficient to justify the anticipation that it may be successfully carried through. Very appropriately the Parkes' Museum of Hygiene will act in a directing and organising capacity, the Secretary, Mr. Mark H. Judge, being also Secretary to the committee appointed to carry out the exhibition arrangements. The exhibition committee sat on Wednesday last, when it was decided to classify the exhibits under the heads of medical and sanitary. In each section a sub-division into eight classes will be made as follows:—*Medical Section*—1. Surgical instruments and Apparatus. 2. Appliances of the Ward and Sick Room. 3. Drugs, Disinfectants, Medical Dietetic Articles, and Mineral Waters. 4. Electrical Instruments

and Appliances. 5. Microscopes and other Optical Apparatus. 6. Apparatus of other kinds used in the Investigation of Diseases. 7. Appliances used for the Treatment of Sick and Wounded during War. 8. Appliances used in teaching Medicine; Books, Diagrams, Models, &c. *Sanitary Section*—1. Domestic and Hospital Architecture. 2. Planning and Construction. 3. Ventilation, Lighting, and Warming. 4. Water-closets, Sinks, and Baths. 5. Sewerage and Drainage. 6. Water-supply and Filtration. 7. Health Resorts and Sanatoria; Book and Diagrams. 8. Miscellaneous. All inquiries and communications respecting the exhibition should be addressed to the Secretary, Mr. Mark H. Judge, Parkes' Museum of Hygiene, University College, Gower Street.

#### Juridicial Sageness.

AN amusing instance of the ponderous gravity with which the ordinary jurymen of the coroner's court loves to weight his utterances, occurred during the week. A patient who had been run over and brought to Charing Cross Hospital was, after being seen to, permitted to go home, first being asked to remain in the house. He died the next day, and at the inquest several of the jurymen were conspicuously indignant that he was not kept in the hospital, and very freely vented their opinion in the matter of treatment. They considered that the use of the battery which the house-surgeon had applied was improper; and in other ways severely criticised the conduct of the medical officers in the case. The coroner, Mr. St. Clare Bedford, expressed regret that the jury should feel compelled to think the hospital had shown neglect. He might very well have gone further, and shown surprise that a body of jurymen should venture, in the absence of any contra medical evidence to guide them, to call in question the proceedings of the professional gentleman who had attended the case. It is surely within a coroner's duty to repress any such insult as was conveyed, in the absence of justification, by the officious remarks of these jurors. Intelligent criticism and suggestions are admirable in such a case, always; but ignorant abuse is surely out of place in a court of inquiry like the coroner's court.

#### A Deserving Case.

THERE is now depending on the parish of Alford, in Aberdeenshire, an old man, eighty-six years of age, who has possibly done more to deserve the gratitude of the scientific world than many a widely-honoured and richly-rewarded name. John Duncan is an aged country weaver, who, since he was forty years old, has been an assiduous collector of plants indigenous to the soil, from Banff to the shores of Northumberland. During this period he has brought together a rich and valuable herbarium, carefully kept in books; and which now he has given, a free gift, to the use of the students in Aberdeen University. In all, the collection contains 1,131 perfect specimens, and will be of infinite service in the position it now occupies. It is mournful to add that the author of this natural library is in want and overcome by years, and it is to be hoped a liberal response may be made to the appeal on his behalf instituted by Mr. W. Jolly, H.M. Inspector of Schools, Inverness, who will gladly acknowledge donations.

#### The Outbreak of Fever at Tandragee.

WE stated last week that we had reason to know that the severity of the epidemic of typhoid at Tandragee had been greatly exaggerated, and that the idea that it arose from Belgian flax was nonsensical. At a special meeting of the Tandragee Town Council, held on the 14th inst., the following resolution was passed:—"Whilst deeply regretting the existence of typhoid fever in our town, we emphatically condemn the misleading and greatly exaggerated accounts that have appeared in the public prints regarding it, as calculated to cause unnecessary alarm in the minds of those at a distance, and therefore unacquainted with the facts of the case, the truth being, that so far from eleven deaths having occurred in the town in one day, and six in one house, there have been only fifteen deaths from first to last, in or connected with the entire dispensary district, embracing a circuit of some miles. There were only three cases last week; there have been none since, and the disease is fast disappearing, most of the patients being convalescent."

#### The Differences of Doctors.

THE variance of professional judgments upon obscure disease have been quoted by unthinking people as an opprobrium of our art, and people who can't be cured of unknown diseases revenge themselves on their physicians by quoting the proverb that "doctors differ and patients die." But if this sneer be deserved by the professors of an eminent science like medicine what shall be said about the differences amongst lawyers about the mere construction of words and phrases which have been specially put together with an intention that the meaning shall be as clear as possible. One would suppose that upon the sense of such words no question could possibly arise, and yet we find the most ridiculous uncertainty as to their interpretation by the greatest professors of law in the world. For instance, we read that during the year 1880 the House of Lords affirmed 23 decisions and reversed 6. The Court of Appeal, England, decided on appeals from the decisions of Equity Judges, affirmed 51, and reversed 50. In the cases of five judges, whose decisions came up for judgment, it declared 4 of them to have been wrong in a majority of their judgments, and 1 of the 4 was wrong 23 times against 16 times in which his decision was confirmed. Taking the entire bench together, exactly half their decisions were found to be erroneous. Even the bitterest detractors of the doctors will hardly say that half of their diagnoses prove to be wrong.

#### The Dangers of Gymnasiums.

AN inmate of the Philanthropic Farm Schools, at Redhill, recently died from injuries received in the gymnasium attached to the school. In company with other boys deceased had been at play in the place, and was at length pulled to the top of a giant's stride by three of his companions. The latter having their attention momentarily diverted let him go, unthinkingly, and he fell to the ground, receiving such hurt as to cause his death. The coroner's inquiry into the details of the accident was adjourned on Thursday last for further evidence.

### The General Medical Council.

We understand that at a meeting of the executive committee held last week it was decided to call the General Council together on Thursday, February 3rd, "special dental business" being the cause assigned for this early assemblage. The passing of the Dental Act has proved a source of considerable annoyance to the respectable portion of the dental profession, and it is not improbable that proposals will be made for the erasure of a good many names from the Dental Register before the new edition is printed. The Medical Register will, we believe, be ready for publication in a few days.

### Nurses for the Transvaal.

We understand that a lady superintendent and six lady nurses have proceeded from England to the Transvaal with a view of being employed in the military hospitals during the anticipated hostilities against the Dutchmen now in revolt against the English Government. With every desire to be gallant towards the ladies who have thus proceeded upon what they doubtless consider an errand of mercy, the real fact is we are unable to see of what use they can possibly be, or, if they proceed to the actual scene of military operations, that they can be anything else than an encumbrance to the force to which they may be attached, while, as regards themselves, the "roughing" they must undergo, to say nothing of the scenes they must witness, are such as no woman ought to be exposed to. Another little fact is that (if ladies would only believe it) young men, and particularly young soldiers, dislike very much to be attended by them. They much prefer the regular "orderly."

### Accident Traps.

We referred last winter to one of the street dangers of which the gauntlet has to be run by pedestrians in frosty weather, viz., those horrible, shiny, intensely slippery, iron covers to the openings of street coal-cellars. Either in damp weather, or lightly covered with snow, these deceitful contrivances are a certain cause of accident to the unwary. A hundred times worse than a simple slide, they first cause the body to glide onward rapidly, and then, the foot arriving at the side, it is brought sharply up with a jerk, on the violence of which depends the amount of injury sustained by the unfortunate passenger. These slippery contrivances have, during the past week been the cause of many broken limbs, and once more we protest against their use being any longer permitted. It is easy enough to substitute a roughened substance for the material they consist of—a measure imperatively called for in the interests of public safety.

### The Farr Testimonial Fund.

The Executive Committee charged with the promotion of the Farr Testimonial Fund have issued a circular in which they state that they will shortly close the subscription list. The net result of the subscriptions at present paid, or promised, after provision for the necessary expenses of postage and advertising, is not quite £900. It is, however, still hoped that sufficient additional subscriptions may be obtained to raise this sum to a thousand gui-

neas, less than which could scarcely be regarded as a result in any way commensurate with the object in view—a general expression of the exceptional value of Dr. Farr's public services in the cause of sanitary and statistical science. The Executive Committee appeals for further assistance towards supplying the deficiency. The hon. sec. is Mr. Noel A. Humphreys, General Register Office, Somerset House.

### Taraxacum Coffee.

LAST week a grocer was charged with unlawfully selling dandelion coffee, not composed of ingredients in accordance with demand. The borough analyst found that it contained 70 per cent. of chicory and 30 per cent. of an unknown substance, which was neither coffee nor dandelion; on being cross-examined at great length, he was not prepared to say there was no concentrated essence of taraxacum in the preparation, as he had never thought of looking for it. The defendant's lawyer said that the preparation consisted of first-class coffee, chicory, concentrated essence of taraxacum and burnt sugar; and argued that in not putting the dandelion root in itself, but the essence, they were acting in the interests of the public at large, and at a disadvantage of profit to themselves. The magistrates dismissed the case.

### The Domestic Application of the Electric Light.

It would seem that we are not far from the realisation of this dream of the philosophers of the past and hope of the physicists of the future. We learn that the Duke of Northumberland has adopted Swan's electric light at Alwick Castle, and that the library, ante-room, and music room were experimentally lighted, with perfect success. It is stated that Mr. Swan's carbons are made by carbonising slips of vegetable parchment.

This announcement of course, does not mean the economic use of the light for domestic purposes has been achieved, but, at least, it shows that the subdivision of the light has been made practically useful.

### The Contagious Diseases Acts.

ON Monday week last Mr. Childers, on behalf of the government, moved the House of Commons to resume the inquiry into the working of these Acts which was discontinued upon the dissolution of Parliament last year. The committee nominated by Mr. Childers is as follows: Messrs. Massey, Stansfeld, Cavendish Bentinck, Colonel Alexander, Viscount Crichton, Messrs. Burt, O'Shaughnessy, Osborne Morgan, Cobbold, Colonel Burnaby, Sir Drummond Wolff, Mr. Noel, Colonel Digby, Messrs. Fowler and Hopwood, and five others to be nominated by the above committee.

### Kilkenny District Asylum.

DR. CHARLES Lyster, of Kilkenny, has been appointed to the office of Visiting Physician to the Kilkenny District Lunatic Asylum, in the room of Dr. Louis C. Kinchela, who has resigned.

THE president, vice-presidents, and council of the Royal College of Surgeons in England, have issued invitations

for a large party of distinguished visitors to the Hunterian festival to be held on the 14th prox., after the delivery of the biennial oration by Mr. Luke Holden.

MR. G. C. HENDERSON has been appointed as architect to the Royal College of Surgeons in Ireland, in the room of Messrs. Miller and Symes.

THE post of Secretary Superintendent to the Dreadnought Seamen's Hospital, Greenwich, *vice* Mr. H. C. Burdett, who has been elected to a lucrative appointment in the Share and Loan Department of the Stock Exchange, has been conferred on Mr. W. T. Evans.

PROFESSOR SCHAFER gave yesterday, at the Royal Institution of Great Britain, the first of a course of eleven lectures on the Blood. The next Friday evening discourse, at the same Institution, will be given by Dr. Arthur Schuster, on the Teachings of Modern Spectroscopy.

DR. LYON PLAYFAIR has obtained leave in the House of Commons to bring in a Bill to amend the manner of voting in the election of members of Parliament for Scotch Universities. This is in accordance with the threat made, when he was elected to represent the University of Edinburgh at the last general election, by a very narrow majority over Mr. Bickersteth, F.R.C.S.

DR. ILIFF, Medical Officer of Health for Lambeth, has been entering an earnest protest against the exercise of the power which the water companies possess of cutting off supplies either because rates are in arrears, or because proper fittings are not provided. As he rightly observes, the practice, although legal, is fraught with the gravest consequences to the health of those immediately concerned.

SURGEON-MAJOR FOX, of the Madras Medical Service, has been selected by Mr. Adam, the new governor of that Presidency, to be surgeon on the personal staff of His Excellency. His Grace the Duke of Buckingham had on his staff successively two surgeons of the Army Medical Department; it is, therefore, fair that the appointment be now given to the local service. Of Surgeon-Major Fox we are happy to learn that his professional reputation is of the very highest order.

INSTRUCTIONS have been received by the Principal Medical Officer of the Aldershot Division from the Director-General, Army Medical Department, that all recruits should be subjected to special supervision and examination by medical officers for a period of three months after their enlistment. Commanding officers are requested to afford the necessary assistance to medical officers to enable them to carry out their duties in this respect.

THE rates of mortality last week in the large towns of the United Kingdom were—Brighton 13, Newcastle-on-Tyne 16, Portsmouth 16, Hull 19, Bradford 20, Leicester 21, Wolverhampton 21, Sheffield 22, Birmingham 22, London 22, Leeds 22, Edinburgh 23, Plymouth 23, Norwich 24, Glasgow 24, Bristol 25, Nottingham 25, Sunderland 26, Liverpool 29, Salford 30, Manchester 32, and Oldham 33 per 1,000 of the population.

IN the principal large towns last week scarlet fever showed the largest proportional fatality in Oldham, Norwich, and Bristol; measles in Salford and Brighton; and whooping-cough in Nottingham and Leeds. The death-rate from fever (principally enteric) showed a further decline from that prevailing in recent weeks—Glasgow and Liverpool giving the highest average. Of the deaths referred to diphtheria 12 occurred in London. Small-pox caused 28 more deaths in London and its Outer Ring of suburban districts, whereas no fatal case was recorded in any of the provincial towns.

THE president of the King and Queen's College of Physicians in Ireland—Dr. George Johnston—entertained the Fellows and officers of the College and a number of the leading members of the profession in Dublin, at an official dinner in the College on Wednesday the 19th. Amongst the guests present were the president of the Royal College of Surgeons; the physicians, surgeons, and ophthalmic surgeons to Her Majesty and the Lord Lieutenant; the medical commissioner of the Local Government; the judge of the Admiralty Court; and many other officials and heads of departments connected with the profession. In the intervals between the toasts a number of glees and solos were performed by a party of musical artists. The entertainment was brilliant and eminently successful.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW TRAINING HOME FOR NURSES.—The Seventh Annual Meeting of the Glasgow Training Home for Nurses was held in the Christian Institute, Glasgow, on the 18th inst, Mr. J. White, of Overtoun, in the chair. Mr. Cuthbert, honorary secretary, read the annual report, which stated that the Glasgow Training Home for Nurses continues to make satisfactory progress. During the past year 159 patients were treated at the Home, of whom 93 underwent operations of more or less severity. After longer or shorter periods of treatment 105 of the patients left cured of their ailments, 18 were relieved, 23 improved, and 1 died. The number of patients in the Home at 31st December was 13. Although none of the patients suffered from infectious disorders, their ailments were of such a varied character as to afford good opportunity for practical training in the art of medical and surgical nursing. The directors have received the most gratifying assurances of the great advantages conferred by the private hospital department of the institution. Their only regret is that the accommodation for the reception of patients able and willing to pay for it is so limited. During the past year trained nurses were sent out to wait upon 233 cases of sickness in private families; and the reports received both from the medical profession and from the patients and their friends, in regard to the fidelity and efficiency of the nurses, are most satisfactory.

OUTBREAK OF FEVER AT ROSENEATH AND CLYNDER.—A serious outbreak of scarlet fever has taken place at Roseneath, which is causing much anxiety to every one connected with the parish and neighbourhood. The disease has been prevalent in Greenock and Helensburgh for some time, but



it was hoped that the opposite shore might escape. This has not, however, been the case, and the infection has broken out in a most virulent form, chiefly in Roseneath and Clynder, though it appears to be extending along the shores of the loch. Fortunately most of the cases are mild, but two deaths are as yet reported. Discussion has lately been rife on the necessity for a more complete system for getting rid of the sewage of the various localities around the Gareloch, and we trust a fresh impetus may be given to the inquiry by this disastrous epidemic. If the present unsavoury condition of many portions of the shore is allowed to continue nothing can be looked for but the repeated outbreaks of fever and other epidemic diseases that have already occurred. Dr. Yair is at present investigating the causes likely to have led to the present unfortunate state of matters, and is directing his particular attention to the drainage of the infected districts.

**DEATH OF A CHILD FROM DRINKING VITRIOL.**—A child has died in Dundee from accidentally drinking vitriol. On the 19th inst. the wife of Thomas Brown, fisher, gave what she supposed to be an empty bottle to her son Thomas, a boy about one year and nine months old, to amuse himself with. The bottle, however, seems to have contained a small quantity of vitriol, which the child, unobserved by its parents, drank. In a few seconds he began to suffer great pain, and the parents, ascertaining what had taken place, sent immediately for Dr. Gray, who was soon in attendance. The boy lingered in great agony until the 21st.

**THE LATE MR. JOHN CROOKS MORISON, DENTAL SURGEON.**—We regret to have to record the death of this young and esteemed surgeon-dentist. The cause of death was a virulent attack of typhoid fever which carried him off in a few days. After qualifying himself with considerable success, under the best authorities at the Royal College of Surgeons, London, as a licentiate in dental surgery, Mr. Morison came to Glasgow, his native place, and took over the business begun by his relative, the late Mr. Croods. The business was rapidly developing into one of the best practices in Scotland. With a few other gentlemen in the same department of practice he originated and was one of the lecturers in connection with the Dental College of Glasgow, the first of the kind in Scotland. Mr. Morison was the elder son of the Rev. Dr. Walter Morison, of London, and formerly of Glasgow.

**IMPORTANT MEDICAL APPOINTMENT.**—We understand that Dr. W. J. Fleming has been appointed President of the Glasgow Medical Smoking Club, a position, no one will dispute, which he is eminently qualified to adorn.

**A POKER BY A SCOTCH PROFESSOR.**—The following *difficult* problem was recently propounded to a class:—"What are the contents of the human stomach when it is empty?"

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, the 15th inst., 97 deaths occurred in Edinburgh, and the rate per 1,000 was 23. Chest diseases accounted for, at least, 50 deaths, and scarlatina for 4, 3 of which occurred in the New Town and 1 in the Old. The northern suburbs were entirely free from zymotic deaths.

## Literature.

### AN ELEMENTARY TREATISE ON THE FUNCTION OF VISION AND ITS ANOMALIES. (a)

The next and handy volume before us, on the "Function of Vision and its Anomalies," although professedly a trans-

lation of a larger work by Giraud-Teulon, is a praiseworthy and earnest endeavour to give, in an English dress, the pith of a work, not sufficiently well known, even amongst specialists. The principles of modern ophthalmology are placed before the student and general practitioner, concisely and explicitly, by one who is evidently in perfect accord with the teaching of a master of the science, and who desired to render the principles of the more abstruse portions of modern ophthalmology more easily acceptable to those amongst his professional brethren, whose time is almost wholly engrossed in other branches of medical practice; but who desire, with all earnestness, to master the physical and mathematical niceties, which later investigations of the functions of vision seem to involve. It is quite as much the duty of the physician, as the ophthalmologist, to become acquainted with the anomalies and disturbances of vision, as without it certain functional disorders will hardly be discriminated and fairly diagnosed. This is even more essential since, in a large number of cases of eye disease, the physician's opinion is first sought, and upon his diagnosis very frequently hangs the welfare of the patient. Having said thus much we proceed to indicate the principal contents of the treatise, and which, for the sake of easy reference, is divided into several chapters. The first deals with the eye as an optical instrument. Its several physical conditions are then explained, as well as the function of images, and the mode of judging of proportions, and the faculty of accommodation or adaptation, together with binocularity. In chapter ii., we pass on to the consideration of the physiological influence of age in the production of many anomalies of vision, an abridged symptomatology, together with general indications for treatment, are lucidly set forth. As a specimen of Mr. Lloyd Owen's lucidity of style, and as enforcing the views of the author on the attention of the general practitioner, we quote the following:—

"The characteristic symptoms of accommodative asthenopia (hypermetropia), should be present in the mind of every practitioner of medicine; this affection is one of the most frequent which presents itself in the study of diseases of the eye; in the statistics of special clinics it occupies the fifth or sixth place in point of frequency. The practitioner should, however, be on his guard with respect to a deceptive appearance: it sometimes happens, either from the effect of spasm of the overstrained accommodation, or from a true consecutive amblyopia, that the hypermetropes presents, with the semblance of the opposite condition, myopia, phenomena due to two varieties of causes. In a high degree of hypermetropia, the long accommodative efforts, by congesting the deep membranes, frequently induce a certain degree of amblyopia, and the patient no longer seeks clearly defined images, and these are obtained by an increased approximation of objects, by means of which the retinal pictures enlarge much more rapidly than the circles of diffusion."

We demur to much that has lately been written and said upon the greater frequency of myopia amongst students, and the influences of school-life in its production. The statistics, however, compiled from the examination of a large number of scholars and students, the author tells us, show "that myopes are found in all schools; that whilst relatively few in village schools (1.4 per cent.), they are eight times more numerous in town schools (11.4 per cent.) That in the town schools the proportion of myopes increases with the standard of the schools, and that in all the schools of whatever kind, the upper classes contain more myopes than the lower."

The degree of myopia, we are also told, increases "in proportion with the standard of the school," and is believed to be owing chiefly to the close application of sight to near objects. "Among secondary causes, must be cited, insufficient illumination, bad print, pale ink, and very small type, antecedent amblyopia; in a word, all the conditions which impel the scholar to seek a larger retinal image by the approximation of the object." With a no inconsiderable experience we cannot say we agree with all the conclusions arrived at on the continent; nevertheless, we are quite of opinion that the consideration of the question is one of the highest importance for the future of the young, and calling

(a) "An Elementary Treatise on the Function of Vision and its Anomalies." Translated from the Second French Edition of Dr. Giraud-Teulon. By Lloyd Owen, F.R.C.S.I., &c, London; Baillière, Tindall, and Cox. 1880.

for the greatest solicitude, not only on the part of families and the medical practitioner, but likewise of departments of public health.

We can very conscientiously commend this manual for "its simplicity of arrangement, unimpeachable accuracy, and marked conciseness" to those who would become acquainted with the functions and anomalies of vision, as laid down in bulkier and far more expensive treatises on the subject.

## Correspondence.

### THE LONDON HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—For some time rumours have been in circulation that dissensions had arisen between the committee and the staff of the London Hospital; and that in consequence of the pretensions of the nursing department and the meddling of religious zealots the efficacy of the charity and the independence of its civil officers were alike in peril.

At first these rumours were considered by us to be unworthy of notice; but now that they have taken definite form, have been permitted to appear in the public journals, have caused pain to many persons, and are influencing public opinion, it seems necessary that the truth should be made authoritatively known.

Permit us, therefore, to declare that all these rumours are wholly groundless; that the relations of the executive to the staff, and of the nursing department to both were never more complete and harmonious; and that at no former period of our history has the committee given us more liberal, enlightened, and salutary assistance in our practical and educational work.

We are, Sir,

Yours, &c.,

ANDREW CLARK, M.D., Senior Physician,  
JONATHAN HUTCHINSON, Senior Surgeon,  
T. TIBART SMITH, M.D., Hon. Secretary  
to the Medical Council.

19th January, 1881.

### DRUG CONTRACTS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I am glad to see by a recent issue that an effort is being made by some members of the medical profession in Dublin to put an end to the present system of supplying drugs to the workhouses and dispensaries in Ireland. It is high time to do something in the matter, as the way in which contracts for medicine are now given is simply ridiculous. I append a few of the prices at which the contractor to the union in which I hold a workhouse and dispensary appointment, has agreed to supply the best medicines; and by way of comparison I have taken the market value from the trade list of a respectable house:—

	Contract Price.		Market Value.	
	s.	d.	s.	d.
Acid sulph. aromat.	...	1 6	3	6
Spts. æther ol. (Hoffman)	...	0 10	4	0
Spts. æther nit.	...	1 0	3	2
Spta. ammon. aromat.	...	1 0	3	0
Tinc. cinch. co.	...	1 10	3	4
Pil. colocynth co.	...	3 0	13	0
Ferri et quinia citrate	...	10 0	40	0
Tinc. lobelia ætheral	...	1 10	6	6
Tinc. opium	...	2 6	4	6
Tinc. guaiacum ammon.	...	1 9	3	6

£1 5 3      £4 4 6

What is to become of the patients to whom such medicine is given?

I am, sir, yours truly,

A WORKHOUSE DISPENSARY DOCTOR.

## Novelties.

### MEDICATED THROAT PASTILLES.

(ALLEN AND HANBURY'S.)

WE have employed with much satisfaction and can therefore recommend with great confidence these agreeable and efficacious remedies. They are free from the defects of the lozenges in common use, for which they may be advantageously substituted, and they possess certain positive merits of their own. They are prepared from formulae furnished by Dr. Prosser James, who described them in a paper presented to the British Medical Association at Cambridge, where they were also exhibited by Messrs. Allen and Hanburys, the manufacturers. The qualities proper for medicated lozenges, as laid down in the paper mentioned, are all possessed by these pastilles which will, we doubt not, be extensively prescribed in affections of the throat and bronchial tubes. Some of them are used for their general, others for their topical effects, and others perhaps mostly for both. In order to bring them before our readers we shall take first those which may be regarded merely as pleasant substitutes for the lozenges of the Pharmacopœia. They are—1, *Pastilli morphiae*; 2, *pastil. ipecac.*; 3, *pastil. morph. et ipecac.*; 4, *pastil. opii et bell.* (equivalent to *troch. opii* with the addition of *belladonna*); 5, *pastil. ferri*; 6, *pastil. potass. chlor.* All these may be prescribed in the same manner as the similarly named *trochisci*, and they will in almost all cases be preferred by patients, especially children, who will take them as sweetmeats. The chlorate of potash pastille is a remarkable success, its nauseous flavour being completely disguised. It is not so strong as the B. P. lozenge, and may therefore be taken in double quantity, if need be. We may add a few words as to the specimens before us which have no corresponding lozenge in the Pharmacopœia.

1. *Pastilli aconiti.*—This drug was strongly recommended and the lozenge form indicated as often of special use in Dr. Prosser James's early writings. Accordingly, various lozenges have long been in use made from his prescriptions, but the present will probably, from its agreeable flavour and appearance, displace all its predecessors. Half a drop of B. P. tincture is contained in each pastille.

2. *Pastil. soda chloratis.*—This substitute for the chlorate of potash pastille lozenge, is prepared with the analogous soda salt, and often used by Dr. James.

3. *Pastil. lithic.*—Each contains one grain. An agreeable method of taking this alkali. Perhaps this pastille may be also regarded as a substitute for the B. P. soda lozenge.

4. *Pastil. benzoati.*—This is a mild but efficacious voice lozenge, agreeable to take, containing benzoic acid and flavoured with aniseed. It is of a very delicate green colour, quite *sui generis* among lozenges.

5. *Pastil. camphora comp.*—These are a stronger voice lozenge of a warm aromatic taste, but the flavour of the camphor is so pronounced that it will not be liked by some. It is the least agreeable of the series, but we have found it very valuable in several cases, in fact a better voice lozenge than any in the market, and also very useful in follicular sore throat.

6. *Pastil. morph. et ipec. comp.*—This contains squill, &c., in addition to the ipec. and morph. which are present in nearly the same amount as in the simple one. It will be extremely useful in chronic bronchial catarrh, and may be tried as a good cough lozenge, whenever such a remedy is required to be placed in the patients' hands.

We have described these pastilles thus fully because we are sure our readers will find them useful additions to their materia medica, and we think them a distinct advance in elegant pharmacy. Allen and Hanburys have produced them at a very moderate price.

### TEMPORARY HOSPITALS IN EPIDEMICS.

Now that London is threatened with another visitation of small-pox, the attention of the authorities might with advantage be drawn to the facility which the erection of hospital marquees affords for isolating cases of infectious diseases. Some time since we saw one which had been erected for this purpose by Messrs. Edgington & Co., of Smithfield, in full operation. To outward appearance it looked like an officer's mess tent. Inside it was lined to keep out the cold,

whilst a temporary wooden floor, six inches from the ground, served to prevent the dampness from rising, and to act as surface drainage. The ventilation was perfect, and every accommodation was provided for the comfort of the patients, and the convenience of doctors and nurses. The great advantages of these temporary structures is, that they are comparatively inexpensive; they can be put up in twenty-four hours in any open spot, and taken away equally quickly when the necessity for them has passed,

**THE LADIES' SANITARY TOWEL.**

MESSES. SOUTHALL, of Birmingham, have introduced a ladies' sanitary towel for use during the catamenial period, in place of the ordinary napkin. They are admirably adapted for the purpose they serve by virtue of their softness and antiseptic properties. We have received abundant testimony to their excellence, it being said of them that their slightly increased bulk makes them for a short time uncomfortable to wear, but this being got over, they are infinitely preferable to the hitherto universally employed napkin. The disagreeable chafing of the latter is entirely avoided, and the cost of the new towels is no more, in comparison. They are readily destroyed after use by burning, and in every way they are a vast improvement on ordinary appliances. In matters which do not pertain to fashion, ladies are generally averse to change, but if they will take the hint in this particular, we promise them it will redound very much to their comfort.

**TONGA.**

This remedy has proved effective in all those cases of facial neuralgia in which we have prescribed it; one of persistent acute attack having been markedly and quickly relieved by its use. Its action would seem to be chiefly confined to the fifth nerve, affections of other nerves being less influenced for good. It may with confidence, however, be given in the former description of case, and in the form in which it may be obtained from Messrs. Allen and Hanbury, it is an elegant and easily taken remedy.

**FRY'S MALTED COCOA.**

THE need of a palatable, unadulterated cocoa for the use of invalids and delicate persons, is often experienced by practitioners. Messrs. J. S. Fry and Sons' preparation of "malted cocoa," answers for an admirable degree this requirement, and to all who approve cocoa as a beverage, nothing of the kind more nutritious or more pleasant can be recommended. The flavour conferred by the extract of malt in combination is peculiarly agreeable, and adds tonic properties that highly increase the value of the compound.

**GINGER CHAMPAGNE.**

MR. HAY is now so well known throughout the profession and amongst manufacturing chemists as the discoverer of a method of producing a perfectly pure and transparent essence of ginger that any novelty coming from him deserves attention. Keeping pace with the wholesome demand for non-alcoholic beverages, he has introduced a "Ginger Champagne," which, to our minds, will take rank as one of the most delicate and wholesome of this class of drinks at present in the market. The creaminess, colour, and even the aroma of champagne are precisely imitated, and the after-flavour of the ginger essence is peculiarly grateful at this inclement season.

**Medical News.**

Royal College of Surgeons of England.—The following candidates having passed the required examination for the diploma, received the diploma of M.R.C.S. at a meeting of the Court of Examiners on January 18th:—

- Carter, D'Arcy Bainbridge, Leeds.
- Clarke, Walter James, Birmingham.
- Evans, Thomas Jones, Llanbyther, Carmarthen.
- Holt, William, Camberwell New Road.
- Hooley, Arthur, L.R.C.P. Edin., Cobham.
- Houghton, F. E. Caulfield, Dudley.
- Jones, Robert Langford, L.S.A., Bangor.
- Lloyd, William, Gt. Harwood.
- Matthews, Samuel Richard, Llandinabo.

- Oates, John Harrison, Dewsbury.
- Poett, Patrick Matthias, L.K. & Q.C.P.I., Teremire, Dublin.
- Prendergast, Joseph Moran, L.S.A., Melbourne, Australia.
- Sellers, William, M.D., Radcliffe, Manchester.
- Sharples, William Henry, Preston.
- Stanwell, William, Rochdale.

The following passed on Wednesday, January 19th:—

- Bell, William Taylor, Totterdean Park.
- Bond, Richard Pratt, L.R.C.P. Edin., Cheltenham.
- Brown Percy, L.S.A., Camberwell.
- Chronnell, James, Manchester.
- Field, C. A. E. Adolphus, Camden Road.
- Gardner, James Clark, Newcastle-on-Tyne.
- Lidiard, Sydney Robert, Dulwich Road.
- Marshall, James, Plymouth.
- Puddicombe, Francis Moran, Dartmouth.
- Roberts, Frank Ernest, Lower Norwood.
- Shepherd, T. A. Jordan, L.S.A., Rotherhithe.
- Voisain, Alexander Bishop, Jersey.

Liverpool Medical Institution.—At the annual meeting on Tuesday, Jan. 11th, the following officers and council were elected for the ensuing year:—*President*: Mr. Reginald Harrison. *Vice-Presidents*: Dr. Caton, Dr. Dickinson, Dr. Gee, and Mr. Townson. *Hon. Treasurer*: Dr. W. M. Campbell. *Hon. General Secretary*: Mr. Rushton Parker. *Hon. Secretary, Ordinary Meetings*: Mr. E. A. Browne. *Hon. Librarian*: Dr. Howe. *Council*: Dr. Barr, Mr. Banks, Mr. McCheane, Mr. Ransford, Dr. Rawdon, Dr. Waters, Dr. Burton, Dr. Costine, Dr. Cregeen, Dr. Hicks, Dr. Hoppey, and Mr. Paul. *Microscopical Committee*: Dr. Alexander, Dr. Braidwood, Dr. Briggs, Dr. Glynne, Dr. Grossmann, Dr. Hicks, Mr. Newton, Mr. Rushton Parker, Mr. Paul, and Dr. W. Williams.

**RETENTION OF URINE COMPLICATING PREGNANCY.**

A CASE in the practice of Dr. Canvy, of Beziers, was brought before the Paris Société de Chirurgie, Dec. 29 (*Le Praticien*). A woman in the third month of pregnancy showed a swelling of the abdomen which would seem to indicate a more advanced period. One physician she consulted indeed thought so, but really there was retention of urine due to vesical tenesmus. Dr. Canvy, for a month, had to employ catheterism daily. It is probable that the trouble had its origin in a uterine retroversion compressing the neck of the bladder. Practitioners would do well to be on their guard against similar cases.

**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.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

READING CASES.—Cloth board cases, gilt-lettered, containing 36 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.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The usual quarterly court of the Directors of the above Society was held on Wednesday, Jan. 12, at 5 p.m., Mr. John Gregory Forbes, V.P., in the chair. A sum of £1,270 was awarded to 59 widows, 15 orphans, and 3 recipients of relief from the Copeland Fund. The expenses of the quarter were 268 2s. 6d. There were no fresh applicants for ordinary grants, and one only for extra relief from the Copeland Fund. Two new members were elected, and the death of one was announced.

**QUALIFICATION FOR DISPENSARY LOCUM TENENS.**

To the Editor of the MEDICAL PRESS AND CIRCULAR,

SIR,—You will oblige me very much by informing me in your next issue "if a person can, with one qualification (i.e., surgeon or physician), hold the office of locum tenens in a dispensary district?"

Yours obediently,  
L.R.C.S.I.

[No, except by special permission of the Local Government Board, which, however, might be granted under exceptional circumstances. See regulations, Article 20, "Irish Med. Directory," page 250.—Ed.]

PROF. NEVINS HYDE, Chicago, is thanked for his courteous letter of the 2nd January, and the two pamphlets accompanying it. We shall endeavour to continue to merit the grateful appreciation of our Transatlantic correspondents.

DR. OGILVIE WILL, Aberdeen, will please accept our thanks.

LAST WEEK'S WEEKS.—There were 13½ British and foreign wrecks, of which 100 were British, reported during the past week, making a total of 225 for the present year, or an increase of 128 as compared with the corresponding period of last year. The approximate value of property lost was £12,000,000, including British £9,800,000. One hundred and eight vessels were lost off the coasts of the United Kingdom. Such a destruction of life and property has never before been registered in so short a space of time.

#### THE CIVIL SERVICE RATE OF SUPERANNUATION.

To the Editor of the Medical Press and Circular.

SIR,—In one of your leaders of yesterday's date there is the word "one-sixth"—in the circular of the English Local Government Board of last week "sixtenths," and in something I read lately about the Civil Service there is the word "one-sixtieth," and which are all probably intended to mean the same thing. Would you be pleased to say which is the proper word to be used, and give a case as an example in your next, and oblige,

Yours truly,

R. C.

[The Civil Service rate is one-sixtieth for each year of service—i.e., if an officer has served 20 years he is entitled to twenty-sixtieths, otherwise one-third of his salary and emoluments.—Ed.]

DR. T. M. D.—Letter approved and sent to the gentlemen concerned. The communication for our columns shall appear as soon as space permits.

LE DR. BOURNEVILLE, Paris, is thanked for his courtesy.

DR. NORMAN KEER.—We regret our inability to have inserted your paper owing to great pressure upon our space. We hope to find space for it during next month.

REFRACTORY PAUPERS.—A correspondent writes us that an outbreak occurred on Saturday amongst the paupers at the Alderbury Union Workhouse, near Salisbury. A number of able-bodied men broke out of the house and got drunk. On their return they broke nearly 700 panes of glass, and smashed bedsteads and other articles. Beds and bed-clothing were thrown into the yard, and a valuable St. Bernard dog belonging to the master was so injured by a spade that it had to be killed. Seven of the rioters are in custody.

#### TOFFEE.

To the Editor of the Medical Press and Circular.

SIR,—Co'd wintry weather recalls visions of one of the great solaces of our youth, namely, "toffee." We hear little of it now; yet it held an honoured position up to a recent period. We used to think "toffee" the sweet of all others, either when we had a cold or the weather was severe. It was a pleasure to buy it; but our delight was at its height when the big brass preserving pan was got out and a liberal quantity of butter and sugar found its way into it. Treacle was not despised nor despicable. How well I remember our impatience while the mass boiled, the cups full of cold water put forward at brief intervals for a spoonful of the boiling fluid in order to test how it got on. The obagrin while it still diffused itself through the water; the boisterous joy when it turned firm. Then to see it poured into moulds to cool; or a certain portion, after partial cooling, taken into hands covered with flour and pulled into sticks, and then twisted or wreathed into knots. And then the eating of it while we ran or slid on the frozen ponds and icy roadways rendered almost unfit for travel by the "slides" established upon them. The rural police have probably been responsible for the repression of the latter; but surely they have not abolished "toffee." That delectable sweet, however, has some how gone out of fashion. Yet it was a grand mixture of hydrocarbon! Sugar and butter, the latter such a digestible fat. How cold children, or even those of riper years, possibly have a more digestible hydrocarbon, with greater heating property, than "toffee" for cold weather! It is not nearly so destructive to the teeth as the acid sweets. In fact, it may be asserted that "toffee" belonged to times when dental caries was almost unknown. Doubtless, the sticky mass can produce toothache when greedily chewed; but that is not a sufficient reason for its present disfavour. It is old-fashioned and antiquated as compared with the modern cheap sugar sweets; but for heat-giving power they cannot compare with it in cold weather. Why then, should not "toffee" take its place once more?

Yours faithfully,

AN OLD-FASHIONED M.D.

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—Wednesday, Jan. 28, at 8.30 p.m., Annual General Meeting.—Mr. W. A. N. Cattlin, "On the Imperfections of the Dentists Act, with suggestions as to the Alterations required to protect the interests of qualified Surgeons."

HUNTERIAN SOCIETY.—Wednesday, Jan. 26, at 8 p.m., Mr. Waren Tay, "On a Case of Colotomy."—Mr. Gilbert, "Notes on Cases in General Practice."

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND COMMERCE.—Wednesday, Jan. 24, at 8 p.m., Mr. Edmund Johnson, "On Five Years' Experience of the Working of the Trade Marks Registration Act."

ROYAL INSTITUTION.—Friday, Jan. 29, at 9 p.m., Dr. Schnater, "On Modern Spectroscopy."

QUEKETT MICROSCOPICAL CLUB.—Friday, Jan. 29, at 8 p.m., Mr. B. W. Priest, "On Sponges."—Dr. T. S. Cobbold, "On Filariæ."

CLINICAL SOCIETY OF LONDON.—Friday, Jan. 29, at 8.30 p.m., Dr. Sutherland, "On a Case of Chronic Vomiting, in which no food except Koumiss was taken for sixteen months."—Mr. Hulke, "On the Results of a Trial of Chian Turpentine as a Reputed Remedy for Cancer of the Female Genital Organs, conducted during several months of 1880 in Whitbread Ward, Middlesex Hospital."—Mr. J. W. T. Sale (Scarborough), "On a Case of Quiescent Scirrhus."—Mr. Heath, "On a Case of Gangrene of the Arm from a Poisoned Wound; Amputation at the Shoulder, and Recovery."—Dr. Whigham, "On a small Round-celled Sarcoma of the Dura Mater encroaching on the Left Temporo-sphenoidal Lobe of the Brain, and producing Extensive Softening in its neighbourhood; Absence of Aphasia, the Patient being Left-handed."

THE DUBLIN OBSTETRICAL SOCIETY will meet on Saturday, Feb. 4, at 8 o'clock, at the Royal College of Physicians, when the following communications are set down for reading: The President, "On Uterine Polyp."—Dr. Macan, "On Antiseptics in Obstetrics."

THE PHARMACEUTICAL SOCIETY OF ENGLAND.—The next evening meeting will be held on Feb. 3, at 8.30, when the following paper will be read: "On the Weights, Balances, and Measures employed in Pharmacy, the errors which are liable to occur in using them, and means by which the accuracy required in the weighing and measuring of medicines may be promoted," by Prof. Redwood.

HARVEIAN SOCIETY OF LONDON.—Monday, Feb. 3, at 8.30, "A Case of Temporary Hemiplegia after Localised Convulsion," by Dr. Hughlings Jackson.—Paper: "Types of Imbecility," by Dr. Fletcher Beach.

#### VACANCIES.

Baillinrobe Dispensary.—Medical Officer. Salary, £125. Election, Feb. 10.

Bromyard Union.—Medical Officer for No. 1 District. Salary, £120, with the usual extra fees. Applications to the Clerk of the Union before Feb. 6.

Carney, No. 2 Dispensary.—Medical Officer. Salary, £120. Election, Feb. 2.

Devon and Exeter Hospital.—House Surgeon. Salary, £180, with board. Immediate applications to the Secretary at the Hospital, Exeter.

Richhill Dispensary.—Medical Officer. Salary, £140. Election, Jan. 31.

Richmond District Lunatic Asylum.—Assistant Medical Superintendent. Salary, £180, with other allowances valued at £84 per annum. (See Advt.)

Royston Union.—Medical Officer of Health. Salary, £100. Applications to the Clerk of the Guardians before Feb. 8.

Three Counties Asylum, Arlesey, Beds.—Assistant Medical Officer. Salary, £100, with board. Applications to the Medical Superintendent.

#### APPOINTMENTS.

CARSON, H., M.R.C.S.E., Medical Officer to the Stapleford District of the Wilton Union.

CUMMINGHAM, A., M.B., C.M., Medical Officer of Health for the Oldbury Urban Sanitary District.

FARRAR, C., L.F.P.S.G., Medical Officer to the Fourth District of the North Wiltshire Union.

FURSVALL, C. H., M.B.C.S.E., Medical Officer of Health for the District of Acton.

HOOPER, A., M.R.C.S.F., Medical Officer of the Burton-on-Trent District and Workhouse of the Burton-on-Trent Union.

KAY, T. V., L.R.C.P. Ed., L.R. S. Ed., Medical Officer to the Clay Cross District of the Chesterfield Union.

MILLES, W. J., L.R.C.P.L., M.R.C.S.E., House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.

OGILVIE, L., M.B., B.Sc., Extra Physician to the North West London Free Dispensary for Sick Children.

#### Births.

BERNARD.—Jan. 19, at Queen's Road, Upton Park, E., the wife of A. G. Bernard, M.R.C.S., of a daughter.

BODY.—Jan. 13, at Crediton, Devon, the wife of H. M. Body, M.R.C.S., of a daughter.

MYRTLE.—Jan. 19, at Hart gate, the wife of Dr. Myrtle, of a son.

SANKEY.—Jan. 14, at Sandycroft Park, Gloucestershire, the wife of W. A. C. O. Sankey, L.R.C.P. Ed., of a son.

#### Marriages.

SPARKS—GREEN.—Jan. 18, at Capel, Surrey, Alfred Sparks, of Broadstairs, Ramsgate, to Edith Ellen, fourth daughter of Wm. Abbott Green, M.R.C.P. Lond., Principal Inspector-General of Hospitals, Bengal (retired).

#### Deaths.

CRUCKNELL.—Jan. 14, at Epsom, after a long illness, H. H. Crucknell, M.D., Fellow of Oriel, Oxford, aged 50.

HARLAND.—Jan. 20, at Tunbridge Wells, Sarah Frances Julia, wife of Henry Harland, M.D., aged 45.

IRONSIDE.—Jan. 16, at Edinburgh, Surgeon-Major Wm. Ironside, M.D., Army Medical Department.

KEER.—Jan. 19, suddenly, William Kerr, L.R.C.P. Ed., L.F.P.S.G., of 59 Vauxhall Walk, Lambeth, S.E., aged 37.

MOORE.—Jan. 17, at his residence, 8 Queen Street, Lancaster, J. Daniel Moore, M.D., after a lingering illness, aged 64.

MYRTLE.—Jan. 18, at Harrigate, William Ernest, fourth son of Dr. Myrtle, aged 13.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 2, 1881

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## Original Communications.

### THE CATGUT LIGATURE. (a)

By JOSEPH LISTER, D.C.L. Oxon., LL.D. Cantab., F.R.C.S., F.R.S., &c.;

Professor of Clinical Surgery in King's College; Surgeon to King's College Hospital; President of the Clinical Society of London.

It was originally feared that the catgut ligature would not be found suitable in every case, and occasional accidents following its use justified the gradual disfavour it encountered. Prof. Lister, however, could now use it with safety in all cases, and he trusted that his experience might affect the practice of those surgeons who, disappointed with catgut, were returning again to silk as a ligature. Some time ago he himself, while operating on the thyroid body, found himself without an animal ligature of strength sufficient for the purpose in hand, and employed in place, hemp—previously made antiseptic. For eight or nine days after, the wound pursued a regular antiseptic course; at the end of a month one ligature escaped; six days later four more came away. When examined they were found to possess a sour odour, and acid reaction, thus showing that a fermentation of a peculiar kind had been going on in the wound. The microscope revealed a special minute organism in the meshes of the hemp, to which the term *granuligera* had been applied. Mr. Cheyne has since proved that this fermentation is of common occurrence, and in no way interrupts the antiseptic progress of the wound. The influence exercised by the fermentative material was shown by the turbid condition of a bottle of water, into which, four days previously, a small portion of blood clot from a wound had been in-

(a) Abstract of the Presidential Address delivered before the Clinical Society of London, Friday, January 28th, 1881.

duced. Mischief may be set up by the organisms in spite of their usually harmless presence. In the case referred to the patient was discharged with a small sinus; and last September the remaining hempen ligature came away unaltered. Ligatures made from the fibrous elastic coat of the aorta of large animals, have been introduced by Mr. Barlow, but they are not so reliable as good catgut. The latter, too, is cheap, being obtainable at a penny a hank; but in the condition in which it leaves the manufacturer it is unfit for the surgeon's use, by reason of the ready manner in which it is softened and altered by blood serum, the knots on it then at once yielding. When properly prepared, however, and previously tested in blood, good catgut is pre-eminently the best material for ligaturing arteries in continuity. Prof. Lister narrated the details of nine cases in which he had so employed it. In one, a young woman, the carotid was successfully tied, but now—six years after—the pulsating tumour, on account of which the operation was performed, still exists. The wound, however, healed entirely without suppuration. In six of the cases the operation of tying the femoral was resorted to for popliteal aneurism, four being in no way remarkable. One was a large arterial venous aneurism in the thigh, of such special interest that Mr. Lister promised to bring it *in extenso* before the Society. In all but two of the nine cases, catgut prepared according to the old plan was used for ligatures, and perfect recovery ensued. Mr. Lister attributed the success which had attended him to observance of certain precautions, viz.: (1) to use only reliable (tested) catgut; (2) to adopt rigid antiseptic treatment until the wound has entirely healed.

The older method of preparing catgut ligatures is so tedious, and at times, uncertain, that it became desirable to find some better and simpler plan of securing as good results. After a series of experiments, extending over two years, Mr. Lister had, at length, arrived at a means of so preparing it,

that it could, at all times, be readily and easily made. He found that the "seasoning" of the catgut is a material improvement to it, and sought, therefore, to develop similar qualities in a shorter period of time. Having described the method of manufacturing catgut from the small intestine of the sheep, Mr. Lister proceeded to describe the experiments to which he resorted, in order to convert this into a surgically serviceable material, possessing the following characteristics, viz. :—1. Strength, so that it may resist the strain of the hands in tying; 2, power of resisting the softening action of blood serum, so that the knot made on it may remain firm throughout; 3, pliancy, thus avoiding the rigidity of catgut over-prepared under the old plan; 4. softness and an unirritating presence, while being yet not too rapidly absorbed; 5, firmness throughout the whole period of absorption. During the time over which his trials extended, he frequently obtained catgut which would answer many of these requirements, sometimes even all save one, but only recently had he been able to secure *every* one. Tannic acid produced a catgut in all respects admirable, save that it was absorbed too rapidly, an objection attaching also to kid leather, which some authorities recommended for ligatures. Chromic acid alone, proved useless. With glycerine, however, it yielded better results. About this time, Mr. Oliver Pemberton, of Birmingham applied to Prof. Lister for catgut, to be used as ligatures at a special operation, and he received a supply of that prepared by the chromic acid method. The patient did well for a time, but eventually the wound suppurated, and the ligature at length was discharged in a rigid and wire-like condition. It was "over-prepared," and acted as an irritant, and in one German school it is an invariable experience that the ligatures come away for the same reason as produced the result in Mr. Pemberton's case.

The effects produced on catgut by a one in twenty water solution of carbolic acid is greater than that by carbolised oil, hence by blending the two the best result is obtained, and a most admirable preparing fluid is formed. The mixture which finally gave the catgut answering all the requirements named, and producing these in so short a time as 48 hours, consists of chromic acid one part, pure distilled water 4,000 parts, pure phenol (carbolic acid) 200 parts. The amount of catgut introduced into the mixture should equal in weight the chromic acid employed, and at the end of forty-eight hours it ought to be removed, dried, and kept in carbolised oil, one to five. The quality of the catgut is necessarily to some extent dependent on the sheep from which it has been obtained. The intestines ought to be fresh, and it is wise to procure the supply from a maker in whom implicit trust can be placed. When in store, the ligatures should be kept well coiled, to ensure that they will not give in the wound, the tension to which they are subjected while stored being regulated to ensure that this shall not take place. Catgut of common size prepared as thus recommended should stand a strain of about thirteen pounds. A portion,  $2\frac{3}{4}$  one-hundredths of an inch in diameter, when tested, broke under thirteen pounds six ounces. It was then steeped for half-an-hour in serum at 98° F., and at the end of that time being again tried, it bore eleven pounds four ounces before giving. Mr. Lister expressed his conviction that the catgut in a wound does not undergo chemical solution, but that actual *absorption* of it occurred in the same way as non-putrid bony sequestra are absorbed. The time usually occupied in the process of absorption is about twenty-one days. Erosion first begins about fourteen days after the introduction of the ligature, and in proof he

exhibited a ligature removed at the end of ten days, on which no action had been exerted. He also showed the carotid artery of a calf, on which it had first been demonstrated that the catgut ligature is replaced by organised tissue. Mr. Lister concluded his exhaustive and admirable address by protesting against the misrepresentation which made him appear to declare that the catgut ligature in a wound becomes actually revitalised. He had never been guilty of such an absurdity, but asserted only that living tissue replaces the catgut as absorption advances.

## CLINICAL LECTURES

ON

### INFANTILE PARALYSIS, AND ACUTE ANTERIOR POLIO-MYELITIS IN ADULTS. (a)

By THOMAS BUZZARD, M.D., F.R.C.P.,  
Physician to the Hospital for the Paralysed and Epileptic.

#### LECTURE I.—(Continued.)

GENTLEMEN,—I would remind you that motor impulses from the brain travel to the muscles for the most part by the lateral column of the spinal cord opposite to the hemisphere in which they originate. In the anterior horns of grey matter they act upon large ganglionic cells, and it is through the medium of these (and not as a rule directly), that the motor impulses are transmitted to the muscles by the anterior roots of spinal nerves continuous with the cells. The ganglionic cells are also the reflex centres by which afferent impulses conveyed from the periphery by the posterior roots, give rise to muscular contractions. There is no reasonable doubt also, that the centres of nutrition for the muscles lie in the cells of the anterior horn of the spinal cord. Destruction of these cells, or such a lesion as without being absolutely destructive suspends their action for a longer or shorter period betrays itself, by paralysis, by such an alteration in the motor nerve going to the muscle as renders it incapable of being stimulated by electric currents, by wasting and degeneration of the muscular structure, and by absence of muscular contraction brought about by reflex action.

The anterior horn of grey matter contains the largest cells that are to be found anywhere in the cord. These are clustered in three groups, of which the most important is usually found towards the outside of the anterior part of the horn. The cells have prolongations which, according to Deiters, receive a coating of myeline and thus become continuous with the nerve fibres of the anterior root. Huguenin describes the anterior root as composed partly of fibres thus connected with the cells of the anterior horn and of others which quit the grey substance and pass into the lateral columns in an upward direction. (a)

It is essentially in the anterior horn of grey matter that the pathological change occurs which has been described by Prévost, Vulpian, Lockhart Clarke, Charcot, Joffray, Roger, Damaschino amongst others, and last year in admirable detail by Dr. Turner, Dr. Taylor, and Dr. Humphreys at the Pathological Society.

(a) Delivered at the National Hospital for the Paralysed and Epileptic.

(a) It appears to me possible that the existence of some fibres which run in the anterior roots and pass into the lateral columns without direct connection with the ganglion cells, may explain the circumstance that a certain amount of voluntary power will often return in this disease before the nerve-trunk shows excitability to electrical currents, and whilst the muscle still fails to contract to induced currents. The trophic centre for most of the fibres would be the large ganglionic cells, and the fibres would therefore degenerate upon lesion or destruction of the cells. But the fibres to which I have referred above having a trophic centre higher up may be readily supposed to escape all but a temporary obstruction of function.



The changes observed by these authorities may be briefly summed up as follows :

Under the microscope, at an early stage, areas of inflammatory softening are found in the grey substance of the anterior horns, especially in the lumbar and cervical enlargements of the cord. In these areas of disintegration the substance is soft, friable, and disseminated with numerous granulation-cells, the blood vessels overcharged, and there is increase of connective tissue, with its nuclei. The large multipolar ganglion cells have, in great part disappeared—entire groups having vanished, whilst of those that remain some are degenerated and atrophied, others undamaged. The nerve fibres and axis cylinders within the area of softening have also disappeared. The anterior horn as a whole appears wasted. There is often also some overgrowth of connective tissue with wasting of nerve fibres in the antero-lateral columns.

The anterior roots are diminished in size, atrophied, and under the microscope show signs of degenerative atrophy; those most changed corresponding with those parts of the anterior horns, where the lesion is most pronounced.

Observations made many years after the attack show firm connective tissue, with thickened blood vessels in the areas of destruction, with large numbers of corpora amylacea. The ganglion cells and nerve-fibres are more or less extensively destroyed—those remaining being in all stages of degeneration. There is more or less sclerosis of the antero-lateral columns.

Now, the effect of section of a nerve is to bring about, within a week, structural changes which can be traced throughout its ramifications. And lesion of a ganglionic cell with which a nerve fibre is continuous, has a similar effect to section of the nerve. As a result of these changes, not only does the nerve cease to transmit motor impulses, but it is rendered inexcitable by electrical stimuli. When you apply the two rheophores of an induced current machine to the skin covering a muscle, and thereby obtain a contraction of muscular structure, that contraction is brought about by the momentary current stimulating the intra-muscular nerve, and not by the action of the current directly on the muscular fibre. So that when, as a result of destruction of ganglion cells, the motor nerve roots going from them to the muscle undergo a change, the effect necessarily is that you fail to produce contraction of the muscle by applying the induced current. This failure of response then merely shows that there is something wrong with the nerve. If now you apply a voltaic current you will find that on making and breaking the circuit contractions occur. This is because this form of electrical stimulus acts directly upon the muscular fibre itself. The mere absence, therefore, of response in a muscle to the induced current is quite compatible with integrity of muscular structure. It is probable that muscular structure retains its electrical contractility for a very long time after it has lost its physiological connection with the trophic centre in the spinal cord.

The principal, as well as the earliest, change which the paralysed muscle undergoes in this disease is one of simple atrophy. Laborde found this as early as fifteen days after the onset.

Portions of muscular tissue have been hooked out by means of a "harpoon" from the living, and examined microscopically. It would seem that in the first period of the disease, i.e., within the first few months, a great number of fibres are found in a state of simple atrophy, of very small diameter, but with the natural striation, and without traces of fatty granulations. Amongst them are a few presenting different degrees of granulo-fatty degeneration. With this there is often considerable overgrowth of connective tissue. In the second period, fatty substitution is largely added, according to Charcot, to the preceding changes. Masses of granulations and fat globules are substituted in the sheaths of sarcolemma for the primitive fibre which has disappeared. In other parts the adipose cells accumulate outside the sarcolemma in the intervals separating the primitive fasciculi. Hayem de-

scribes how in some cases the interstitial tissue is in much excess, and the muscles are converted wholly, or in part, into a hardened fibroid tissue in which the thin and discoloured fasciculi are distant from one another. The anomalous development of adipose tissue gives a lipomatous consistence and development which may mask the muscular atrophy, and produce a pseudo-hypertrophy.

The patient whom I now show you, and who was attacked with infantile paralysis fourteen months ago, illustrates some points of importance connected especially with the diagnosis of the disease.

CASE II.—Daisy A., æt. 1½, was admitted into the hospital on October 6th, 1880, on account of paralysis of the right arm. She had been attending as out-patient since July; notes of her case were taken by Dr. Beever.

The child is said to have had enteric fever when three weeks old—otherwise it had been fairly healthy. About a year ago, the mother noticed one day that the child seemed sleepy and feverish. Next day when she was moved she "twitched her eyes upwards," and her arms were convulsed: not her legs. Her mother thinks she lost consciousness for three days. During this time she was convulsed, mostly when she was moved. Directly after this her mother observed that her "eyes were crossed," and that she "equinted inwards." This appears to have lasted ten days.

The right arm was not observed to be affected until ten days after the twitching, when the mother noticed that the arm was always behind the child's back, and could not be brought forwards, and it fell, if lifted, like a dead weight. Neither the left arm nor the legs were affected. For about three days it is said the hands were closed, and it made her scream when an attempt was made to open them. She has not been able to move the right elbow or shoulder-joints at all.

The girl is thin and sickly looking. The right arm is smaller than the left, the deltoid and biceps being especially wasted. She can move her fingers and hand, but cannot flex the elbow-joint, though she can extend it. She cannot abduct the right arm from her chest.

The muscles of the right arm show no response to faradism. They re-act to the constant current interrupted.

When I tap the tendon of the supinator longus of the left arm the muscle contracts and causes a sudden flexion of the forearm. (The supinator longus is, as you are aware, in spite of its name a flexor of the forearm on the arm.) On the right (affected) side a similar manoeuvre produces no result. The tendon reflex is absent, then, at the wrist of the paralysed arm.

In such a case as this, and especially having regard to the unusually severe head symptoms by which it was attended, the suggestion first arises that it is probably a case of hemiplegia of cerebral origin.

Now if this were a case of cerebral hemiplegia and you applied the test which I have just shown you, one of two results would certainly have followed. Either there would have been no difference between the two arms, or the reflex on the affected side would have been stronger than that on the sound side.

I will show you a child of about the same age, Florence W., æt. 16 months, who lost the use of her right arm and leg three months ago. She had been laid up on account of diarrhoea, and it was when she was taken up after this that the paralysis was first observed. You will notice that the right leg although weak, is not at all wasted, and that the patellar tendon reflex on that side is somewhat in excess of that of the other side. The limb is not stiff. The upper limb shows some rigidity, and in this the tendon reflex at the wrist is greatly in excess. The contrast is very striking with what I have just shown you in Daisy H. There can be no doubt that this case is one of cerebral hemiplegia. Two circumstances, I may add, go to confirm this. We find, on inquiry, that the child's face was at first paralysed, although that has since recovered, and there was marked cutaneous anaesthesia of the affected limbs for three weeks.



The absence of the tendon reflex of the wrist has the same significance in the case of Daisy H. as did that of the patellar tendon in the other cases shown. It is evidence of a break in the nervous arc which connects the tendon with its muscle through the mediation of the spinal cord. In order to find out, as far as that is possible, the situation of the break we apply induced currents of electricity to the muscles of the arm. There is no contraction. When, however, we apply a constant current, and slowly interrupt it, we obtain contractions. This is what is called the reaction of degeneration, and its presence signifies that the muscle is physiologically cut off from the influence of the spinal cord. Now, this influence can evidently be cut off in two different ways. Either the nutritive centre itself, in the spinal cord, may be diseased, or there is some solution of continuity in the spinal nerve passing to the muscles, brought about either by disease or injury.

There is no loss of sensibility in the skin of this child's arm. We may take it, therefore, as certain that the break of continuity, supposing this to be present, does not affect the nerve trunk, since this is both motor and sensory in its function. A spinal nerve arises, as we know, by two roots of which the anterior is concerned in the propagation of motor impulses, the posterior in the conduction of sensory impressions from the periphery to the centre. It is evident, therefore, that the pressure of a destructive lesion involving the *motor roots* only of several nerves going to form the brachial plexus might explain the paralysis and wasting of muscles which we see in this case, as well as the absence of tendon reflex and of reaction to faradism. But the anterior (or motor root) of a spinal nerve as I have before remarked, is in intimate association with the large ganglionic cells which are found in the anterior horns of grey matter in the spinal cord. Lesion of this structure, involving atrophy of the cells in question, brings about the same results as a destructive lesion of the anterior roots which are in intimate relation with these ganglionic cells. As far as regards the particular symptoms which we are considering, we cannot, by the tests applied, say whether the lesion is in the right anterior horn of grey matter, or in certain anterior roots of spinal nerves emanating from the cervical enlargement of the cord. No doubt a spinal meningitis, with resulting effusion, might explain the condition, but we should have to imagine the inflammation to be of so limited a character as to make the explanation an improbable one. It would have to be limited in extent horizontally to one half of the anterior portion of the cord, and perpendicularly to the points of egress of a few of the anterior roots. On the other hand, let me draw your attention to the important fact that, whilst the deltoid (supplied by the circumflex nerve) is most paralysed of all the muscles, the triceps which, with others, is supplied by the musculo-spiral is one of those least affected. As you see, the elbow-joint can be well extended. Now, as it will be remembered, the musculo-spiral and the circumflex are the most important divisions of the posterior cord of the brachial plexus, and could hardly fail, therefore, to be equally affected if the lesion were one of anterior nerve roots.

We are driven then by exclusion to the certainty that the paralysed and atrophied state of the muscles here seen depends upon lesion of the large motor ganglion cells in the right anterior horn of the cord. Moreover, this brings us to another point of extreme interest in regard to the relation borne by the ganglionic cells to the innervation of the muscles.

I long ago learned from Dr. Hughlings Jackson his opinion that the groups of ganglion cells in the anterior horns of the spinal cord represent *movements* not muscles, and Remak has recently published some important observations bearing upon the same point. He has come to the conclusion (*Centralblatt*, 1879, p. 939) that in anterior polio-myelitis and lead palsy the groups of ganglion cells corresponding to the muscles *functionally associated* lie together in the grey substance of the cord,

inasmuch as those muscles have been found diseased together, which work together synergically without reference to their innervation by this or that nerve. According to his experience, there are typical combinations of muscles diseased which must correspond to constant and definite territories for movement in the spinal cord. For example, there is an upper arm type in which of all the muscles the deltoid, biceps, brachialis anticus, and the supinators are alone attacked with degenerative atrophy. One of these muscles will not be attacked severely without the others showing, if only trifling, electro-diagnostic signs of degeneration. He remarks upon the escape of this sartorius in affections of the district of the anterior crural nerve and the sparing of the tibialis anticus in affections of the peroneus district.

(To be continued.)

## DISEASES OF THE HEART IN CHILDREN.

By W. H. DAY, M.D., M.R.C.P. Lond.;  
Physician to the Samaritan Hospital for Women and Children.

(Concluded from page 69.)

### HYPERTROPHY AND DILATATION.

**HYPERTROPHY** of the heart, which consists of an increase in its muscular tissue, is owing to the greater effort which the organ makes to overcome the obstruction to the passage of blood through its cavities.

In children it is noticed as a consequence of valvular disease (especially mitral obstruction or regurgitation), adherent pericardium, emphysema of the lungs, and chronic renal disease.

The *physical signs* are heaving impulse, diffused over a large space, visible to the eye, and raising the ear of the listener, when the head is applied to the cardiac region. The apex beat may be seen and felt between the sixth and seventh ribs, or even lower. The pulse is full and strong in simple hypertrophy, but if accompanied with dilatation, the force of the arterial stream is considerably lessened. The heart's sounds are dull or muffled, and very rarely accompanied by murmur. The area of dulness is increased laterally, and to the left of the sternum when the left ventricle is involved. When pulmonary emphysema is present, the percussion dulness is masked through the margins of the lungs overlapping the heart. In rickety subjects the præcordial region is sometimes rounded or prominent. When the right ventricle is affected, which is common in long standing cases, epigastric pulsation is noticed, and the margin of the ventricle can be felt to the left of the ensiform cartilage. When obstruction exists at the mitral orifice (most common in children), the left auricle becomes overfilled with blood and its cavity enlarged. As the blood accumulates in the pulmonary circuit, the right ventricle gradually becomes hypertrophied and dilated, so that one cavity after another becomes more or less affected. In mitral disease, the left ventricle may remain stationary or contract in size, whilst the left auricle is chiefly enlarged; the heart is globular or rounded in form, and the apex chiefly consists of the right ventricle.

The *constitutional symptoms* necessarily vary according to the mischief which has produced the hypertrophy. The walls yield and the cavities undergo *dilatation* if the heart becomes enfeebled from over-exertion. The diaphragm is depressed, and the enlarged heart tends to displace the lungs. General dilatation of the cavities is usually seen in fat and feeble adults who have suffered from menorrhagia, chronic bronchitis, or other exhausting illness, but in children it is most frequently the result of mitral regurgitation.

Hypertrophy of the heart, associated with more or less dilatation, is a common attendant on chronic kidney disease. The left ventricle is most frequently involved. It arises from overgrowth of muscle, in consequence of an obstacle in the smaller arteries and capillaries, which the heart is striving to overcome. These vessels become contracted,

and cause high tension in the vascular system, because the structural change in the kidney prevents the elimination of urea, and other products of metamorphosed tissue, which accumulate in the blood and lead to thickening of the smaller blood vessels, hypertrophy, dropsical effusions, and hæmorrhages.

The general signs of dilatation are a frequent, weak or irregular pulse; the veins of the neck are often prominent when the right side of the heart is affected, and if the case proceeds from bad to worse, there is dyspnoea, bloated face, anxious countenance, and finally œdema or dropsy. The physical signs are a thumping action of the heart, if there is much hypertrophy, but if not, those of dilatation may prevail, and then the impulse is weak, short, or tremulous. The first sound is feeble and diffused.

The causes of dilatation, pure and simple, are anæmia and general debility, bronchitis and emphysema of the lungs, but it is usually associated with valvular diseases as we have seen, and then the symptoms vary according to the orifices chiefly affected, and the degree of hypertrophy present.

The treatment is that of valvular diseases of the heart, with which both conditions are so closely associated.

With respect to malformation of the heart, the septum which divides the ventricles is occasionally deficient, and the two cavities communicate. The foramen ovale is also large and open in some cases, or the folds of membrane are not sufficiently developed to close the orifice, so that the blood passes from the right auricle into the left auricle. For an interesting account of these various irregularities, the reader is referred to Dr. Peacock's excellent work. (a)

With this condition there is often contraction at the orifice of the pulmonary artery, which may be so reduced in size as barely to admit a quill. If the contraction is considerable, and the foramen ovale large, the right ventricle is small, and there is hypertrophy and dilatation on the left side.

*Cyanosis—Morbus Cœruleus—Blue Disease.*—The symptoms of this peculiar affection are a blue tint of the skin, tongue and lips, and a general coldness of the surface. The patient is subject to palpitation and violent action of the heart, faintness and syncope; the pulse is feeble and sometimes irregular, and bronchitis, congestion of the lungs, hæmoptysis, and serous effusions are apt to supervene, when the disorder is of any considerable duration.

Among the physical signs, the existence of a murmur is generally to be detected over the point of communication. In the following case there was no bruit.

N. C., æt. 3, was admitted into the Samaritan Hospital under my care, October 22, 1877, with well-marked symptoms of this disease. The mother attributed the symptoms to the shock of a gunpowder explosion in Regent's Park, but the child had suffered from whooping-cough aborily after birth, and at the time of the explosion had a severe cough. On admission, the countenance was deeply congested, and the lips were of a claret hue; the swollen eyes stood forward in their sockets, and the eyelids were œdematous, the feet and hands lacked warmth, and presented the same venosity as the face. The child was constantly turning and twisting about in bed to obtain ease, and when fretful and irritable was darkest in colour. Sometimes she would lie on her face, sleeping for hours together, and resenting any interference. The pulse was 140, contracted and small; respiration, short and shallow. The chest both in front and behind was resonant, and traversed the whole circuit of the lungs. The bowels were regular; urine sp. gr. 1018, fair in quantity, pale, slightly clouded, non-albuminous, and of neutral reaction.

No murmur could be heard over any of the heart's orifices, the sounds being distinct throughout the cardiac region, as well as posteriorly. The action resembled an excited and palpitating heart, and was much worse at one time than at another. The temperature on admission was 100°, at the end of ten days it fell to 98·4, when the

mother took the child out of the hospital. Death took place a month afterwards.

The causes are a communication between the auricles, or a single auricle and ventricle, or narrowing of the pulmonary artery, and mitral orifice. Opinions are much divided on the causes which induce this discoloration of surface. The case of a male infant, nine months old, is recorded by Dr. Cayley, in which the aortic valves were extensively diseased. From birth the child was short of breath, and when first brought for treatment there was dyspnoea, but no cyanosis. The cardiac impulse was much increased, and there was a loud systolic murmur over the cardiac region. Before death there was some degree of cyanosis. "On post-mortem examination the left ventricle was found much hypertrophied. The aortic orifice was much constricted, and the valves were covered with large, firmly adherent fibrous vegetations, evidently of long standing." (a) It has been attributed by some authorities to general congestion of the venous system from obstruction at the pulmonary orifice (*pulmonary stenosis*) (b) to the admixture of venous with arterial blood by others; whilst there are those who contend for the presence of venous blood in the arteries and general circulation, as the true explanation of the lividity. It has been stated by Dr. Stillé, that cyanosis may exist without the intermixture of the currents of blood, and that intermixture may take place without any cyanosis. M. Valleix does not think that a communication between the right and left cavities of the heart is a certain proof of cyanosis. It is, however, generally regarded as due to venous congestion, and the mixture of arterial with venous blood. The latter hypothesis seems the most correct, and as Dr. Walshe truly remarks, the most intense venous obstruction may exist in the adult without producing cyanosis. Dr. Peacock regards cyanosis as due to congestion of the venous system. Though it would seem difficult to determine the exact condition, it is not improbably due in some instances to the fullness of the venous radicles, and imperfect aeration of the blood.

The prognosis is most unsatisfactory. The child may die from syncope, or in a fit of coughing and urgent dyspnoea from congestion of the lungs. Instances are recorded of adult life being attained, "and in one case recorded by Louis, the age of fifty-seven was reached." (Hooper's *Vade Mecum*, by Dr. Guy and Dr. Harley, 1874, p. 425.)

The treatment consists in rest, pure air, and warmth, careful diet, and attention to the digestive organs.

### COLLES'S FRACTURE. (c)

By JOHN F. KNOTT, F.R.C.S.I.

(Continued from page 71.)

In a communication made a few years later to the *Archives Gênerales de Mèdicine*, Diday discusses at greater length the mechanism of this fracture. This he tried to define with mathematical precision, and explains the obliquity of the line of fracture by the decomposition into two forces of the action of the weight of the body in falling, on the radius inclined to the ground at an acute angle. According to the law of parallel forces, one of these is parallel to the ground, and is necessarily and completely neutralised; the other is perpendicular to the same plane, and is consequently the only one which is able to act. But this vertical force intersecting the shaft

(a) Path. Trans., 1875, vol. 25, p. 83.

(b) Dr. Peacock showed before the Pathological Society, Oct. 15, 1878, a specimen of stenosis of the pulmonary artery from disease of the valves, which he believed to be congenital. The boy was 13 years of age, always livid, and never strong. Dyspnoea and increased lividity came on a short time before he was admitted into hospital. "There was a loud double murmur over the pulmonary cartilage, and a distinct thrill." The patient was dropsical and died. After death the right ventricle was found dilated and hypertrophied, and the orifice of the pulmonary artery narrowed and funnel shaped.

(c) Read before the Surgical Society of Ireland.

(a) "On Malformations of the Heart," 2nd edit., 1866, p. 107.

of the radius in the oblique position into which it is naturally thrown at the moment of falling, "it is clear that the solution of continuity ought, as in all fractures by *contre-coup*, to follow the same direction as that of the force which produces it, and in this case will follow an oblique line running downwards and forwards in relation to the radius, considered in the position which it occupies in the subject in the vertical posture." The same explanation applies to the reverse obliquity of the line of fracture in the rarer cases where it is produced by a fall on the back of the hand. He also lays much stress on the shortening of the broken radius, which is produced by the over-riding of the fragments, and, in his experience, was invariably present, amounting in some cases to five or six lines. The backward displacement of the carpus, and the projection of the inferior extremity of the ulna in front are also pointed out. The shortening of the radius has the effect of throwing the surfaces of the inferior radio-ulnar articulation out of their mutual contact, and hence the difficulty of the movements of pronation and supination, which so often remains for a considerable period after the union of the fracture.

In 1842, Velpeau, in his article on the subject in the *Dictionnaire de Médecine*, occupied himself chiefly with the consideration of the diagnosis, and pointed out two new signs which, he believed, would secure the practitioner from every possible error. The first of these is the constant deformity "*en Z*," which, he believed, to be pathognomonic of fracture of the lower end of the radius; the second is the elevation of the external radial tendons, which, instead of lying, as in the normal state of the parts, close to the surface of the bone, come to stand out prominently beneath the skin, separated from the back of the lower part of the radius by an interval of six or eight millimetres. The Z-shaped distortion is manifest, whether the affected limb be viewed in profile, or antero-posteriorly. In the former aspect, one branch of the Z is formed by the axis of the radius, the other, extreme by the vertical axis of the carpus, while the intermediate link is represented by a line from the inferior extremity of the prominence formed at the seat of fracture in front, to the superior extremity of the carpal prominence behind. The general outline of the back of limb in the vicinity of the seat of fracture he likens to that of a dinner-fork.

This same year of 1842, marks an epoch in the literature of fractures of the lower end of the radius, for it saw the publication of the important *memoire* of Voillemier, the most elaborate and exhaustive which had yet appeared on the subject. According to this ingenious writer, the most frequent form of fracture met with in this situation is what he has described under the name of *fracture par penetration*. For the correct understanding of his hypothesis, we must make ourselves acquainted with the exact structure of the lower end of the radius. The layer of compact tissue, which forms nearly the whole thickness of the shaft of the bone at its middle, rapidly diminishes in thickness as it approaches the carpal extremity, and, for the last centimetre, is nearly as thin as ordinary parchment. In front a layer of tolerable thickness is prolonged a little farther down than on the posterior surface. Accordingly, in a fall on the hand, when the force is transmitted directly from the carpal bones to the lower end of the radius, a solution of continuity is immediately established at the place where the investing wall of compact tissue has nearly ceased to exist, and the continuation of the force causes the solid tube of compact tissue to penetrate the substance of the spongy mass beneath. If the force has been moderate, the degree of impaction is slight, merely causing a firm interlocking of the fragments, whereas, if the violence happens to be extreme, the superior fragment continuing to descend, crushes the carpal portion between it and the bones of the wrist, and dividing it into a number of pieces, establishes the condition described by Dupuytren under the name of *fracture par écrasement*. In the great majority of cases, however, according to this writer, the oblique position of the limb causes the force to tell more effectually on the posterior part of the articular end of the bone, and, espe-

cially, because this part rests more directly on the carpal bones, and is placed more in a line with the axis of the shaft of the radius. Accordingly, the impaction of the upper into the lower fragment commences posteriorly, while the latter is, at the same time, carried somewhat backwards, while the posterior wall of the upper fragment penetrates the spongy tissue of the lower; the anterior, on the contrary, overlaps the latter in front, so that the impaction is reciprocal. When examined from within outwards, a similar disposition is found. The outer border of the brachial fragment will be found penetrating the carpal piece in the direction of a vertical plane, which, if prolonged, would separate the styloid process from the shaft of the bone, while the inner margin, on the contrary, is seen to override that of the lower fragment. The obliquity of the plane of fracture, then, according to Voillemier, is really apparent, and the delusion is due to the backward deviation of the lower fragment, and the greater depth of the posterior penetration. The evidence on which he relies as being absolutely conclusive of the truth of his theory, and which he never failed to find when looked for, is a vertical line of compact tissue, imbedded in the cancellous structure of the lower fragment, and which, when traced upwards, is found to be directly continuous with the investing layer of the shaft of the bone. In the rarer cases in which the lower fragment is displaced forwards, the line of compact tissue is found to be continuous with the anterior wall of the shaft, but in no case is a second line present even when the carpal fragment has undergone the smallest possible amount of deviation from its normal axis. From the apparent dilemma offered by the latter case, Voillemier extricates himself by pointing out that although reciprocal penetration always takes place, the compact covering of the lower fragment is so extremely fragile that it offers no resistance, and is, in a great measure, broken up at the time of the injury. Another mechanism is recognised by this writer in explanation of the occurrence of a much less frequent form of fracture which is met with in the same vicinity. Experiments on the cadaver had proved to him that extreme flexion or extension of the hand nearly always had the effect of wrenching off a piece of the lower end of the radius, and, in this way, he believed, should be explained the epiphysary disjunction so often seen in young subjects. In more advanced life, a fracture occurring in this way, sometimes engaged the articular surface, and removed an oblique slice, either anteriorly or posteriorly, and, in other cases, detached a fragment of the usual length from the whole thickness of the bone. In none of these cases, according to Voillemier, is there any considerable deformity, and accordingly to the class of *fractures par anachement*, he would relegate all those cases in which, after a history which would lead to a suspicion of fracture, the predominant symptoms indicate merely the existence of a sprain, where deformity and crepitus are absent, and an obscure mobility is the only local sign justifying the opinion that a solution of continuity of the bone has taken place. He narrates two very remarkable cases in point: one in which a fall on the anterior surface of the lower half of the hand was the cause of the fracture, and a second, a very powerful young man had had his wrist violently flexed by one of his comrades in playing. In both the signs were of the obscure kind above described.

With regard to the local signs of the typical form of fracture, Voillemier insists that the abduction of the hand on which Dupuytren laid so much stress, is more apparent than real. In those cases in which it is most pronounced, the axis of the hand is merely brought to approach that of the fore-arm, but in the great majority of the cases, the hand completely preserves its normal position of adduction. He dwells at some length on the antero-posterior distortion of the limb, in which the long axis is broken up into three parts, forming so many inclined planes meeting at obtuse angles; one formed by the upper fragment, a second, by the lower, and a third, by the carpus and metacarpus. The radial border of the limb will be found, on examination, to present a similar deformity, so that laterally, as well as antero-posteriorly, a single *coup d'œil* will

suffice to recognise the characteristic Z-shaped deformity, as it was happily described about this date by Velpeau. Voillemier entirely rejects the rotatory movement of the lower fragment around the triangular fibro-cartilage so carefully described by Goyrand, as well as the *mouvement en bascule*, of Pouteau; while the absence of mobility and crepitus, as well as the unmistakable distortion, are accounted for by the mutual impaction of the fragments of the broken bone.

Nélaton, in his *Pathologie Chirurgicale*, published in 1844, adopts the impaction theory of Voillemier, with the slight modification that reciprocal impaction is very rare, the brachial fragment alone penetrating the other, and only at the posterior part. He also makes the plane of fracture transverse; but, contrary to Voillemier, considers abduction of the hand to be frequently present. The triangular fibro-cartilage generally loses its attachment, either from laceration of its fibres, or fracture of the styloid process of the ulna, and so shortening of the radius is allowed to take place, with a semi-luxation of the inferior radio-ulnar articulation. He describes in terms more clear, perhaps, than those of any preceding writer on the subject his ideas of the mechanism of the fracture. The fore-arm, in a fall on the hand, forming a right angle with the latter, comes to press directly on a kind of arch formed by the first row of carpal bones, and the latter resists in supporting itself (1) on the ground by its internal extremity formed by the pisiform; (2) on the trapezium by its external pillar which is formed by the scaphoid; (3) on the centre formed by the os magnum and unciform. The radius being pressed between the weight of the falling body on one side, and the resistance of the ground transmitted through the carpal bones on the other, yields at a short distance from the articulation.

We have already referred to Bouchut's account of his experiments on the dead body with the view of deciding the question of the possibility of producing a dislocation of the wrist-joint. He sacrificed to his zeal for truth, both fore-arms of twenty bodies, but all his efforts to obtain a carpal luxation were useless, the radius, in every case, gave way either to extreme flexion or extreme extension, more easily to the latter. Malgaigne had previously (in the year 1832), firmly denied that there was any such thing on record as a *bona fide* example of dislocation of the wrist, and after examination, rejects summarily the only three cases which the literature of surgery then afforded, and which had been reported on the authorities of Ravaton, Thomassin, and Cruvelhier respectively. Roquetta two years later, in a valuable essay on the subject, arrives at the same conclusion, and adds some judicious remarks on the epiphysary separation which occurs in children.

(To be continued.)

## Clinical Records.

### ST. BARTHOLOMEW'S HOSPITAL.

#### *A Case of Uterine Fibroid—Recovery.*

Under the care of Dr. MATTHEWS DUNCAN.

ELIZABETH ANNE S., *æt* 38, was admitted to St. Bartholomew's Hospital on the 3rd of July, 1880, with the following history:—

She had been married sixteen years, but during that time had had no children born alive. She had, however, had one miscarriage three months after her marriage. Her catamenia had commenced when she was 16 years old. She had been, on the whole, regular, the catamenia lasting about two days, and being always painful. For the preceding four years she had had profuse menstruation, and during the latter part of that time the catamenia had lasted longer and been more frequent. During the last six weeks there had been an almost continual loss of blood. Further, she had been troubled with palpitation.

On admission she was found to be extremely anæmic, and

had a yellow offensive discharge from the vagina. She complained of a pain in the left iliac and hypogastric region, which she said was much more severe at times. The bowels were open regularly, and there was no difficulty about defæcation or micturition. The legs were œdematous, pitting on pressure; the temperature normal. By means of the stethoscope a presystolic murmur was detected at the apex, and a systolic (probably anæmic) murmur at the base. There was also a *bruit de diable* in the neck. The urine was acid, specific gravity 1010, and contained no albumen.

Dr. Matthews Duncan examined the patient in the afternoon with the following results:—

Per hypogastrium—The belly was natural in appearance, but on palpitation he detected a rounded, tender, displaceable hardness projecting on the left side of the brim of the pelvis; the hardness was dull on percussion over a very limited area, and surrounded by resonance on every side.

Per vaginam—The cervix uteri projected into the pelvis, being on the perinæum and near the os vaginæ; the body of the uterus was evidently enlarged, and the lump felt, per hypogastrium, had a close connection with the enlarged uterus. A probe entered the uterus, on the right side of the tumour, nearly three inches.

The patient was put on a meat diet, with one pint of milk and pudding, and was ordered the following prescription:—

Ext. ergotæ liquid, ℥xx.;  
Tinct. zingib., ℥xx.;  
Tinct. nucis vom., ℥v.;  
Aq. ad. ℥j. ter die.

The following notes indicate the subsequent progress of the patient:—

July 6th.—There has been no loss of blood since admission; the patient complains of more pain in the left iliac fossa.

8th.—Pulse, 120; temp., 103°6. Dr. Matthews Duncan introduced into the uterus a guarded knife, and incised the capsule of the tumour. Very little bleeding followed the operation. The patient was ordered 1 drachm of ergot instead of 20 minims. She had a slight rigor an hour after the operation.

9th.—Patient had been sick twice. She complains of pain in the left hypogastric region. There is still a little loss of blood. Morning temp., 104; pulse, 140, small. Skin moist; one cheek slightly flushed. No bearing down pains as yet. The diet was altered to a milk diet, with beef-tea, 2 ounces of brandy and soda-water; and it was ordered to add to the medicine—

Quinis sulph., gr. iij.;  
Acid sulph. dil., ℥vj.

10th.—Slept poorly. Very thirsty. Tongue a little furred. Temp., 104; pulse, 126, small. Mr. Nall, the Obstetric Resident, syringed out the uterus with carbolic acid, 1 in 40, both morning and evening, and continued to do so on subsequent days. Ordered—

Pil. opii, gr. ʒ. ter die.

11th.—Fair night. Patient takes her food better, and is less pain.

4.30 p.m.—Has been vomiting; rigor.

12th.—Restless night. Throat sore. Sick a little in t night. Ordered—

Garg. pot. chlor.

9.30 p.m.—No pain; sweating a good deal.

13th.—Discharge rather more fetid.

15th.—Cervix much higher, and harder to reach. Discharge rather stained and fetid.

16th.—Some shreds discharged. Ordered—

Hæustus ferri et ammonia citritis.

18th.—Great deal of foul discharge. The operation of syringing appeared to be more painful. Evening temp., 100°2°.

21st.—At 1 p.m. this morning the patient passed a fibroid tumour measuring 3 in. by 2½ in. by 1¼ in. Along with it was a good deal of fetid discharge. Temp., 100; pulse, 120, small and weak. No pain.

22nd.—Slept poorly. Tongue cleaner. Uterus on syringing much cleaner. Uterus situated higher up.

23rd.—Feels comfortable. Slept well.

27th.—Slept better. No discharge nor smell.

The patient now appeared to be progressing favourably towards recovery, but on the night of the 30th a relapse occurred.

31st.—Slight chill last night. Temp. rose to 103°; pulse,

92. Temp. this morning 99°. No discharge. Evening temp., 103'4.

Aug. 1st.—Morning temp., 98'8.

2nd.—Ordered tr. belladonnae, viiss. to be added to the medicine.

10th.—Patient was again examined. *Result*: Per hypogastrium—nil. Per vaginam—os quite small; uterus freely movable, does not appear to be enlarged.

17th.—Had a rigor this morning, and temp. rose to 102°. No discharge.

18th.—Temp. normal.

The patient from this time continued to make a good recovery, and on Sept. 10th was considered well enough to be sent to the Highgate Convalescent Home.

*Remarks*.—This case of uterine fibroid is of interest, principally from the fact of the very rapid and complete expulsion of the fibroid tumour. The tumour was completely expelled and passed into the bed in less than twenty-four hours. Dr. Matthews Duncan stated that he had never known one passed in so short a time.

## Translaticus.

### OPHTHALMOLOGICAL EXCERPTS,

Selected and Translated

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

#### THE TREATMENT OF SCLERITIS.

GALEZOWSKI, in a recent number of the *Recueil d'Ophthalmologie*, considers it of great importance to distinguish between scleritis and sclero-keratitis. When the inflammation begins at some distance from the cornea, it is seldom complicated with iritis, and though often rebellious, disappears in the long run without leaving any trace. If the inflammation of the sclerotic begin near the cornea, serious complications in the shape of iritis and keratitis are apt to ensue, and necessitate surgical interference to prevent more or less complete blindness. For the first form Galezowski uses alternate instillations of atropine and eserine, blisters to the temples, steam douches to the eyes, and, internally, salicylate of soda if of rheumatic, and iodide of potassium if of syphilitic origin. Atropine alone induces the complication of paralysis of accommodation, which is generally more disagreeable for the patient than the slight inconvenience caused by the scleritis itself. This is avoided by using atropine in the evening and eserine in the morning. In obstinate cases, scarifications at intervals of ten days are often useful. For sclero-keratitis, iridectomy is, according to Galezowski, little short of a specific.

#### MIXED ASTIGMATISM, SUPPOSED TO HAVE BEEN CAUSED BY THE SUCKING OF THE EYE BY AN INFANT.

The following interesting case of a married lady, *set. 36*, is reported in the *New York Medical Record*, July 10th, 1880, by Dr. D. Webster:—

The commencement of her trouble dated back about eight years, when she first noticed a straight black line running obliquely across the right visual field. This line soon became crooked, and was broken up into numerous transparent specks. These floating, transparent globules eventually mostly disappeared, and the eye, after many months, settled down into a condition in which all objects seemed "distorted," and everything was "double-lined." "The gas flame," she observed, "had a halo with radii about it." She had not now, nor had she ever had, any external appearances of inflammation or irritation.

At the time the trouble was ushered in the lady was weaning her babe, and, curiously enough fell into the habit of allowing the little one to suck her right eye as a substitute for her nipple. She positively affirmed that almost every night for six months she allowed the child to go to sleep resting on her right arm, and with his mouth applied to her right eye. This gave her no pain, and she indulged the child in it, not thinking it would do her any harm. She now believes that the trouble in her eye was induced by the long continued and often repeated suction exerted on the eyeball by the mouth of her child. Examination with the ophthalmoscope reveals nothing abnormal except astigmatism. With-

out a glass the vision is 8-100, but is raised to 20-20 with — 1-10 c. axis 70° C + 1-42 c. axis 160°. The fellow eye has vision 20-20, and is emmetropic.

Whether the frequently repeated and long continued suction applied to the eye had anything to do with the change in its shape is a difficult problem to solve. For my own part, I am inclined to think that it did. It is certain that the astigmatism was developed during the period in which the eye was habitually subject to suction. It may be objected that the traction would affect only the loose and yielding eyelids. It seems to me probable, however, that the lips of the child would often make more or less pressure upon the eyeball anterior to its equatorial region. This seems to be borne out by the history of the case, for there seems to have been a slight hæmorrhage into the vitreous, probably caused by intermittent pressure upon the globe.

#### CONJUNCTIVITIS FROM CHLORAL.

Dr. J. H. Emerson, at a recent meeting of the New York Clinical Society, mentioned a case of ophthalmia produced by the use of chloral hydrate. The patient, a young man, was subject to attacks of asthma, and in two severe attacks, chloral, in ten- or fifteen-grain doses, had afforded great relief. This led him, during a recent attack, to employ it each night for some time. Shortly after he began its use the conjunctiva of the globe and lids became injected, and photophobia existed, with profuse lachrymation. The latter, as it occurred in the left eye, did not correspond with the degree of photophobia. The affection of the eyes required him to keep his bed. Iodide of potassium, which he had been taking, had been discontinued for some time, and the resulting acne and throat irritation had disappeared. There seemed to be no cause therefore, other than the use of chloral, for the ophthalmic trouble. The treatment first adopted was the application of camphor-water and borax, then of sulphate of zinc and rose water, but no improvement resulted. The chloral was then discontinued, and immediate improvement took place.

#### THE RELATIVE VALUE OF ATROPIA AND DUBOISIA IN OPTHALMIC PRACTICE.

Dr. S. D. Risley (*Am. Jour. Med. Science*), from his observation of the action of atropia and duboisia, gives the following conclusions:—1. In solutions not stronger than two grains to the ounce, duboisia sulphate is free from danger. 2. The two-grain solution of duboisia sulphate more rapidly paralyses the ciliary muscle than a four-grain solution of atropia sulphate. 3. The duration of its effect is less than half that of atropia sulphate. 4. The preparations now in the market are more liable to irritate the conjunctiva than neutral solutions of the sulphate of atropia. 5. In treatment of inflammations of the eye duboisia is quite as useful as atropia, and may, therefore, be used as a substitute.

#### DUBOISIA POISONING.

In the *Chicago Medical Gazette* Dr. Park reports the case of L. B., *set. 60*. Patient in the Illinois Eye and Ear Infirmary—service of Prof. E. L. Holmes. Left eye lost through malpractice some years ago. Has recently had iridectomy made in right eye, preliminary to cataract extraction. Has been using until lately atropia as a mydriatic, but this seeming to irritate, a solution of sulphate of duboisia (gr. j. to ʒj.) was substituted. The bottle containing this the patient carried in his pocket. One night he took purely by his own carelessness, a teaspoonful (one-eighth gr.) of this solution instead of taking it from another bottle containing diuretic mixture. The mistake was at once reported. Within eight minutes he experienced a very dry feeling in the throat and roof of the mouth, and found it impossible to articulate—the power of co-ordinating the muscles of the tongue and the oral muscle being lost. Soon after, upon endeavouring to walk, his limbs "gave way" and he found it impossible to even stand and keep his balance. He also noticed a peculiar numbness rapidly supervening in the extremities, which soon felt "as if they were asleep." Within half an hour he was totally unconscious; pulse 116. There being no resident or house surgeon to direct the treatment, there was some delay in procuring assistance. In the meantime repeated doses of an emetic were exhibited, which, however, did not act till after he was unconscious. Stimulants were used vigorously both internally and externally, as occasion seemed to demand, until four a.m., he answered questions, and by six o'clock seemed himself again. For two days subsequently there was a tremor and weakness as well as uncertainty of action about all the voluntary muscles. The fact of his having been using

the drug, and the previous condition of his eyes, made any observations at the time upon the pupil of no importance. Owing, also, to the delay in summoning the physician, no accurate and scientific account of the early symptoms was obtained.

#### SYPHILITIC TUMOURS OF THE EYE.

Galezowski (*Recueil d'Oph.*) concludes a study of this subject thus: 1. Syphilitic tumours of the orbit are developed generally in a rapid manner, in several days or in one or two weeks. 2. They are always preceded by circum-orbital pain, very violent for several days, and by vomiting. 3. Paralysis of most or all the motor nerves of the eye is an early symptom of the affection; the optic nerve is rarely at the outset affected, but at a later period a monocular atrophy of the papilla may ensue. 4. Syphilitic periostosis and exostosis are rarely limited to a single point of the orbital cavity, but occur together with exostosis of the bones of the cranium, the legs, and arms. 5. The simultaneous occurrence with the exophthalmus of an iritis, retinitis, or choroiditis, points strongly to a syphilitic affection. 6. Tumours of the orbit occur as often in cases of heredity as of acquired syphilis.

#### NEAR SIGHT—ITS APPEARANCE AND PROGRESS.

Dr. H. Derby (*Boston Med. Jour.*) gives the following summary of our knowledge on the above subject. Near-sight is not generally found at all among children who have not commenced school life. Between the ages of six and seven some three school children in a hundred are found in this country to be near-sighted. This percentage increases steadily, and at the age of twenty at least twenty-six in a hundred are thus affected. The percentage rises to forty-two in Russia, and to sixty-two in Germany. Other things being equal, the children of near-sighted parents are more apt to acquire near-sight than are those whose parents have normal vision. The development of near-sight is furthered by the following: (a) Work by inefficient light. (b) Work on minute objects, such as fine print, intricate maps, and the like. (c) Work in a constrained or stooping position. (d) Continuous study. (e) Prolonged and excessive study. Thus Erismann found that of 4,350 scholars studying out of school hours (1) of those studying two extra hours seventeen per cent. were near-sighted; (2) of those studying four extra hours twenty-nine per cent. were near-sighted; (3) of those studying six extra hours forty per cent. were near-sighted.

## Transactions of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 12, 1881.

Dr. W. S. PLAYFAIR, President, in the Chair.

Mr. DORAN showed an

#### EXFOLIATED PORTION OF THE MUCOUS AND MUSCULAR COATS OF THE FEMALE BLADDER.

The patient, *æt.* 31, was a primipara. After seventeen hours labour a large child, weighing 18 lbs., was delivered by forceps, the bladder having been first evacuated. The perineum was ruptured, but was stitched up at once. There was difficulty in systematic use of the catheter, and cystitis appeared on the tenth day. The slough was passed on the twentieth day, and the patient afterwards did well.

Dr. GEORGE HOGGAN showed

#### MICROSCOPIC SPECIMENS AND CAMERA LUCIDA DRAWINGS, ILLUSTRATING THE COMPARATIVE ANATOMY OF THE LYMPHATICS OF THE UTERUS, BEING THE MATERIAL ACCUMULATED JOINTLY WITH HIS WIFE.

He demonstrated specially the lymphatics of the mucosa, which investigators had hitherto failed to discover. The superficial division of these ramified immediately under the epithelium. There were no true sub-serous lymphatics, but the vessels so-called were the lymphatics of the longitudinal layer of muscle on its outer surface. They appeared merely as small twigs which crop up here and there, and dip down again. In some animals—the mare—no lymphatics are ever seen on the serous aspect of the muscle. The subserous lymphatics

of the ovary were shown, that organ presenting a strong contrast to the uterus in this respect. On either surface of the circular muscles the lymphatics lay as dilated valvular sinuses, parallel to the muscular bundles, being capable of great elongation on the distension of pregnancy. The specimens were mostly prepared with silver and gold solution.

Dr. MATTHEWS DUNCAN exhibited two ovaries removed by Dr. Lediard in a case of double ovariectomy, in which there was suspicion of malignancy. A large amount of ascites had existed with the tumours.

Mr. KNOWSLEY THORNTON said that the specimens resembled one called a papilloma of the Fallopian tube, exhibited at the Pathological Society by Mr. Doran. He thought it an interesting question whether in these cases the fluid was secreted by the peritoneum, or was a secretion in the interior of the tumours which escaped by minute apertures.

Mr. DORAN mentioned other cases of ascites associated with still smaller growths, or with merely chronic inflammation of the ovaries, cured, in the latter case, by oophorectomy.

Dr. EDIS showed a simple form of syphon douche consisting of six feet of rubber tubing, with a vaginal nozzle. By inserting the tube through the spout of a bath-can, and withdrawing it partially when filled, a syphon action was at once produced.

Dr. CHAMPNEYS showed the uterus, &c., of a woman who died from septicæmia, in consequence of a rupture of the upper and posterior part of the vagina; not, however, through the peritoneum. The child, which was born at the end of the seventh month, had been dead some time, and the labour was completed with apparent ease in four hours.

Dr. WILTSHIRE mentioned a case of laceration of the left lower segment of the uterus, where the patient had been rather precipitately delivered before help arrived. She recovered.

Dr. THOMAS CHAMBERS on

#### COMPLETE EXTIRPATION OF THE UTERUS WITH BOTH OVARIES, WEIGHING 10 LBS.—RECOVERY.

Jane S., *æt.* 45, was admitted into the Chelsea Hospital for Women, May 24, 1880. In 1870 she first noticed a lump in her right groin, which grew slowly for five years. After this menorrhagia commenced, and gradually increased. Pain and hæmorrhage were excessive, and she eventually became too weak to attend as an out-patient, and was remarkably emaciated. The tumour was freely movable from side to side, and was very soft and doughy, but without fluctuation. The pelvic cavity was unoccupied, the vagina drawn up into a cone, with the os and cervix, both small, in the centre. There was a periodical discharge of watery fluid through the vagina. Hence a diagnosis of fibro-cystic tumour was made. Medical treatment having proved of no avail, extirpation of the uterus was proposed to the patient, and she decided in favour of the operation. It was performed on June 22nd. The abdominal incision was extended to eleven inches. The broad ligaments were tied with silk at each side, a parallel clamp placed above the ligatures, and the uterus cut away. After a few minutes arterial hæmorrhage occurred from a large vessel, which was at once secured. The cervix was then transfixed by a double ligature, the clamp removed, the ligatures tightened, and the stump replaced. By the 21st day the patient was convalescent, a free discharge of offensive matter from the vagina having taken place suddenly on the 14th day. The tumour proved to be a lobulated white fibroid, not fibro-cystic, and contained very large vessels.

Dr. HAYWOOD SMITH thought that the term hysterectomy should be limited to amputation of the uterus, and not applied to cases of fibroid outgrowth. He considered oophorectomy safer than removal of the uterus, where life was threatened by bleeding and pain.

Dr. ROUTH had some years ago tabulated a number of fibro-cystic tumours as compared with pure fibroids of the uterus, and had found that in fibro-cystic disease menorrhagia was rare.

Dr. ROGERS on

#### A CASE OF CHRONIC COMPLETE INVERSION OF THE UTERUS SUCCESSFULLY TREATED BY SUSTAINED ELASTIC PRESSURE.

S. B., *æt.* 29, had a child two years ago. Delivery was followed by great bleeding, and menorrhagia had continued more or less ever since. On admission a tumour was felt in the vagina as large as a turkey's egg. A ring encircled its neck, but the sound could not be passed more than a line or two above this. On April 28th Dr. Aveling's double-curved



repositor was applied and adjusted by Dr. Aveling. After twenty-four hours the strings were tightened, the patient being very comfortable. About sixteen hours later she felt great relief; something had given way, and the strings had become loose. On examination the repositor was found within the uterus high up, and was removed without difficulty. The uterus was completely restored.

Dr. AVELING stated that since he had invented his repositor last year, five cases had been successfully treated by it.

Dr. MATTHEWS DUNCAN ON

DELIVERY IN A CASE OF DOUBLE UTERUS.

The patient was delivered naturally in her ninth pregnancy, but as a portion of the chorion remained in utero, the hand was introduced into the uterus to seek for it. The uterus was then found to have two cavities, of which the child had been in the right. The left was smaller, but similarly shaped, having a rounded fundal roof. In some previous pregnancies the patient had had copious losses of blood about the third and fourth months. The cervix was single and normal.

Dr. BRAXTON HICKS ON A

CASE OF PREGNANCY WITH DOUBLE UTERUS AND VAGINA.

The author was called to examine a lady, pregnant four months, with a tumour in the right inguinal region; to ascertain whether the pregnancy was extra-uterine. On passing the vulva the finger came in contact with the edge of a firm septum, and it was obvious that an os uteri existed on either side. The uterus on the right side was manifestly pregnant, and of course more developed. Labour took place naturally at full term, and the abnormality was not noticed by the medical attendant.

Dr. MATTHEWS DUNCAN hoped that all cases of delivery with double uterus would be reported, as they would throw light on many points in the mechanism of pregnancy and labour.

SUPPLEMENT TO A PAPER ON FIBROID TUMOURS COMPLICATING DELIVERY.

By Dr. W. S. PLAYFAIR.

Two cases were detailed as a supplement to the paper by the author in the 19th volume of the "Society's Transactions." In May, 1878, the author was called upon to see a young married lady on account of severe dysmenorrhœa. She had aborted without any known cause within three months of marriage. A large lobular mass was found occupying Douglas's space, and displacing the cervix forward. It had much mobility, and was diagnosed as a fibroid. Much anxiety was felt as to probable obstruction in labour if pregnancy occurred. Soon after she did become pregnant, but the fibroid gradually rose above the brim as pregnancy advanced. Delivery took place naturally, and the fibroid afterwards diminished in size, and did not again descend into the pelvic cavity. The second patient, æt. 31, was seen first by the author, about the fourth month of pregnancy, in July, 1880. The greater part of the cavity of the pelvis was then occupied by a rounded, somewhat lobulated mass, rising above the pelvic brim. The cervix was pushed forward and upward, so as to be difficult to reach. It was decided to wait awhile, and the tumour rose to some extent, but became stationary about Nov. 8. Dr. Hicks met the author and Mr. Wells on Nov. 30, and a vain attempt was made to push up the tumour under anæsthesia. On December 1 premature labour was induced, with the intention that Mr. Wells should perform Porro's operation, if necessary. When the os was fully dilated the author made a final attempt to push up the tumour, and did so by using considerable force with the closed fist. The child was extracted by version, and was living.

THE rates of mortality last week in the twenty-three large towns of the United Kingdom averaged 29 per 1,000 of their aggregate population, which is estimated at about eight millions of persons, and were as follows:—Portsmouth 19, Edinburgh 21, Bradford 21, Birmingham 23, Hull 23, Norwich 24, Leeds 24, Bristol 24, Brighton 24, Sheffield 24, Sunderland 25, Leicester 26, London 28, Newcastle-on-Tyne 29, Oldham 31, Wolverhampton 31, Salford 32, Nottingham 32, Glasgow 35, Liverpool 35, Manchester 43, Plymouth 45, and Dublin 45.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 2, 1881.

### THE MEDICAL REFORM BILL.

THE medical reform campaign in Parliament has been fairly commenced by the introduction of the Bill which bears the names of Mr. Hardcastle, Sir Trevor Lawrence, Dr. Farquharson, and Mr. Hastings. As this measure will be issued by the Parliamentary printers in a day or two, and stands for a second reading on the 2nd of February, it is necessary for us to give something of its history. Our readers know that medical reform has, for several years past, been represented by three Bills.

a. The Government Bill, which provided for conjoint examination, and left all else as it is.

b. The Bill introduced by Messrs. Mills and Goldney on behalf of the British Medical Association, which, to the proposal for conjoint examination, added a scheme for the election of six representatives elected to the General Medical Council by the votes of the registered medical practitioners of the kingdom, the number of the Council being thus increased by six.

c. The Bill of the Medical Alliance Association, introduced by Dr. Lusk, which aimed at the same objects as the Bill of the British Medical Association, but in order to make room for the six direct representatives in the General Medical Council, reduced the existent number of that body by discontinuing the elective power of certain effete corporations, and combining the elective rights of others, so that one member should be returned by the collective votes of two or more such institutions. This Bill also aimed at a radical improvement in the law for the suppression of practice by unqualified persons.

Lastly, there was the Bill promoted in 1871 by the *Lancet*, which measure proposed a wholesale dis-



franchisement of the minor licensing bodies, and provided for many changes of an advancedly progressive character. For ten years these various legislative proposals have been before the House, the Government Bills being successively in the hands of the Marquis of Ripon, the Duke of Richmond, and now Earl Spencer. The Duke of Richmond's Bill in 1878-9, nearly achieved success; it passed its three readings in the Lords, but when it reached the Commons, the influence of the Scotch Universities, who felt that "a fair stage and no favour" would not suit their interests, was successfully exerted to delay the measure by having it referred to a Select Committee.

The sittings of the Committee were occupied in the hearing of witnesses, the great majority of whom were members of the Medical Council, and delegates from the Scotch licensing bodies, whose testimony was—in a nutshell—that the existing system was delightful, and any change objectionable. Unfortunately, before the evidence on behalf of medical reform could be fully heard, Lord Beaconsfield dissolved Parliament, and the deliberations of the Select Committee came to an end.

But medical reformers had learned a useful lesson. It had been made plain that the only chance of defeating the energetic moneyed opposition of the recalcitrant licensing bodies, and the covert hostility of the General Medical Council, lay in uniting the reform forces, and adopting one Bill as the expression of the views and aspirations of the whole profession, as contra-distinguished from the views and aspirations of the licensing bodies.

This great object has, we are gratified to say, been most satisfactorily achieved, and the Bill now submitted to the House is the embodiment of the demands of the profession upon the question of medical reform. Upon the approach of the parliamentary session, the Council of the Irish Medical Association took the initiative more towards that unity which is strength, by sending to the representatives of the Medical Reform Committee of the British Medical Association, the proprietors of the *Lancet*, the Medical Alliance Association, and the Medical Defence Association, official invitations to meet in conference, and interchange their views upon medical affairs. The invitations were accepted with a degree of alacrity, which gave gratifying proof that all parties were willing to sacrifice their individual opinions for the advancement of the reform cause. Two conferences were held in London at which the leading principles of the Bill were declared in a series of resolutions which, it is most hopeful to know, were adopted in almost all cases by a unanimous vote of the representative delegates. The distinctive features of the Bill are the following, most of them being in accordance with the policy of the Bill of the Government:—

1. That the licensing bodies of each division of the kingdom shall be obliged to conjoin in forming an examining board, through which every candidate for admission to the profession must pass.

2. That the curriculum required for such examination, the standard of the examination itself, and the fee payable, therefore, shall be equal throughout the kingdom.

3. That, in order to place the licentiate under the government of licensing bodies, he be required to obtain diplomas from the bodies co-operating in the examination,

being entitled, however, to obtain those diplomas on demand without further examination or fee.

4. That the licensing bodies shall make what regulations they please as to Fellowships, Doctorates, and other higher degrees.

5. That, out of regard to the higher degree of knowledge usually required from university students, such students be allowed to take their primary in the university if they take their final practical examination before the conjoint board.

6. That foreign and colonial diplomas be accepted for registration only if they represent a degree of knowledge equivalent to that required at home, and only from actual foreign and colonial practitioners.

7. That, to ensure the carrying of these arrangements into execution, the General Medical Council be reformed by removing from it the representative of the Apothecaries' Companies of London and Dublin, and of the Glasgow Faculty of Physicians, these bodies being considered to have no longer a just qualifying function, and by adding to it six members, to be elected by the suffrages of the registered medical practitioners throughout the kingdom.

8. That the law against the practice of the profession by unqualified persons be improved and enlarged so as to include within its grasp everyone who falsely represents himself to be licensed or registered.

Such are the chief features of this Bill and we fully believe that they are such as the Government and the House of Commons will sooner or later accept as being reasonable and consistent with perfect freedom of medical education and practice. They aim at the aggrandisement of no party or class, but at the fixing of a standard of competency for the public advantage, and nothing is asked for in the interests of the profession except where those interests run side by side with those of the public. On the other hand, these proposals, if approved by Parliament, will serve the profession and the public alike, for they will raise the social and educational position of medical men by shutting—in the public interest—the gate against half-educated and wholly-incompetent practitioners.

We ask for the provisions of the reform bill the support of medical practitioners throughout the land; not the tacit, lethargic support which is identical with toleration, but the active, earnest, and enthusiastic approval which a measure for the regeneration of the profession deserves. We are confident that our appeal will not be in vain, and we take upon ourselves to promise that, if such help and sustainment be given the medical reform conference will never weary until the Bill has received the sanction of Parliament.

#### DISSECTION DIFFICULTIES.

THE dearth of subjects, of which, earlier in the present session, considerable complaint was made, has at length attained such proportions that it has been deemed desirable to hold a conference for the discussion of measures to meet its effects in the future. To this end a meeting will take place to-morrow, February 3rd, at Middlesex Hospital; and to it all the metropolitan demonstrators of anatomy have been invited. That this assembly is likely to do

more than re-traverse ground already trodden bare, there is but little hope; and it might almost be said that there is small reason for holding such a meeting, unless it be that the more junior members of the anatomy teaching staff are not yet familiarised with the difficulties which lie in the way of an improved supply of human corpses for dissection. It will be well for them to be assured at the outset of their labours how little fruit they can be expected to bear. The dilemma they experience now has been felt before; and previously, as in the present, attempts, ending fruitlessly, have been made to secure such privileges to hospitals and medical schools as should have the effect of permanently removing the obstructions to educational work that lie in a paucity of subjects. In its existing form the law gives power of refusal to permit unclaimed bodies to go for dissection to the masters of workhouses, and to the guardians of the poor. It may be presumed that the object held in view by the projectors of the proposed meeting, is such an alteration of the law as will make the provision of unclaimed paupers compulsory on workhouse officials. In one sense, the wisest, this would appear as not only a proper, but a reasonable, demand; in such way the dead would, in a measure repay the benefits received during his life, and by the facilities his remains afforded for the study of anatomy, he would benefit the general public through whom his indigence had been succoured. Similarly, too, the recipient of hospital relief might be justly expected, in the event of his decease in hospital, to aid the institution which aided him, by affording material to its alumni. Unfortunately, however, this is a subject on which plain, practical, common-sense reasoning is expended in vain. There is incorporated into it from without a sentimental objection, or one having its origin in the religious instincts, to either of which it is impossible to offer any tangible resistance. The time will come by-and-by, when this will be so no longer; but that it is so now needs no demonstration; the history of the agitations associated with the pleas of the vaccinationist, the vivisectionist, and the cremationist abundantly testify the predominant opinion on all those points which must be considered when it is proposed to interfere in any manner with the integrity, living or dead, of the human frame. Justly enough, the anatomist urges the utter impossibility of prosecuting his studies in the absence of an adequate supply of material; and he rightly seeks for wider means of obtaining it than are open to him at present. Recognising the absolute necessity of human bodies by aid of which to teach the elements of human anatomy to medical students, the demonstrators in our schools are at a loss to supply the want of them they are suffering from; but that they will succeed in their endeavours to remedy the defective supply we are seriously doubtful. So long as popular prejudice sustains the uncontrollable horror of dissection that is felt on every hand, and particularly among the poorer uneducated classes; so long, too, as the workhouse official is empowered to withhold even unclaimed corpses, and is guided in his resolve by a sympathetic participation in the dread of the pauper himself; and so long as there shall be vested in hospital authorities no power to transfer patients who die in the wards to the dissecting-room, thus long will there be periodical

scarcities of subjects, recurring more frequently as the number of students requiring "parts" increases. The proportion of unclaimed bodies in any establishment must be subject to necessarily wide variations, and thus it happens that sometimes one, sometimes another great teaching centre, is overstocked, while others are literally starving. The facilities for transmitting bodies, moreover, from the well supplied to the impoverished are unsatisfactory, and by far too expensive, so that this means of adjusting the balance cannot be looked to with any prospect of success.

What propositions will be made at the meeting, we are, of course, unable to predict. Memorials to the Home Secretary have been tried in vain; and even admitting his willingness to aid to his utmost, there is nothing he could do, short of introducing a new Anatomy Act, that would remove the hindrances to study against which complaint is made. Such an Act as would be necessary to remove these hindrances, would, we fear, possess but little chance of passing, in a parliament that can permit the clauses of the Anti-Vivisection Act to remain in force. And even though the House itself should look with favour on a scheme for enlarging the opportunities of medical education, the force of public opinion in England would inevitably compel the rejection of a measure which proposed to invade the sanctity the masses love to associate with their dead selves. One plan has been proposed before, and it might find favour again, as a means of meeting the difficulty that presents. It consists in substituting for human bodies, in the first year of the curriculum, the bodies of animals, especially of cats and dogs, on which junior students might dissect out the chief muscles and other organs, and mark their coarser relations. The wisdom of this can be proved only by test, but it offers some chances of success, while, however, it is to be admitted, there are grave objections to the proposal. At the outset of his career, more than at any subsequent period, a student should learn the least amount possible of that which he will require at a later period to unlearn, and medical students are especially unfitted to be entrusted with what is, at best, a hazardous knowledge. It would be better, perhaps, that the first winter session they spend in the medical school should be devoted to attendance at daily demonstrations on the cadaver, and actual touch-acquaintance with osteological preparations. There is a wide field open for this method of teaching, combined, as it may very well be, with inquisitorial exercises at frequent intervals. Only a few schools in the metropolis can be said to be fully provided with classes of this description; the total relegation of first year men to them is a matter deserving serious consideration.

Much as we should wish to see some practical outcome of the meeting of demonstrators at Middlesex Hospital, we cannot be sanguine that it will be fruitful beyond suggestion.

#### POOR-LAW MEDICAL SUPERANNUATION.

WE recently, in anticipation of the general meeting of the Irish Medical Association held last week, at which this subject was discussed, referred to the difficulties which exist in the framing of practical legislation which shall be

just towards the medical officers, and, at the same time, in accordance with the rule and precedent acted upon in other departments of the public service. We have again to remind the Poor-law medical officers that it would be fatal to the hope of amending the existing state of affairs in regard to superannuation if demands were made which Government could not listen to; which boards of guardians and the members who represent their views in Parliament would unanimously resist, and which the non-medical union officers could not accept. In questions of class legislation, to the adoption or rejection of which politicians are entirely indifferent, the system which is pursued in reference to great public matters of asking a great deal more than you have any hope of receiving, and being content with very much less than you ask, is entirely inapplicable and unwise, because, if impracticable requirements be insisted on, the Government simply declines to enter upon the subject at all, and leaves the matter as it is; and it is but rarely that the class for whose benefit the legislation is proposed have influence to force a Government to touch a subject into which it is not minded to trouble itself.

Applying these considerations to the question of Poor-law medical superannuation, we find that there are three parties to be satisfied besides the doctors. In the first place, the Government, as represented by the Local Government Board, must have cause shown for disturbing the *status quo*, and for recognising the right of a new class of officers to pensions; and there will not, we believe, be any difficulty in showing such cause. It will be easy to prove, by the Parliamentary return which was voted eight months ago, upon the motion of Mr. Meldon, M.P., that in numerous cases medical officers who had completely broken down in health after very lengthened service in all hardships at miserable salaries, were refused superannuation by their boards of guardians, and left to semi-starvation. It can be proved by examination of the list of pensions now enjoyed by medical officers that boards of guardians have, as a rule, refused to grant, even in the most deserving cases, the two-thirds pension to which the law entitled the medical officers; and it can be readily shown that many medical officers whose age, irrespective of their condition of health, renders it physically impossible for them to perform their duty efficiently, are, nevertheless, obliged to continue the pretence of doing so because they are dependent on their salaries for livelihood, and dare not resign their offices in order to ask their board of guardians for a pension. Furthermore, it would not be difficult, if desired, to point to instances in which the discretion vested in the guardians was abused by them in granting pensions to medical officers who had made friends with the dominant clique in their boards, although those officers were well able for duty, and have since been engaged in arduous professional work.

We have no doubt that a case can be made on these points sufficient to satisfy the Government that a change of superannuation law is needed, and that the grant of a pension should no longer be discretionary.

But this being achieved, it becomes necessary, if possible, to disarm the opposition of the Board of Guardians, whose influence in the House of Commons is by no means to be despised. Many of these Boards, we admit, are

disposed to act justly and honourably towards their officers, but many of them, it cannot be denied, have just the contrary disposition. With a very numerous and the most noisy section of the Guardians, to talk of the just rights of their officers, or of fair dealing towards a deserving servant, is empty sentiment meaning nothing compared with the paramount necessity for saving money. These Guardians don't allow themselves to think about the starving of a doctor or the dishonour attaching to the unfair treatment of him, as long as a few pence or shillings a year can be saved to themselves and those whom they represent by turning him out penniless. There is of course no legislative method of dealing with Guardians of this class but to make them do what is just, and it is quite impossible to produce this result as long as they are allowed a discretion to grant or refuse a pension. That discretion must be taken away, but we think the Guardians may be induced to yield it up more readily if it can be shown to them that compulsory superannuation justly administered will not be materially more expensive to them than the existing discretionary system, and that the benefit to the sick-poor will more than counterbalance by the small additional outlay. We should hope that these Guardians may be got to understand that it is cheaper and wiser to get rid of a medical officer when he begins to break down, giving to him a comparatively smaller pension, and thus securing the services of a young and active medical attendant, than to keep a worn out officer in harness until he cannot possibly go a step further, and then have to superannuate him on a full two-thirds of his salary and emoluments.

Lastly, it has to be considered in the framing of a Poor-law Medical Superannuation Bill, how far it is possible to place the doctors on a common basis with the other union officers, and to suggest some common arrangement fairly applicable to the whole service. This it is not easy to do, and it is open to question whether both the medical and non-medical union officers would not fare better standing by themselves and on the merits of their own special circumstances. The medical officer does not devote his whole time to his duties, and, in his private practice, he has a great inducement to hold to his official connection with the union as long as he possibly can. Moreover, his salary and emoluments being small, he cannot prudently leave himself dependent on a pension of two-thirds of their amount, supposing him to be so lucky as to be granted the highest possible superannuation. For these reasons the medical officer, as a rule, does not seek a pension until he is absolutely incapable of work. On the other hand, the non-medical union officer receives generally salary and emoluments of such amount that two-thirds, or even one-half of it, is a fair provision for advanced life, and he can, therefore, afford to go out on a pension as soon as he passes middle age and his work becomes irksome to him. His union salary is his whole income, and, therefore, by taking a pension he sacrifices nothing more than the difference between that pension and his full emoluments, a reduction of income which he can usually content himself with as soon as his sons and daughters are off his hands. Thus it will be seen that, while the non-medical union officer would naturally desire that a Bill should pass which would enable him to retire from office at any time upon such pension as is usual in other public departments; the

average medical officer, on the other hand, would probably prefer to remain in harness to the last if only he could be secured the full two-thirds, which it is now discretionary to grant him. We do not see any insuperable difficulty in combining these aspirations in one Bill, but we are quite certain that an antagonism between these two classes of union officers will be fatal to the hopes of both. Meanwhile, it is our purpose to-day to make Poor-law medical officers understand that those who speak for them cannot, in their interest, ask anything which cannot be reasonably granted, and must not be blamed if they are unable to secure all that may be considered pleasant and satisfactory.

The following, amongst resolutions adopted by the Irish Medical Association at its last meeting, prove that the medical profession, as a whole, is willing to approach the subject of superannuation in a fair and conciliatory spirit, and we are confident that such a treatment of the matter will eventually achieve much :—

That a superannuation allowance of two-thirds of the salary and emoluments should be claimable as a matter of right, upon retirement, by all medical officers of the Poor-law Service who have served thirty years, or who have become incapable of performing their duties with efficiency by reason of old age (such age being not less than sixty years), or permanent infirmity of mind or body.

That any medical officer in the Poor-law Service not qualified as aforesaid to claim the maximal pension shall be entitled, upon retirement at any time after a period of ten years' service, to a retiring allowance of one-fortieth of his salaries and emoluments at the time of his retirement for every year served.

That the period of service of a medical officer in the Poor-law Service shall comprise all the years he held office as such, whether in one or more unions, and that his superannuation allowance shall be computed thereon, the Local Government Board having power (in the event of such officer having served in more than one union) to decide whether his pension shall be payable wholly by the union in which said officer last served, or partly by each said union proportionately, or otherwise, as the said Board shall deem expedient.

That the Committee of Council do take immediate steps to have a Bill embodying these resolutions drafted by Council, and submitted to Parliament, and that the Committee of Council are hereby authorised to accept, on behalf of this Association, the best terms obtainable, after due exertion, for a system of compulsory superannuation on the lines above laid down, or as near thereto as may be.

### THE UNIVERSITY OF EDINBURGH: ITS CURRICULUM AND EXAMINATIONS.

THERE has been for some time a growing feeling among medical men outside the professorial staff of the University, that the present arrangement of the curriculum and the examinations are neither fair to the students nor their parents. In the calendar of the University there is a carefully prepared synopsis of the classes required and expenses incurred by the student in obtaining the degrees of M.B., M.C., the total sum being stated as £105 16s., but the student who takes this statement as his guide will find himself deeply misled if he indulges in the fond hope that he knows the end of his liabilities as regards the degrees in question. Referring to the synopsis just mentioned, we find that the student is advised to begin his summer by attendance on lectures on Botany and Natural History, on his knowledge of these subjects he is not examined before the October twelvemonth of commencing his studies. The student sees eighteen long weary months

before him. Procrastinating and slovenly habits are engendered, the result being, that when he ought to be engaged in other work, he is attending a second course of either Natural History or Botany. The regulation may help to fill the class room, but there is a growing feeling against it amongst the students. But this is, by no means, all of which the student has to complain. The regulations require that anatomy lectures be attended during the first winter session, but on this subject no examination is allowed till after the third winter, the intervening time being spent in attendance on lectures on chemistry, physiology, surgery, materia medica, pathology, clinical surgery, practical chemistry, and practical materia medica. The issue of this arrangement being that two courses, sometimes three, of anatomy, are attended, a result highly favourable to the professor of anatomy, if to nobody else. For the students who begin in the summer, the examination on chemistry, botany, and natural history, might be conducted in April, for those who begin in winter, in the following October, thus allowing the anatomy examination to be held at the end of the second winter, care being taken that no two sets of examination be allowed to be passed simultaneously, a rule which would prevent students being idle when they know the delay resulting from failure. But, perhaps, the greatest grievance under which the student suffers is due to the fact that several professors are allowed to hold semi-official classes, for which extra fees are charged. These classes are not demanded by the University curriculum, but, as the professors are careful to examine on the subjects taught in them, the student soon finds that it is to his advantage to take the class which he does with the best grace possible, feeling all the time that he is the victim of a not altogether reputable system of black mail. There can be no doubt that many of the subjects taught in these classes are important to the student, and there can be no possible objection to adding them to the curriculum, but the system on which they are conducted is bad, leading to a large amount of cringing hypocrisy on the part of the student to gain the good offices of his future examiner. We are sure that if the professors were aware of the opinions expressed among students, they would at once abolish the classes, or get them recognised as part of the curriculum.

### Notes on Current Topics.

#### The Injustice of Enforced Retirement in the Army.

WE regret to learn that of the senior medical officers recently ordered to the Cape two, being on account of ill-health unable to proceed, have had to retire. Where stringent regulations exist it is no doubt a matter of great difficulty to relax in the slightest degree their action, as, if once admitted it is difficult to check elasticity. At the same time the policy of "sail or sell" bears very hardly upon officers temporarily ill, and who, were some indulgence granted them, would, in a very short time, become perfectly efficient. As matters now are, their own careers are cut off midway, and they themselves cast upon the British tax-payer.

### Our Baby Recruits.

ACCORDING to information before us, the numerical strength of a distinguished regiment of infantry at one of our largest stations is 350 rank and file, of whom 200 are boys, weakly in physique, and altogether unfit for soldiers' work. As we mentioned last week, recruits are to be watched over and periodically examined by medical officers for some three months after their enlistment. We are un-informed as to the precise object of such care and attention. Considering, however, that under the existing no-system of "unification," each succeeding examination of these boys will, in all probability be performed by a different and new medical officer, who can personally know nothing of the previous condition of those examined by him, it is difficult to perceive any really good purpose to be gained by supervision under such circumstances. We had believed that the object of medical examination of recruits was to select only those who were deemed fit to undergo drill, and showed every promise of becoming efficient soldiers. Now it would appear that those *selected* are to be looked after as so many out-patients for a considerable time before they are exposed to the rough usage of military life. The arrangement really looks so incongruous that we are almost inclined to express a hope that the delicate young things may have their flannel night-gowns carefully warmed for them before they are put to bed at night, and that their nurses are sure that hot bottles carefully wrapped up, are put at their feet. In the meantime the services of strong and hale men are much required in the ranks of our regiments now actively engaged against individually powerful and brave enemies.

### Domestic "Sanitary" Arrangements and Frost.

THE severe cold which lately prevailed has had the effect of drawing the attention of many householders to the suitability or otherwise of so-called "sanitary" arrangements in houses to conditions of climate such as we have lately experienced. Not a few of the old style of houses have suffered; but it is chiefly among the newly run up villa residences in the suburbs of all large towns that inconvenience has arisen from the effect of frost upon cisterns, gas, and pipes of all kinds connected with them. For several days the water supply has been absolutely cut off; cooking ranges have had to be disused to avoid accidents such as have happened where this precaution was not observed. Sinks, waste-pipes, &c., have been rendered useless, to the great inconvenience of families, more especially those comprising the very young. And not only have these inconveniences arisen, but expenses have been incurred considerably beyond what *Paterfamilias* had estimated for. Thus, kitchens disused at home, the greater part of the day's cooking had to be done, and paid for, at the baker's or confectioner's. Water, no longer obtainable through the domestic water-pipes had to be got from the "main" through the medium of the British workman, whose valuable time and exertions had to be pecuniarily rewarded according to his own not over modest estimate of their great worth on such an occasion.

In many instances the actual cause of these inconveniences is not so much in the nature of the arrangements

alluded to as in the very imperfect and slipshod way in which they are applied. Surely it is a point of sufficient importance in regard to public health that builders and proprietors of houses, as well as others concerned, should be held responsible that all these arrangements be properly seen to without delay. If, as there seems every reason to believe, we are entering upon a cold cycle, the necessity for this becomes the more urgent.

### The Sufferings of Our Troops in Afghanistan.

ACCORDING to a correspondent of the *United Service Gazette*, this was the state of things in November last at Chaman, a place between Quetta and Candahar:—"Not a mouthful of fodder for horses or baggage animals. The men generally on half or third rations, and on two days we had to try to eat some of our transport animals, and this with no vegetables or lime-juice, and the brackish water has made the men very sickly. When the order to advance came 200 men went sick, of which number, however, only 35 were passed as unfit, and we had to march the seventeen miles of descent over sand, without water, in the heat of the day. Most of the regimental dogs disappeared during the march. The sanitary arrangements were defective, and on the way up from Quetta no latrines were erected. The 15th Regiment has left here for India, having got only half a battalion as far as this, and they were reported by the medical authorities as quite unfit for service, having had fever badly at Kurrachee. The 98th Regiment has now only 320 men fit for service at Kurrachee, and they have only just come from Malta. The 61st Regiment, after being three days only, had 67 men in hospital, and 40 of these could not be moved. The doctors inspected the 11th Foot a few days ago, and found 332 healthy men, 90 infirm, and 165 in hospital; and this is all that remains here of 760 men that corps had at Bombay, 52 having died up to this date, and 126 being at depôt and sick. The causes of the sickness are put down to—first, the bad water, which in some places is medicinal, and purges freely when taken; secondly, to the want of proper food, vegetables, and lime-juice; thirdly, to want of proper medicines, there being none in store to issue out. The result is we are quite inefficient." Such are conditions incidental to a campaign. It is quite beyond the power of any administration so to arrange as that no hardships shall attach to military service in the field. At the same time, we can but deplore the sacrifice in health and life at which the late war in Afghanistan has been carried on.

### The Coming Meeting of the General Medical Council.

THE executive committee had a meeting the week before last, and decided to convene a meeting of the full Council which will commence on Tuesday next. We believe the business to be transacted is purely dental, and has to do chiefly to with representations made by the British Dental Association, and by Dr. Jacob, of Dublin, who have called upon the Council to erase from the Dental Register all persons who, being legally neither surgeons nor pharmacutists, have been registered upon their own declaration that they were on the 22nd of July, 1878, "in the practice of dentistry in conjunction with surgery" (or with pharmacy, as the case might be). As regards the

*soi disant* dento-surgeons there are only about eighteen of them, and their removal from the list, though great in principle, is in fact insignificant in comparison with the case of the dento-pharmacutists, who number some thousands of druggists and druggists' boys, who really never were "in the practice of dentistry" in any true sense.

As a corollary to this subject, there arises the question whether the Medical Council can legally permit these persons to amend their original declaration and come on the Dental Register without the addition of any surgical or pharmaceutical affix. One such person was so permitted, but, we believe, the precedent thus made was found to be illegal and not to be followed.

To the dental profession the questions to be debated at the coming meeting are of overwhelming interest, and we earnestly hope that no legal quibble will prevent the Medical Council from making full and complete clearance of the multitude of uneducated pretenders who—because they have illegally and improperly tried to practice dentistry in the past—are now trying to secure to themselves a legally recognised foothold amongst respectable surgeon-dentists.

#### Dr. Andrew Wood.

THIS gentleman, one of the ablest and most respected members of the General Medical Council, died suddenly on the 25th ult., on the eve of his journey to London to attend the meeting of the Council announced in our last issue. Dr. Wood had been ailing a little for the past few days, but had gone out as usual on his round of visits. While still in his carriage, he was seized with what appeared to be a serious illness, and he expired shortly after reaching his house, between one and two o'clock in the afternoon. Death was the result of a valvular rupture in the left ventricle.

Dr. Wood was the representative of the Edinburgh College of Surgeons, which body will—we predict—fail to find his equal, in power, eloquence, or astuteness. By his death the Scotch Corporation and the General Medical Council itself have—as regards the coming legislative campaign for their reformation—sustained a heavy blow and great discouragement, for he was *sans pareil* their most effective apologist and the most uncompromising opponent of conjoint examination and of the reconstruction of the General Medical Council. To him was greatly due the success of the policy of delay which for the last two years has saved the licensing bodies and the Council from reconstruction, and his death occurs just at the moment when a renewal of his services in this direction is most needed by these bodies. Although the removal of Dr. Andrew Wood brings medical reformers one step nearer their object, we are quite certain that the most earnest of that class of medico-politicians will learn of his death with heartfelt regret. A full obituary notice will be found in another column.

THE directors of the Netherlands Society of the Red Cross have officially announced that the statutes of the society do not authorise them to assist the sick and wounded in the Transvaal, the fighting going on in that country not being a war in the sense to which the regulations of the society are applicable.

#### The Control of Coroners.

CERTAIN charges have been recently made against the coroner for West Surrey. In 1878 a complaint was made to the Lord Chancellor, and again in 1880, the Surrey Sessions sent a report to the Lord Chancellor from the Superintendent of Police, which the Lord Chancellor sent to the coroner, intimating that they required an answer. Eventually, the coroner was ordered to show cause against the charges made, and on the 12th ult. the hearing took place at Westminster. Mr. Baggallay, who appeared for the magistrates, proceeded to state the charges made, which consisted of two heads—first, as to neglect or delay of inquests; and next, as to alleged irregularities in regard to the payment of charges. The Solicitor-General was heard on behalf of the coroner. As to his alleged neglect or delay of inquests, he explained it on the ground of the exercise by the coroner of his discretion. As to the pecuniary matters, he gave explanations of the alleged irregularities, and stated that in every instance the payment was eventually made. The Lord Chancellor reserved his judgment until the 26th ult.

This is the first occasion within our knowledge in which the Lord Chancellor has felt it necessary to exercise his authority over a coroner, and the example may, we hope, prove useful in other cases in which immunity from correction may have led to irregularity.

#### Inception and Duration of Menstruation.

DR. BENSENGER found from a series of 5,611 women in Moscow and the surrounding provinces that the first menstruation, on the average, began at the age of fourteen years, eight months and fifteen days. Among the upper classes it generally appeared earlier than among the lower classes. This, in the opinion of Dr. Bensenger results partly from their more favourable hygienic condition, and partly from their superior intellectual activity. Menstruation ended between the 43rd and 48th years. The average number of years during which menstruation persisted was 32. On the same subject, Schlichtling concludes, from a series of 10,522 cases in the Munich clinic, that the sixteenth year is the most common age for the first appearance of the menses in the city as well as in the country. The average duration of pregnancy is from 269-84 to 270 days. The minimum time in which a child can be developed and be viable is 236 days. The maximum duration of pregnancy is 334 days. Gestation terminating in summer continues on an average three days longer than gestation terminating in winter. Children born in summer are slightly longer and heavier than children born in winter.

#### The Eucalyptus.

It is stated with regard to the growth of the *Eucalyptus globulus* in the Campagna, that the fever which in the neighbourhood of the Tre Fontana Monastery was formerly of such a pernicious character that it proved fatal to all the eighteen friars who first attempted to plant the eucalyptus, is now of so mild a character that all thoughts of abandoning the monastery and the work have been given up. This improvement is attributed to the growth of the eucalyptus tree, of which 25,000 have been planted within the grounds of Tre Fontana.

### Sea Water in London.

THE scheme for bringing a supply of pure sea water within reach of the London householder is again before the public. Notwithstanding the unsuccessful attempts made last year to engage the sympathies of Government in favour of the project, a Bill is to be introduced during the present session, having for its object to empower a company to lay a service pipe from Lancing, eight miles west of Brighton, to near Addison Road, London. The water is to be pumped to a sufficient height at the supply source, and thence gravitate to the centres of distribution at the other end of the pipe. The proposal is one well deserving the favourable consideration of the legislature, the benefits likely to accrue from its adoption being evident enough to approve it to the mind of every medical man. Sea water is an invaluable therapeutic agent in a large class of common diseases, and any means of obtaining a regular series of such baths at a reasonable rate will meet with ready support from the profession. As a hygienic adjuvant, moreover, a supply of sea water for frequent use is of the highest service, and we should be glad to see the proposed scheme successfully carried through in the interests of Londoners generally. The difficulties we presume have been fairly estimated, and present nothing that engineering skill will not avail to overcome. The keeping the pipes clear for so long a distance will probably be the chief obstacle, but one by no means insuperable.

### Clinical Society of London.

At the Clinical Society of London on Friday night Prof. Lister took the chair for the first time after his election to the presidential office. Departing from the usual custom hitherto observed on such occasions, the new president delivered an address occupying the whole time of the meeting; but in doing so it may be said he did that which obtained most favour with the members of the Society. The subject selected by Prof. Lister was the catgut ligature, and in another part of the present number we present an abstract of the discourse. At its conclusion Mr. Jonathan Hutchinson proposed, and Mr. C. Heath seconded, a vote of thanks to the president for his valuable address, the proposal being carried by acclamation. Adverting to a suggestion made by Mr. Lister that it might perhaps be desirable to adjourn discussion on the subject of the address, Mr. Heath deprecated this at the present time, preferring rather that it should take place at some subsequent date, after opportunity had been given for trial of the plans recommended by Mr. Lister. In this he is probably right, as more benefits will be likely to accrue from a discussion on practical grounds, than could happen in the present stage of the matter, when, as Mr. Heath aptly expressed it, the whole medical profession sits at the feet of Mr. Lister, who is alone in his mastery of the question. When others have had experience of his plans it will be well to discuss his results, but not till then.

### Competitive Medicine.

FOR the modest fee of three penny stamps, the editor of the *Oracle* undertakes to reply to questions in medicine "of a strictly personal character," while "questions relating to family medicine generally are answered in the ordinary

way." In these times when constant complaints are being made against regularly qualified gentlemen, who consent to give "advice and medicine" for fourpence or sixpence "in all cases," we can hardly wonder that unqualified editors of encyclopaedian attainments, such as the editor of the *Oracle* exhibits, offer the same advantages at the same rate. The *Oracle's* chief is apparently omniscient, his lore extending to every subject, but it is on his medical knowledge alone that he places any price, the amount of remuneration he expects tallying exactly with the most modest exactments of the open dispensary doctors, viz., fourpence minus the medicine thus valued at one penny. We should add that the *Oracle* reserves the right to send in return for three stamps the curt reply "consult a doctor," but adds, by way of set-off apparently, "state age, sex, and occupation." We protest emphatically against the abominable practices evidently carried on by the editor of this weekly publication. It is an insult to medicine of the most direct kind, to pretend that a person, whatever his medical attainments, can give even three pennyworth of advice to an invisible patient, when guided simply by the latter's description of his complaint. Moreover, by the publication in its columns of what it designates "medicine," and which consists of directions for treating various diseases at home, this paper is doing such damage as is shown too often by the details of coroner's inquests and police prosecutions. There are ample subjects for a paper of question and answer to concern itself about without reducing the practice of medicine to the level of penny grabbing. It is time, indeed, that the Medical Acts Amendment became an accomplished fact.

### A Lesson from America.

THE *Detroit Lancet* has the following in its January number:—The Boston physicians have adopted as a part of their future code, the following:—"A physician should not append his name, or permit it to be appended, to certificates in laudation of speculative health resorts, health excursions, nutritive or dietetic preparations, proprietary formulæ, wines, mineral waters, beverages of real or supposed medicinal efficacy, or other medical or hygienic materials." It would greatly advance the interests of scientific medicine if all medical societies would adopt and enforce the above. The New York County Medical Society, at a late meeting, passed a law similar to the above.

### Lectures at the London College of Surgeons.

NOTICE has been given by the College of Surgeons of England that Professor Parker will commence a course of nine lectures on "The Structure of the Skeleton in the Sauropsida," on Wednesday the 2nd of February. Professor Flower will then deliver nine lectures on "The Anatomy, Physiology, and Zoology of the Cetacea," commencing on Monday, the 28th of February. Professor Butlin will deliver two lectures on "The Relation of Sarcoma to Carcinoma," on the 21st and 23rd of March. Professor Treves will deliver one lecture on "The Pathology of Scrofulous Affections of Lymphatic Glands," on the 25th of March. And in June next Professor Hutchinson and Mr. Yeo will complete the lectures for the present year, the former by the delivery of a course of six lectures on "The Laws of Inheritance in Relation to



Disease," and the latter by a course of three lectures on "The Contractile Tissues." The Hunterian oration will be delivered in the Theatre of the College, by Mr. Luther Holden, on Monday, the 14th of February next, at 3 o'clock precisely.

#### A Legal Decision under the Medical Weights and Measures Act.

At the Middlesex Sessions on Saturday last, Mr. E. J. Whittle, of Townshend Road, St. John's Wood, chemist and druggist, appealed against a conviction for having in his possession four defective minim medical measures.—The proceedings were instituted in answer to a summons taken out by Mr. F. W. Tibbey, inspector of weights and measures for Marylebone, and from his information it appeared that the four minim measures referred to were from one and a-half to two minims deficient in quantity.—On the part of the Respondent Magistrates before whom the conviction had been previously obtained, it was urged that under the recent Act it became incumbent on the part of chemists and druggists dispensing drugs to be most accurate in the quantities required, as serious consequences might otherwise ensue.—A number of medical glass engravers were called as witnesses for the respondents, and they stated that by means of the pipette there was no difficulty in making either conical or cylindrical glasses correctly, and that there ought not to be a variation of more than half a minim in fifty minims. Since the passing of the Act referred to additional precautions in marking were required, but all these witnesses stated that when marked glasses passed the inspector they presumed that they were correct. The conviction was quashed on the ground that there was no proof that the tradesman was in possession of false or unjust measures, as they were stamped by the Government inspector.

THE week before last at the Southwark Police Court a man named Wordley was summoned by the Medical Defence Association for pretending to be a registered medical practitioner. On the door were two brass plates, one of which bore the name of Dr. Harding, and the other that of Mr. Wordley. The witness who proved the case, asked for the doctor; and Mr. Wordley attended her mother, who was ill, and who died a few days afterwards. The defendant gave her a certificate of death, which the registrar refused to receive, as the defendant was not a registered medical practitioner. A light of the medical profession, Mr. G. D. Harding, M.R.C.S., of Peckham Rye, testified that he also carried on business at the defendant's house. He produced a certificate from Apothecaries' Hall, showing that the defendant was admitted as a medical practitioner on the 23rd of last month. It was therefore contended that no offence had been committed, as the defendant was a duly qualified practitioner when he attended the deceased on the 25th ult. The magistrate remarked that the evidence disclosed an illegal and disgraceful arrangement between Dr. Harding and the defendant; but on the ground stated, the summons must be dismissed. He considered, however, that the Association had acted rightly in taking these proceedings.

In the large towns last week, scarlet fever showed the largest proportional fatality in Norwich and Sunderland; whooping-cough in Leeds, Glasgow, and Nottingham; and measles in London and Salford. The death-rate from fever (principally enteric) continues below the average. Small-pox caused 44 more deaths in London and its suburban districts, 1 in Dublin, but no fatal case was recorded in any of the other large towns.

UNDER the heading of "Nurses for the Transvaal," we drew attention in our last to the inconvenience likely to arise by the sending of *lady* nurses to our troops in South Africa. Army medical men as well as soldiers much prefer the regular "orderly." We are gratified to learn that our protest has not been in vain, and that we are requested to state that the order for sending out these lady nurses has been cancelled.

NOTICE is given that the Dr. James Watson prize of the Faculty of Physicians and Surgeons of Glasgow of the value of £50, will be awarded to the author of the best essay on any subject in the department of surgery. Competition for the prize is limited to Fellows and Licentiates of the Faculty. Essays must be sent in not later than the last day of 1881.

THE following medical officers have sailed for the Cape per Royal Mail steamer *Danube*, namely, Surgeon-Major Heather, Surgeons Johnstone, Faris, Connolly, Babington, Milward, Braham, Peterkin, and Dugdale. Three officers of the Army Hospital Corps are on board the same vessel.

WITH reference to the forthcoming examination of candidates for the Naval Medical Service we observe that the delay in promulgating the Warrant so long expected by that Service, deters intending competitors from coming forward.

HIS Excellency the Lord Lieutenant of Ireland has been pleased to appoint Dr. O'Reilly, of Clones, to the Commission of the Peace for the county of Monaghan, on the recommendation of the Earl of Dartrey.

OF the 44 deaths from small-pox in London last week, 28, or two-thirds, were certified as of unvaccinated persons.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE SCOTCH VACANCY IN THE GENERAL MEDICAL COUNCIL.—Owing to the death of Dr. Andrew Wood, the post of representative of the Royal College of Surgeons of Edinburgh in the General Medical Council becomes vacant. We understand that two names are already put forward as his probable successor, Dr. Patrick Howe Watson, and Professor Spencer, both ex-presidents of the College. Of these two, Professor Spence will most probably be selected. He is one of the oldest Fellows of the College, and has always taken a most lively interest in its affairs. It is also considered that his

more than Edinburgh reputation claims from the Fellows of the College some marked recognition, which they have now in their power to bestow.

**THE FELLOWSHIP AT THE EDINBURGH COLLEGE OF SURGEONS.**—The debate on the proposed new regulations for admission to the College Fellowship has been postponed owing to the sudden death of Dr. Andrew Wood, which melancholy fact will only be formally intimated to the College at their meeting on Thursday. There will probably be an early meeting to elect his successor, and take into consideration the reforms in the admission to the Fellowship so urgently required for the credit of Edinburgh as a seat of learning.

**LECTURES ON PHYSIOLOGY AND HEALTH.**—The first of a course of lectures on "Physiology and Health" was delivered last week in the School of Domestic Economy, Edinburgh, by Dr. James. In his introductory remarks the lecturer observed that the subject was a wide one, and of universal application; but in these lectures he should endeavour, for the most part, to lay before them only such matters as should be of use from a practical point of view. Before he could do this, however, it was necessary that they should consider certain general principles, so that they might intelligently apprehend the practical deductions which should follow. Proceeding, accordingly, to endeavour to convey a general idea of what was meant by the study of physiology and health, he entered into a comparison of the animal body with a machine, noting the points of resemblance and the points of difference, as exhibited respectively in the physical and vital properties of the body. The course he proposed to follow in these lectures was also sketched and the lecture was concluded with a few remarks on the modifiability of the animal body to surrounding conditions.

**VITAL STATISTICS OF SCOTLAND.**—From the official returns of the Registrar-general in the eight principal towns of Scotland for the week ending Saturday, January 22nd. we learn that the rates of mortality had risen, owing to the severity of the weather, to 31.1 per 1,000 of estimated population. This rate is 9.4 above that for the corresponding week of last year, and 6.5 above that for the previous week of the present year. The lowest mortality was recorded in Edinburgh, viz., 21.4 per thousand; and the highest in Paisley, viz., 38.1 per thousand. The mortality from the seven most familiar zymotic diseases was at the rate of 4.2 per thousand, being a slight increase on the rate for the previous week. Acute diseases of the chest caused 807 deaths, or 116 more than for the previous week. The increase in these diseases occurred chiefly in Glasgow and in Dundee, being 94 in the former and 17 in the latter town. The mean temperature was 21.7, being 2.2 below that for the week immediately preceding, and 11.9 below that for the corresponding week of 1880.

**THE LORD ADVOCATE AND THE PUBLIC MEDICAL SERVICE.**—We had occasion recently to refer in the most pointed manner to the unsatisfactory relationship of the Scotch parochial and public health officers to the authorities. We then indicated the belief, based upon private information, that the Lord Advocate was disposed to legislate in this direction. We are glad to notice that on the 25th ult. a deputation representing the parochial boards of St. Cuthbert's and the City Parish of Edinburgh, waited upon the Lord Advocate, and urged upon his Lordship the desirability of Scotland being put upon the same footing as England and Ireland with respect to medical relief grants from the Exchequer. In reply to the deputation, his Lordship said that though he did not like to express any definite opinion on the subject, he did not anticipate, provided the assent of the Scotch members could be obtained, to giving

Government the control which the parochial boards thought reasonable in regard to the fixing of the salaries and the power of dismissal of medical officers, that there would be much difficulty on the subject. We beg to urge on the profession the opportuneness of the present time, for the purpose of memorialising the Crown on this matter, and we are satisfied that with very little trouble a weighty representation from the profession would at once be forthcoming.

#### BRITISH MEDICAL ASSOCIATION (DUBLIN BRANCH).

##### NOTIFICATION OF INFECTIVE DISEASE.

The annual meeting of this branch was held on Thursday last, under the presidency of Dr. Robert MacDonnell, in the Kings and Queens' College of Physicians.

The report was devoted chiefly to a history of the movement in favour of compulsory notification of infective disease in Dublin, which movement has resulted in the introduction by Mr. E. D. Gray of the Bill to which we have already so fully referred, which compels the physician attending to certify, under a penalty of £5, the existence of infective disease. The concluding words of the report on this subject are as follows:—

"So far, therefore, your Council in endeavouring, as directed by the branch, to promote the attainment of the compulsory notification of infectious diseases, have succeeded in getting the subject brought under the notice of the Legislature, supported by influential lay and professional opinion in favour of the principle of the measure. As regards the important questions of detail that must be provided for in any Act that is put forward, there must be naturally a considerable difference of opinion. But the hon. member for Carlow has stated his willingness to receive suggestions from the Council of the branch when the Bill comes to be considered. And your outgoing Council doubt not but that their successors, whom you shall elect this day, will watch the interests of the members of the branch, as those retiring have endeavoured to do during their period of office."

We respectfully invite the special attention of the Council of the branch to the "important questions of detail" herein referred to, one of which—indeed, the chief feature of the Bill—is above referred to by us; and we submit that the British Medical Association will incur a heavy responsibility to the profession if it allows the Dublin Corporation to use the authority of the Dublin branch to force upon Irish physicians a duty so irreconcilable with their functions and their interests.

In the presidential address, delivered by Dr. MacDonnell, this subject was again dealt with at length. He trusted that the introducer of the Compulsory Notification Bill might "persevere and prosper in the work." With reference, however, to the attempt of the introducer to force this duty of notification on the physician, Dr. MacDonnell said:—

"I hesitate to support this clause, not on the ground of any breach of confidence on my part were I to carry it out, but because I doubt if it be the best method of attaining the object in view.

"It is also open to doubt whether the proposal would work well which requires that the medical attendant shall give notice to the master of the house, and on such notice the householder shall be required to communicate with the sanitary authority. Both of these propositions throw directly on the medical attendant the onus of taking the initiative.

"I am disposed to think that it would be a just, as well as a wiser, course to throw on the householder the prime initial step. It is not unreasonable to say that every householder having on his premises an individual attacked by an infectious disease is bound, by his duty towards his fellow-men, to prevent the spread of that disease. I should consider it to be his duty to ascertain from the medical attendant whether the disease was infectious; and I should require him to give notice, so that every precaution might be adopted against its spread.

"This might be accomplished by making every householder liable to indictment if disease were known to exist on his premises, but on obtaining a certificate from the medical attendant that the disease was not infectious, the indictment should be withdrawn."

We would venture to ask the learned President whether this suggestion is not the very one put forward by Dr. Jacob at the conference of the Dublin Corporation with members of the profession, as being the system most successfully worked at Greenock, and whether the President did not then declare the suggestion to be altogether impracticable, and unworthy of attention?

The meeting at which this Report was read, and the presidential address delivered, was obviously not a fitting occasion to discuss at length the propriety of giving even an apparent support to Mr. Gray's proposal, but enough was said, by subsequent speakers, in the moving and seconding of formal votes to show that a strong feeling exists amongst certain most influential members of the branch against even tolerating the imposition upon the physician of the duty of notifying infective disease. It is to be regretted that the pronouncements of the Council, and its president, instead of giving prominence to this feeling, left rather the impression that the British Medical Association approves of Mr. Gray's Bill in its principle, and regards the immolation of the physician on the altar of sanitation as an unimportant detail.

The daily papers certainly took this view of the attitude of the branch, for they exhausted themselves the next morning in a chorus of congratulation that the system of notifying disease by the physician was almost a *fait accompli*.

We shall see.

The annual dinner of the branch, given on the evening of the same day, was an entire success—largely and influentially attended, and admirably arranged. The chair was occupied by Dr. Thomas Hayden, the newly-elected President of the branch; and the toasts, which were commendably few, were spoken to by the Presidents of both the Irish Colleges, by the President of the Irish Medical Association, by Lord Rathdonnell, and other orators of distinction. The services rendered by Dr. Duffey to the branch as its hon. sec. were most deservedly the theme of several of the speakers; and we gladly unite in congratulating Dr. Duffey upon the success which has attended his efforts both as an executive officer and an *entrepreneur*.

## Obituary.

ANDREW WOOD, M.D., LL.D., Edin. and Cantab.,  
F.R.C.S. Ed., F.R.S.E., &c.

THE death of Dr. Andrew Wood has cast a dark shadow over the social and professional circles of Edinburgh, and the medical profession in Scotland has lost a representative man, for whose place it will not be easy to find a fitting successor. Dr. Wood was a staunch supporter of the Scotch corporations, and was ready to do battle in their behalf. Whether his views on the subject were always sound, may, perhaps, admit of doubt, but no one will deny that in his advocacy of them, Dr. Wood was thoroughly sincere and honest, and his death, at this time, cannot be looked upon in any other light than as a disaster by those who have a rooted and conscientious abhorrence of the one-portal system. From the foundation of the General Council of Medical Education in 1858, he represented the Edinburgh College of Surgeons in that body, and always took an active part in its deliberations; in fact, Dr. Wood was one of its most prominent and active members as chairman of the business committee, and was always listened to with respect and attention.

Born in 1809, he was the eldest son of the late Mr. William Wood, a well-known surgeon in Edinburgh. He was educated at the High School, which has the honour of having been the literary oradle of more than one distinguished man. Passing thence to the University, he graduated there at the age of twenty-one, and in 1831 he became a Fellow of the College of Surgeons, and in 1855 was elected President of that body. In 1851 he took an active part with Professor Struthers, of Aberdeen, in obtaining the present charter of the College, and in preparing the regulations with regard to the admission to the Fellowship, which regulations, had he lived, we believe he was prepared to modify considerably, and to side with those who are now endeavouring to introduce a system of examination as preparatory to admission to that honour. It was not alone, within the somewhat narrow precincts of professional life, that Dr. Wood was known, for literature may also claim him as one of her most ardent ad-

mirers and workers, for amidst the busy routine of daily practice, he found time to devote himself to the translation of several works from ancient and modern classical writers. He was an excellent linguist, and a good classical scholar. His first volume of translations was the "Satires of Horace," published in 1870, followed two years later by the "Epistles and Art of Poetry," by the same writer. From the German he translated into blank verse, Schiller's "Don Carlos," and Lessing's "Nathan the Wise," his last work in that direction being Schiller's "Lay of the Bell, and other Ballads." We believe that many of these translations were made in his carriage when on his daily rounds. If, in all cases, he did not quite catch the spirit of the original, which can equally be said of more pretentious attempts, yet Dr. Wood's translations will always be read with pleasure, and admired for the elegance which marked many of his reproductions. Dr. Wood was a man of great force of character and robust physique, and no one who saw him in his accustomed seat on the front bench to the right of the President, at the last meeting of the College, would have dreamt that he was so soon to be taken away. His activity and vigour were so marked that they formed the refrain of a song sang at the College dinner two years ago, and composed by his friend, Dr. Gillespie, in which he was playfully described as the Mercury of the College, the "Flying Scotchman, Dr. Andrew Wood."

In support of his opinions he always spoke in a dignified and courteous manner, and with considerable oratorical power, and to these qualities may be attributed the success which attended his advocacy of those points which he held to be of advantage to his College and to the profession at large. That his worth was not permitted to pass unrecognized may be inferred from the fact that the University of Edinburgh in 1879 conferred on him the honorary degree of LL.D., and at the meeting of the British Medical Association at Cambridge in 1880, a like honour was conferred on him by that ancient University. He was a Fellow of the Royal Society of Edinburgh, Inspector of Anatomy for Scotland, and Physician to George Heriot's Hospital since the year 1858, to which institution he rendered signal service during severe epidemics of small-pox, and other diseases, which during that period raged in Edinburgh.

On the day of his death he was engaged as usual in visiting his patients, the last place at which he stopped before going home being Messrs. MacLachlan and Stewart's, where he was in the habit of calling almost daily. On getting into his carriage he requested his coachman to drive home, and on his arrival the coachman, noticing that he did not leave his carriage as usual, suspected that something was wrong, and on going to the carriage door found him reclining in one corner of the vehicle with his hat off. With the assistance of his son Dr. Wood was removed into his study, where he was soon after seen by Sir Robert Christison and Dr. Haldane, but no assistance could be rendered, and he died half-an-hour afterwards without regaining consciousness. The cause of his death was a very small valvular rupture in the left ventricle of the heart, covered by a clot of blood, which had prevented a further escape of blood, and allowed life to be prolonged longer than would otherwise have been the case. Dr. Wood leaves a widow, five sons, and a daughter. His fourth son, Dr. Russell Wood, who returned about a year ago from the Zulu war, and has since been assisting his father, will succeed to the practice. Dr. Wood was interred last Friday in Warriston Cemetery. The funeral was strictly private, being only attended by his relatives, the heads of the Colleges, and a few of his more intimate friends.

## Medical News.

Royal College of Physicians of London.—The following gentlemen having passed the required examination were admitted members on January 27th:—

Beale, E. C., M.B., Cambridge, 16 Langham St., W.  
Saunders, C. E., M.D., Aber., 21 Lower Seymour St., W.  
Willis, W., M.D., Edinburgh, 166 Stanhope St., N.W.

Royal College of Surgeons of England.—The following candidates having passed the required examination received the diploma of M.R.C.S. at a meeting of the Court of Examiners on 20th January:—

Charles Ernest Ashton, Alfred Bolton, James Bear Branch, L.S.A.

Oscar William Clark, George William Collins, Walter Cooper, L.S.A.; Herbert Maxwell Curtaene, William Coulter Falls, John William Inger, Ernest Craven Lunn, L.S.A.; John Mason, Robert Bradley Roe, Reuter Emerick Roth, Arthur Samuel Stokes, John Thomas, L.R.C.P. Lond.; John Arthur Webster.

The following passed on January 21st:—

C. A. A. Alexander, B.A. Cantab.; Thomas Renel Atkinson, Henry Beattie, Arthur Edward Boot, Christopher Duffield Briggs, James Blackburn Brooks, Charles Edward Brunton, George Tucker Clapp, Charles Fillingham Coxwell, B.A. Cantab.; Charles Daniel Davis, William Eckett Fielden, Underwood Arthur C. Harrie, Herbert Byfield Hawksworth, Edwin Hermus Holthouse, B.A. Cantab.; Thomas Wm. Carnall Jones, Thomas Macon King, Robert Edward Rygate, John Edward Squire, Stanley Temple Thomas, Ferdinand Broër Mathiew Währnits.

The following passed on January 24th:—

James Barrington Baker, Herbert Clatworthy, L.S.A.; Charles William Glassington, Daw Astley Greswell, James Harper, George Lindsey Johnson, M.A. Cantab.; George Ryding Marsh, George Anderson Meaden, Frank Newcombe, L.S.A.; William John Nicholls, John Lewis Bagnall Oakley, Alfred Orchard, George Toms Revell, Bernard Scott, Edwin Alfred Starling, Benjamin Studer, L.S.A.; Samuel Walter Sutton, L.R.C.P. Lond.; Frederic Ernest Taylor, Charles Robert Tyrrell, Lawrence Thomas Ward.

The following passed on January 25th:—

Robert Brookes, Walter Gripper, M.B. & B.A. Cantab.; Walter Johnston, George Augustus Macnutt, John Irwin Palmer, Gilbert Thomas Smith, Solomon George Watson.

The following passed on January 26th:—

Edward James Biden, L.S.A.; Charles Crossley, L.R.C.P. Edin.; Charles Haagar Downes, L.S.A.; Edgar Fyvie, L.S.A.; Arthur Kidd, William Henrige Lerge, L.S.A.; William Henry Phillips Lewis, Arthur G. Sulleman Mahomed, L.S.A.; James Macdonald Rogers, L.S.A.; Henry Smith, L.S.A.; Charles Watts Whistler.

Of the 168 candidates admitted to examination during the past fortnight, 99 passed to the satisfaction of the Court and obtained their diplomas; 10 passed in Surgery, and when qualified in Medicine will be admitted members; the remaining 59 failed to reach the required standard, and were referred for six months' further professional study. Two candidates who had passed in Surgery at previous examinations, having subsequently obtained a medical qualification recognised by the College, were also admitted members.

College of Physicians in Ireland.—At the January examinations the following obtained the licence in Medicine and Midwifery of the College:—

**MEDICINE**—Humphry John Broomfield.  
**MIDWIFERY**—Robert Samuels Archer, Humphrey John Broomfield, Nicholas John Halpin (Surgeon, Bengal Army).

The undermentioned Licentiates have been admitted members:—

James Berry Kenny, Alex. Lane, George Lyndon, Hugh Warnock.

Royal College of Surgeons in Ireland.—At the examination in general education held on the 19th January, the following gentlemen were adjudged certificates of qualification, the names in the First and Second Classes being arranged in order of Merit:—

**FIRST CLASS**.—Timothy Egan, Thomas George Drake, Louis Albert Frederick Bate, Frederick Wm. Allwright, Henry Walter Humphries, James Williamson Patrick, Richard Lonsford Fitzgerald, Clement Curt Hennig, Edward James O'Connor, Frederick Duncan Lawson, and Jeremiah Joseph Behan.

**SECOND CLASS**.—Joseph O'Connor, William Frederick Graves, Alexander Thompson Drake, Frederic Robert Blakey, Martin Fennelly, Thomas Bodkin Costello, and Thomas Mangau.

**UNCLASSED**.—Thomas Fergus Borke, James Cahill, James Anderson Flanagan, Charles Joseph Geoghegan, Graham Kennedy, Henry Keagge, Patrick Smith McAuly, Richard Knight Rainford, Hamilton James Thornbury, Thomas Francis Wyse, and John Francis Yeates.

## NOTICES TO CORRESPONDENTS.

**LOCAL REPORTS AND NEWS**.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**SPECIAL NOTICE TO SUBSCRIBERS**.—The Publishers respectfully remind subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

**Dr. J. ADAMS ALLEN, Chicago**.—Our publisher informs us that the address was duly altered on receipt of note about a month since; we have communicated with the postal authorities as to the cause of delay.

**Dr. BRICE, Dr. BROADBENT, and Mr. H. V. WOOD (Thetford)**, will please receive our thanks.

**Dr. COOZWELL (Cincinnati)**.—With pleasure.

**LAST WEEK'S WRACKER**.—As a corollary to the immense loss of life

and property during the month of January, we may add that there were 81 British and foreign wrecks, of which 20 were British, reported during last week, making a total of 260 for the present year, or an increase of 137 as compared with the corresponding period of last year. The approximate value of property lost was £5,200,000, including British £3,200,000. Twelve vessels were lost off the coasts of the United Kingdom.

**PROF. HELMHOLTZ**.—Admirers of this celebrated scientist will shortly have an opportunity of hearing him lecture. The Faraday Lecture, which is delivered annually, will this year be in the hands of Prof. Helmholtz in the theatre of the Royal Institution on Tuesday, April 5. The subject will be "The Modern Development of Faraday's Conception of Electricity." The lecture will be delivered in English.

**FRIDEMIOLOGICAL SOCIETY**.—Wednesday, Feb. 2, at 8 p.m., Dr. Squire, "On Instructions for Vaccine Inoculation."—Surgeon-General C. A. Gordon, "On certain Considerations regarding Cholera and Fever, more especially with reference to India and China."

**OBSTETRICAL SOCIETY OF LONDON**.—Wednesday, Feb. 2, at 8 p.m., Annual Meeting; Election of Officers and Council, President's Address, and other communications.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**.—Wednesday, Feb. 2, at 4 p.m., Prof. W. K. Parker, "On the Structure of the Skeleton in the Sauropsida."

**HARVEIAN SOCIETY OF LONDON**.—Thursday, Feb. 3, at 8.30, "A Case of Temporary Hemiplegia after Localised Convulsion," by Dr. Hughlings Jackson.—"Types of Imbecility," by Dr. Fletcher Beach.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**.—Friday, Feb. 4, at 4 p.m., Prof. W. K. Parker, "On the Structure of the Skeleton in the Sauropsida."

**ODONTOLOGICAL SOCIETY OF GREAT BRITAIN**.—Feb. 7, Ordinary Meeting.—President's Address.—Casual communications from Mr. A. Coleman, Mr. Percy May, and Mr. F. Canton.

## VACANCIES.

**Ballinrobe Union**.—Medical Officer for the Ballinrobe Dispensary District.—Salary, £100, with £25 additional as Medical Officer of Health. Applications by Feb. 10. (See Advt.)

**Hackney Union**.—Medical Officer for the Fifth District. Salary, £80, with the usual extra fees. Applications to the Clerk's Office, Hackney Union, Homerton, E., by Feb. 8.

**Oldham Infirmary**.—House Surgeon. Salary, £80, with board, &c. Applications to the Hon. Sec. before Feb. 9.

**Richmond District Lunatic Asylum**.—Assistant Medical Superintendent. Salary, £130, with other allowances valued at £84 per annum. (See Advt.)

**Royton Union**.—Medical Officer of Health. Salary, £100. Applications to the Clerk of the Guardians before Feb. 8.

## APPOINTMENTS.

**CONNER, J., B.M. & M.S.**, Medical Officer to the Corfe District of the Taunton Union.

**DAVIS-COLLEY, J. N. C., M.B., M.C., F.R.C.S.E.**, Surgeon to Guy's Hospital.

**DINWELLY, W. T., L.K.Q.C.P.I., M.R.C.S.E.**, Honorary Surgeon to the Flintshire Dispensary, Holywell.

**DITCHETT, W. E., M.R.C.S.E.**, Medical Officer to the Louth District and the Workhouse of the Louth Union.

**FAGGE, C. Hilton, M.D., F.R.C.P.**, Physician to Guy's Hospital.

**FARMER, E. W. W., M.R.C.S.E.**, Resident Medical Officer to the Seamen's Infirmary and Royal Dispensary, Ramsgate.

**FINLAY, D. W., M.D., C.M., M.R.C.P.L.**, Lecturer on Forensic Medicine at the Middlesex Hospital School of Medicine.

**FLACK, J., L.R.C.P., M.R.C.S.E.**, Medical Officer to the City of London Lying-in Hospital, for the Bethnal Green District.

**GILBOY, J., L.F.P. & S., L.M.**, Parochial Medical Officer and Vaccinator for the Parish of Middleborough, Dumfriesshire.

**HIBONS, G. M., L.R.C.P. Ed., L.R.C.S. Ed.**, Honorary Surgeon to the Bournemouth General Dispensary.

**LOVE, A. E. B., M.R.C.S.E.**, Honorary Surgeon to the Bournemouth General Dispensary.

**LUDWIG, G., M.D., M.R.C.P.**, Honorary Assistant Physician to the German Hospital, Dalston.

**OxLEY, Mr. H. R.**, House Physician at the London Hospital.

**ROBERTS, E., L.R.C.P. Ed., L.F.P.S.G.**, Medical Officer to the Llanfair-talhaiarn District of the St. Asaph Union.

**TOWNLEY, A. T., L.F.P.S.G.**, Medical Officer of Health for the Oswaldtwistle Urban Sanitary District.

## Births.

**MEADOWS**.—Jan. 26, at Otley, Ipswich, the wife of F. W. Meadows, M.R.C.S.E., of a daughter.

## Marriages.

**THOMAS-SEDGWICK**.—Jan. 27, at Christ Church, Lancaster Gate, Percy Williams Thomas, Esq., of 30 Emperor's Gate, South Kensington, to Amy, daughter of Leonard W. Sedgwick, M.D., of 2 Gloucester Terrace, Hyde Park, W.

## Deaths.

**CLIFTON**.—Jan. 21, at Cross Street, Islington, Nathaniel Henry Clifton, F.R.C.S.E., aged 63.

**GREGG**.—Jan. 17, at Institution Road, Elgin, Robert Gregor, M.D., aged 60.

**TRIBE**.—Jan. 26, at Higham, Kent, Elizabeth Anne Tribe, second daughter of the late B. Tribe, F.R.C.S., of Chatham.

**WOOD**.—Jan. 25, at his residence, Darnaway Street, Edinburgh, suddenly, Andrew Wood, M.D., F.R.C.S. Ed.

# PETER MÖLLER'S COD-LIVER OIL.

## PETER MÖLLER,

*Knight of the Orders of "Vasa" and "St. Olaf;" Corresponding Member of "La Société de la Pharmacie à Paris;" Member Elect of the Royal Philosophical Society of Drontheim; Honorary Member of the Medical Society of Stockholm, &c.*

Author of the Pharmaceutical Section of the "Pharmacopœia Norvegica" (Christiania 1874).

Offices—CHRISTIANIA, NORWAY, & 521 OXFORD STREET, LONDON, W.C.  
Manufactories—LOFOTEN ISLANDS.



THROUGH the scientific researches of Otto Naumann (*Archiv. d. Histkunde.*) & by some light has been thrown upon the peculiar properties of Cod-liver Oil as a medicine, and it has been shown that these intrinsic peculiarities are unshared to the same extent by any other adipose matter. Through his researches it has been demonstrated that this Oil is endowed with more readiness to assimilate with the organism, and greater susceptibility of oxidation than any other kind of oil or fatty substance; hence the failure of the many attempts, chiefly prompted by mercantile speculations, to substitute other remedies. But although Cod-liver Oil, as a whole, is unique in regard to these properties, different varieties present marked distinctions, and herein the locality exerts the greatest influence. The shoals of Cod that frequent one fishing ground are not found in another, each place having, as it were, its own rather large family, which, from reasons peculiar to that spot, return at regular intervals, and are, sooner or later, caught. Thus, it appears that each family has been assigned a separate habitat in the ocean, the food provided by Nature for one being quite different to the natural provision for the other.

The three chief sources of production of Cod-liver Oil are Newfoundland, Finmark, and Lofoten, each with its own separate family. Of these, the Newfoundland Cod lives chiefly upon the caplan (*walotus arifous*), as does also the fish caught at Finmark, in Norway; and it is a curious fact that the Oils produced at these two fishing places present so many similarities that they are not to be distinguished one from the other. The Lofoten fish, on the contrary, feed entirely upon the crustaceans of the deep sea; they come once a year into the shallow waters of Lofoten for the sole purpose of spawning, and again migrate as soon as the instinct of propagation has been accomplished, which is not the case at any other fishing place in the world.

Now, when it is considered, firstly, how totally different is the food upon which the Lofoten Cod lives; then, again, the physiological constitution of the animal when taken, viz., immediately before or after the deposit and fecundation of the ova—a period during which the organism experiences such a violent revolution in its normal action—it would be an astonishing fact could no dissimilarity be detected between the Lofoten Oil and other oils. But such dissimilarity does exist, and in a marked degree. The Lofoten Oil is fatter; it contains less stearine and palmitine, has greater consistence than the other two Oils, and a remarkably higher affinity for oxygen.

Before Peter Möller introduced his method of preparing Cod-liver Oil, the Lofoten Oil had already gained a wide reputation as a far more powerful remedy than oils from other sources; the crude way, however, in which it was prepared, and the consequent nauseous flavour was always its great drawback. To obviate this objection, he introduced the improved process which is now identified with his name. As, however, this new Oil had, in outward appearance, more similarity to the less efficacious Newfoundland Oil than to the dark Lofoten Oil as then known, its virtues were (and still are) mistrusted because not properly tested. As a proof of the fallacy of such mistrust, it will be sufficient to adduce only the testimony of an authority, whose high standing no one will question—the Medical Society of Norway. At one of its meetings the subject was thoroughly ventilated, and the following is an extract of the minutes.

Christiania, January 30th, 1868.

"The Norwegian Medical Society having received an application relative to the medicinal use of Pale Cod-Liver Oil prepared by PETER MÖLLER'S process, the subject was duly discussed at the meeting of the Society held on the 15th of January last. Professors CHE. BORCK, HEIBERG, VOSS, LUCHMANN, the President of the Society, and several other members took part in the discussion. From the information supplied and authenticated on that occasion, it may be laid down as a fully substantiated fact that the physicians to the hospitals and the public generally in this city rarely, if ever, prescribe the brown oils, and when they do so, from economical reasons alone, having a decided preference for the pale oil obtained by MR. PETER MÖLLER'S mode of preparation, the latter having been proved by experience to be equally powerful in its therapeutic action, far less nauseous, and

much easier of digestion. Several officially appointed practitioners who attended the meeting gave evidence to the effect that this variety of pale oil, though more expensive, is administered even to pauper patients, on account of its singularly beneficial and salutary properties."

"OTTO LUND, President.  
"A. HOLST, Hon. Secretary."

When a body of gentlemen of such high professional repute are so unanimous in their opinion, as in this instance, it is but reasonable to attach some importance to their views, more especially when it is considered that probably no other country in the world affords such numerous and favourable opportunities as Norway for practically testing on an extensive scale the relative superiority of different kinds of Cod-liver Oil, and it must be remembered that in the whole materia medica there is not another remedy that may, with impunity, be adulterated to such a degree as this.

As is usually the case when "success succeeds," a host of manufacturers have sprung up, all working, more or less, in accordance with the ideas conceived by Peter Möller, and so patent are the advantages of his process, that his method is, now, imperfectly used by every maker in Norway, however much they profess to employ—as it generally runs—"an entirely new process." But that they are only imitators, and that Peter Möller has, through practical experience during nearly thirty years kept the lead by the constant addition of improvements, combined with careful study and personal superintendence may be concluded from the fact that for twenty years MÖLLER'S OIL has at all International Exhibitions been compared with the best make of other manufacturers, and invariably declared the only perfect Oil—a success not attained by any other manufacturer.

When in a single instance an article has been distinguished by a superior award it may be suspected that not merit alone has induced the decision of the Jury; but when such distinction follows again and again, awarded each time by a distinctly different Jury of the chief experts, it is only reasonable to conclude that the exhibit has been judged by its merits and those alone. Thus MÖLLER'S Cod-liver Oil obtained the first prizes at the Exhibitions:—London 1864, Bergen 1865, Stockholm 1866, Paris 1867, Naples 1871, Christiania 1871, Copenhagen 1872, Moscow 1872, Vienna (two medals) 1873, Drammen 1873, Philadelphia 1876, Paris 1876, Berlin 1880.

These awards have naturally drawn the attention of those interested to the Lofoten Oil and through it Norwegian oil generally has gained a celebrity it by no means fully deserves, because the Lofoten Oil is, as already explained, distinctly different from all other Norwegian oil: much (or rather most) of the Norwegian, and even the so-called Lofoten Oil in the market has never seen Lofoten, but is a poorer oil manufactured chiefly in Finmark; it is as identical as can be with the Newfoundland oil, and contains a large quantity of stearine, which however carefully removed by pressure at low temperatures, to give an outward resemblance to Lofoten Oil leaves it as poor as ever. The adulteration practised is of far more potent consideration than anything else, because it can be indulged in to an unexpected extent with impunity as there are no chemical tests by which most of the adulterations can be proved. They consist in the addition to the pure oil of that from the livers of nearly related species of the Cod—such as *Gadus virens*, *G. Anglufrus*, *Melca vulgaris*, *M. byrkclange*, *Merluccius vulgus*, *Brosimius broome*, and particularly *Scymnus (Squalus) borealis*. These are caught all the year round off the coast of Norway, and the produce of their livers added to the pure Cod-liver Oil. A very singular fact, peculiar to Lofoten, and one that places that Oil above suspicion, is that all other fish disappear from those waters when in the fishing season the immense shoals of Cod approach; therefore it is impossible to make any but pure Cod-liver Oil at that place and time. In many, of course, be afterwards adulterated as much as other Oil, and there can be no guarantee against this except in the name and reputation of the manufacturer.

When other makers in despair of their product approaching to the perfectness of MÖLLER'S Oil mix it with other substances—fruit ethers, highly flavoured oils, or emulsive ingredients, it shows that their product, however perfect they may call it, has not reached the standard of MÖLLER'S, but needs a corrective to hide its imperfections.

SAMPLES CAN BE HAD BY PROFESSIONAL GENTLEMEN FREE.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 9, 1881.

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## CLINICAL LECTURES

ON

### INFANTILE PARALYSIS, AND ACUTE ANTERIOR POLIO-MYELITIS IN ADULTS. (a)

By THOMAS BUZZARD, M.D., F.R.C.P.,

LECTURE I.—(Concluded.)

It was formerly supposed that the hemiplegic form of infantile paralysis never occurred, and that the disease could, in some cases, by this means alone be distinguished from paralysis of cerebral origin. This is, however, not the case. We have here an example of the hemiplegic form:—

CASE III.—Arthur P., *æt.* 4, was admitted into the hospital on October 27, 1880, on account of partial paralysis in the left leg and arm.

From notes taken by Dr. Beevor, it appears that the family history and the previous health of the boy were good. When he was 15 months old his mother left him one morning quite well, but in the evening found that he had lost power in the left arm and leg. He had no cold upon him at the time. No other limb was affected. For three weeks after this he was quite powerless in the arm and leg. He then gradually improved till he became as he is now. He is a healthy-looking boy; the face is not affected, and the tongue is protruded straight. There seems to be nothing now wrong with the left arm, which is about equal in size and power of grasp to the right.

The left leg is rather smaller than the right, and he walks and runs rather lame with it. He can flex the hip-joint and extend the knee-joint fairly, but not so well as on the right side.

The patellar tendon reflex is normal on the right side, absent on the left. When we come to seek an explanation of this absence, we find that the faradaic excitability of the vastus internus is lower in the left than in the

(a) Delivered at the National Hospital for the Paralyzed and Epileptic.

right thigh. On the sound side, the rheophore being placed at the motor point, an induced current marked 19 on the scale causes contraction of the muscle. On the left side it needs a current of 17 to produce a like result. (The current scale is graduated from 1 to 30—1 being the strongest power.)

There is no affection of sensibility, nor of the rectum or bladder. The right calf measures  $8\frac{1}{2}$  inches; the left, 8 inches. The right thigh, 4" above patella,  $10\frac{1}{2}$  inches; left,  $9\frac{1}{2}$  inches.

The wasting appears to be in the anterior muscles of the thigh almost exclusively, and the feebleness is in the power of extending the leg.

The treatment of his case consisted in the administration of cod-liver oil. No electrical treatment was applied.

The amount of recovery in this case is in striking contrast with that observed in the following one, which illustrates one of the most formidable results of the disease that is met with. It is interesting to note that after so long an interval as thirteen years since the attack there are still some muscular fibres in one of his paralysed limbs which show a slight reaction to interruption of the constant current, a proof that the contractile element has not entirely disappeared.

CASE IV.—(Lately in the hospital). Ernest T., *æt.* 14, was admitted on Jan. 3, 1879, on account of paralysis of all four extremities. It seemed that when he was a year old, and in perfectly good health, symptoms of paralysis were noticed. No cause was known. The patient had no fit. He had never walked. He is a pale-faced lad who is not able to raise himself from the recumbent to the sitting position. He passes the day "in a heap," as it were, without power to sit upright. Both upper limbs are very small. The left can be raised to the level of the shoulder-joint; the right cannot. The elbows can be flexed. The grasp is very feeble. The patellar tendon reflex is absent on both sides. He has no power of standing. As he lies on a bed there is just a faint power of moving his lower extremities. Both of these (like his arms) appear to be very small in comparison with the size of his body. There is very marked angular and lateral curvature in the lower dorsal region of his spine,



and this it appears has been increasing much during the last twelve months. It would seem to be due to weakness of the muscles of the back rather than to disease of the vertebræ.

Cutaneous sensibility is unimpaired in the arms, but is thought to be slightly diminished in the legs. In the right hip-joint there is marked stiffness, probably due to adhesions.

As regards the electrical condition in the upper limbs, all the muscles react to faradism in the following order of excitability: The forearms best; the arms next, the deltoids and pectorals least well; in the lower extremities no muscles of either lower limb (except those of the calf) react to faradism. In the right thigh there is very slight reaction to the interruption of voltaic currents from 40 cells. The same strength applied to the anterior tibial group produces no contraction, but being conveyed through, causes free contraction of the peronei and calf muscles.

In the back there would seem to be paralysis of both serrati magni, as well as of the mass of the erector spinae. These last react slightly (at least the superficial ones) to a very strong induced current.

The patient was treated by electric currents, and left the hospital on April 12 *in statu quo*.

In contrast with this preservation of a slight amount of contractility after many years, I would refer to another example in which at the end of a year no reaction to either current was to be obtained.

CASE V.—Cyril W., æt. 10, a fair-complexioned, very intelligent lad, was brought here on account of loss of power in his lower extremities of one year's duration. He could not stand. When seated, his legs dangled, the toes pointing downwards. In this position he could not move any part of the right foot or leg. The left leg he could swing forwards and backwards, but could not bring the foot up square with the leg. There was no loss of sensibility, and no affection of the bladder or rectum had existed at any time. The muscles of his legs were flabby. Tickling the soles of his feet was perfectly well perceived, but there was no retraction of the foot; the legs were objectively cold. Neither the strongest induced currents nor interrupted voltaic currents produced any contraction of the muscles of his lower extremities. There was no loss of cutaneous sensibility. It seemed that one day, about a year previously whilst practising gymnastics he struck his back (the lowest part of dorsal region is indicated), but so slightly that he took no serious notice of it and went on playing. A day or two afterwards he had a very bad headache and felt very sick. At 4 p.m. he went to bed, and slept for a time. In the night, getting up to pass water, he stumbled and found difficulty in walking. Next morning he could walk better, but his legs were still affected. During that day he could walk, but felt very ill and sick. He went to bed at his usual hour and then found himself very weak in the arms as well as legs. Next day he could not get up, and on being raised up in bed he felt great pain about the middle of the back. At this time his legs were quite powerless and his right arm became gradually paralysed from the shoulder to the elbow, but not, he says, in the forearm; this took upwards of a week to become complete. He could not lift his arm although he could use his hand very well. In about a month his right arm had quite recovered and before this the slight weakness of the left arm had entirely disappeared. On admission there was nothing whatever wrong with either arm. In this case I tried the effect of hypodermic injection of strychnia after a plan suggested by Mr. Barwell. The solution was of such a strength as that one minim contained gr. 1.50 of strychnia. Commencing with half this dose I increased the strength every alternate day until he was using gr. 1-12. These applications produced no physiological effect. The treatment was employed for a month. At the end of that time the condition of the legs remained as before, no contractions occurring to either form of electrical application. The

injections were then discontinued, and a daily administration of the constant current was employed. Both feet were placed in a bath with the negative rheophore and the positive rheophore with a strength of fifteen cells was applied for five minutes to the lower dorsal region of the spine. This application was continued almost daily for three months. At the end of that time the condition of the legs remained precisely as on admission.

CASE VI.—Another child, æt. 3, whom I lately saw, had been attacked when a year and a-half old with feverishness which lasted three days. At the end of that time it was found that the child, who had been very active in walking and climbing before her illness, could no longer stand. The right leg gradually recovered to a considerable extent. The left leg, notwithstanding electrical treatment which had been continued for a year and a-half, showed no improvement. At the end of that time I found that no muscle responded to either current.

## CERTAIN CONSIDERATION REGARDING CHOLERA AND FEVER. (a)

By SURGEON-GENERAL C. A. GORDON, M.D., C.B.,  
Honorary Physician to the Queen.

MR. PRESIDENT,—1. *Health Conditions in India*.—Here is an exact transcript of a weekly health Report (b) of India recently given in one of the public papers devoted more especially to information regarding Britain's greatest dependency, namely,—“*Bombay*: Health good. *Bengal*: Fever prevalent in Twenty-four Pergunnahs, Moorshedabad, and Rajshaye, Burdwan, Rungpore, and Purneah; cholera still in Cuttack. *North West Provinces* and *Oude*: Health good, except in Bareilly where fever and cholera (thirty deaths) have appeared. *Punjab*: Health fair. *Central Provinces*: Fever still prevalent. *British Burmah*: Rangoon and Akyah, health good; Bassein, a little small-pox; Promé, cholera decreasing. *Assam*: Health fair. *Mysore* and *Coorg*: Fever prevalent. *Central Indian States*: Morar, cholera disappearing; Rajpootana, Mewar, fever prevalent. *Others*: good.”

2. *Examination of Particulars*.—Let us examine the particulars just given, and these are the results which present themselves: The general health condition throughout India was unusually favourable; with the exception of places named it was good; at places far asunder as the Punjab and Assam, “fair”—that is, not absolutely good, and yet disease not prevailing to an extent to attract special attention. Elsewhere, however, one or other of the three forms of disease which most prevail throughout that country existed at different places, although, fortunately, with inconsiderable intensity as compared with their manifestations in the same localities on many previous occasions. Thus, fever was prevailing throughout the stations of Lower Bengal, also far away in one direction in Mysore and Coorg, and far away in another in Rajpootana; it lingered in the central provinces, while at Bareilly far away in a third direction, fever and cholera had both appeared, the advent of the latter malady signalled by the death of thirty victims. Elsewhere cholera alone is reported as present; in Cuttack as still prevailing; at Promé as decreasing; at Morar as disappearing; while at an extreme corner of the Empire, near one of the estuary mouths of the Irawaddy the record says—there is a little small-pox at Bassein.

3. *Deductions*.—That is, during the same week health conditions at the several parts of our Indian Empire differ absolutely from each other—a circumstance in accord with existing differences in physical condition and aspect of places far apart from each other; differences in climate and seasonal changes; differences in kind and condition of vegetation at the same time in those places; differences in the condi-

(a) Read at a meeting of the Epidemiological Society of London, 2nd February, 1881.

(b) Week ending 8th October, 1880.



tions of their several populations; and doubtless also to the operation of certain great ulterior influences as yet only cognizable in their effects, but not solvable by the theory alone that a specific organic poison introduced from somewhere else or suddenly vegetating on the spot has for a time exerted its evil and deadly power upon humanity, then itself becoming dormant, asleep, disappearing or passing onwards in its work of devastation—the manner of its disappearance or progress as unaccountable according to the same theory as were the circumstances of its original development.

Two months elapse. At the end of that time the health conditions are thus reported (a):—*Bombay*: Fever continues, but is abating in Guzerat. *Bengal*: Fever still very prevalent in many places, and deaths reported very numerous in Nuddeah and Jessore. Cholera in Cuttack, Pooree, and Maldah, and some cases reported from Budruck and Deoghur. Small-pox in Pooree, Chumparun, and at Jhalidah in Manbhoom. *North Western Provinces and Oudh*: General health good, with the exception of slight fever in Bareilly and Agra, and some cholera in Fyzabad. *Central Provinces*: Good. *British Burmah*: Cholera in parts of Pegu, but few fatal cases; a little small-pox, otherwise public health good. *Assam*: General health fair. Fever about Gowhatti. *Mysore and Coorg*: Health good.

We compare the general results of these two health reports thus:—At Bombay, where health was good at the date first referred to, fever has in the interim occurred, and continued to prevail. In Bengal both cholera and fever still prevailed in the localities formerly named, with two exceptions, namely, Nuddeah and Jopore. Cholera had ceased in Cuttack, but appeared in Maldah, Budruck, and Deoghur. Small-pox occurred in several places previously free from the epidemic, particularly Pooree, Chumparun, and Manbhoom. In the North West Provinces and Oude health continued good as before. At Bareilly, where fever and cholera previously prevailed, only slight fever was reported; cholera had left that town, but appeared at Fyzabad. In the Central Provinces, where fever formerly prevailed, the population had become healthy. In Burmah the state of health was unaltered; but in Mysore and Coorg, where fever had prevailed, the state of health had become good. Thus, in what may be termed the ebb and flow of these three diseases indicated by the reports before us, we find ourselves face to face with some of the great problems of epidemiology.

4. *Method of Inquiry*.—If, then, we endeavour to follow the natural history of these scourges of mankind, either on the occasions now referred to, or on the others, when, with varying degrees of intensity, they have swept over continents, it seems to me that such endeavour is more likely to obtain that measure of success incidental to the pursuit of subjects from their very nature, abstract and abstruse, if we take a comprehensive view of the various conditions under which they severally or together occur, than if we confine attention to one set of those conditions to the relative omission of others perhaps less tangible. If organic pollution alone of air, earth, or water be the cause of cholera, how are the sudden appearance, culmination, decay, disappearance, absence for long periods of these diseases to be accounted for, conditions of air, earth, and water meantime remaining unchanged? How similarly with regard to fever, or a particular kind of fever? How far the circumstance that fever and cholera on one occasion prevail independently of each other; on another contemporaneously; on a third alternating with each other; individual cases of fever passing into cholera; others at their onset presenting the ordinary symptoms of cholera, developing into fever, and yet a third set, at their commencement manifesting symptoms characteristic in equal proportions of both those forms of disease? How with regard to an acknowledged infectious and contagious disease, namely, small-pox, on the first occasion named, limited to a spot of considerable size, remotely situated in the Eastern

division of our Indian Empire; on the second disappearing there, but occurring at places completely apart from each other, as are Pegu, Pooree, and Chumparun, to the exclusion of the vast intervening territory between those three localities. By what explanation do we account for its being so limited in both these instances to the localities named, whereas on other occasions it spreads onwards directly from place to place, within certain limits, devastating populations in its course? Are these several phenomena to be accounted for simply by the theories of organic pollution and contagion? For my own part, I say—No: they are not. And from this point of view I proceed with my further remarks.

5. *General Considerations*.—The teachings of past experience point to the circumstance that the law or laws in accordance with which small-pox has its periods of prevalence and of dormancy are not much dissimilar, if at all, from those by which cholera is regulated. We have been informed that particular forms of disease comprised in what may be termed the small-pox group, have their corresponding rise and fall. It is not assumed that actual affinity exists between that disease and cholera. On the contrary, there is this great difference between them—that by means of vaccination (a) individual susceptibility to small-pox becomes limited; that to cholera is decreased by any similar or allied process. But as regards cholera, so with small-pox, the bulk of evidence is to the effect that so long as the general epidemic of either disease is active, and what, for want of a more definite name, is indicated as *diffusive energy* remains in full operation, isolation of individual cases does not retard, far less prevent the expansion of morbid influence over the population of what French authors appropriately describe as the *epidemised* locality. Neither has it in bygone times been found practicable even by means of inoculation to extend small-pox during the intervals between periods of epidemicity. (b)

More intimate is the relationship which phenomena of cases and manner of prevalence of both cholera and fever as observed more especially in India, justify the belief that there exists between these two diseases. On this subject one of the very recent writers (c) on Indian diseases expresses himself in this way:—"Owing to the marked association of epidemics of cholera and fever in Northern India, and to the frequent similarity, especially on the North-West frontier, of bad cases of malarious fever to cholera seizures, some observers have been led to ascribe the two diseases to an identical cause." He adds—"The *identity* of the miasms of cholera and fever is not pleaded, but only their similarity, which is chiefly shown in the external conditions that favour them both." Northern India (d) affords many examples of the impossibility of predicting from the physical conditions of a locality the degree to which fever will flourish there. (e) Elsewhere throughout India a similar observation is ap-

(a) Is it the case, as stated by Copland, that, as small-pox has decreased since the introduction of vaccination, scarlatina, measles, pulmonary and cerebral inflammations have increased?—"Art: Epidemics—Dictionary."

(b) As a footnote I mention that in India the deity of cholera is Maree, or as the name is respectfully alluded to Maree-Ama; her hand-maid is Seetala, goddess of small-pox. In China the deity of small-pox appears to be Niang-Niang; she also must be mentioned respectfully. Thus, when in 1875 the late Emperor died of it, the *Pekin Gazette*, announced the event as "the enjoyment of the heavenly flowers." The Chinese theory of small-pox and measles is that they depend upon a poison inherited from the parents, which resides in the system till excited by external causes, like fire concealed in the flint.—"Customs Reports, January—March," 1875, p. 35.

(c) Macnamara, p. 120.

(d) Dr. Livingstone relates that in some parts of Central Africa he found some dry, sandy, and clean tracts, more dangerous, as regards fever, to encamp in than others covered with reeds and rushes. Mr. Hyde Clarke mentioned an instance of a town in Africa built in a healthy situation, and healthy until cultivation began. Three years afterwards fever broke out and ran through it all.

(e) Macnamara, p. 121.

(a) For week ending 9th December, 1880. See Allan's *Overland Mail*, 29th December, 1880.

pliable with regard to cholera, and the circumstance is recognised that in localities noted for the occurrence of malarial fever, diarrhoea, dysentery, and affections of the abdominal organs generally prevail. Even in England cholera, when it has occurred, has been most severe in low-lying places, such as were formerly the favourite homes of ague, and such as have subsequently furnished numerous cases of what has been described as "paludal enteric fever," a mixed type of malarial intermittent and typhoid (a); in other words malarial fever attended by intestinal complication. In India the occurrence of bowel affections with and without other organic lesion, and with and without fever, has as distinct an apparent relation to season as is presented by the course of vegetation in the same locality, or, indeed, any other natural phenomenon. So, also, in respect to fever distinctly "ardent" in type attended by cerebral complication; so with that the complication of which is pulmonic. Fever, diarrhoea, and dysentery (b) in that great country prevail simultaneously or alternate with each other. In all affections of the spleen, the liver, as also of other glandular and glanduloid tissues, sooner or later, occur as complications. In many instances ostensible causes of illness are apparent, but in many others such causes as are usually assigned fail altogether to account for their occurrence.

*Types and Unity of Fevers and Cholera.*—Both cholera and fever take place under various circumstances and conditions—individual and general. They also present in particular instances various types or modifications in their own special characters. Thus, cholera is met with in one set of localities in India occurring in isolated cases throughout all seasons, those isolated cases in certain seasons being the precursors of a general outbreak, in others not so; at times apparently induced by unwholesome articles of food or drink, at others following the administration of therapeutic evacuants. In a second set of localities cholera occurs in the shape of regular outbreaks at certain intervals of time during the intervening periods, all general conditions remaining precisely as they are during those outbreaks, and even sporadic cases so extremely rare as to be considered almost absent. When outbreaks of cholera do occur, they present certain modifications in their phenomena, these modifications observable when the epidemic of one year is compared with those of preceding years, the characters of individual cases with those of others; and even in certain instances where direct importation of the disease has been traced, assuming new, and it may be exaggerated, characters, in its new locality. Then again the disease presents various characters in individual cases—congestive or algide in one, asphyxiated or spasmodic in others; rapidly destroying life in one set more slowly than in another; the attack sudden and without premonitory warning in one; in another preceded by malaise or diarrhoea, or both; sometimes for a few hours, at others for some days. But neither in designating these several modifications, or others here unenumerated, in which cholera occurs, do we find a term applied in a specific sense, either as implying a particular manner of causation, a particular series of pathological changes—although such do occur—or a particular method of treatment to be followed. In all these fevers cholera is simply recognised under that general term, causation being looked to in reference to public measures of mitigation, and with a view, whether to be realised or not, of future prevention of a similar outbreak.

With regard to fever (c), so various are the characters

(a) Russell, p. 28.

(b) Sir Joseph Fayrer, in his Lettsoman Lectures, 1881, mentions that in India dysentery is often accompanied by malarial fever; that among the complications of the former is the typhoid form; that a close analogy exists between dysentery, diphtheria, and typhoid fever; that the disorganisation, although principally in the large bowel, has a tendency to pass the ileo-cæcic valve.—*British Medical Journal*, 29th January, 1881, p. 149.

(c) Dr. Cheevers records the occurrence in India of Pali plague and relapsing fever in 1815-19; of cholera in 1817. He states in reference to the severe epidemic of fever which prevailed in

and modifications, according to geographical position, climatic conditions, seasons, &c., acting upon individual diatheses, temperaments, habits, and other personal circumstances, that while, as already related, ancient Hindoo physicians reckoned thirteen different kinds, this category has in more recent years, on the one hand, been so expanded as to embrace some three hundred different species; on the other it has been so compressed as that only one fever is acknowledged to affect humanity, this one fever presenting so many modifications according to circumstances and conditions as related, yet itself preserving its unity in this multitude-fever, with this modification here, that other there, and so on.

Partly as a result of improved sanitation, partly also to a circumstance which has more than neutralised all sanitary measures that have been adopted in India since 1864, attacks of fever among our troops in that country are in the mass less violent, less acute, less ardent than in days before the great Sepoy Mutiny. On the one hand measures for preserving health, begun by army medical officers, while sanitary science was yet recognised only as "Medical Police," have been developed upon the lines then laid down; space in barracks has been increased three-fold, intemperance diminished, inducements created for men to remain in or near the barracks, instead of wandering. But against all these, and outbalancing them, is the one measure of short service, with the constant stream into India of young immature lads incidental to it. (a)

(To be continued.)

#### ON THE TRANSMISSIBILITY OF HYDROPHOBIA FROM THE HUMAN SUBJECT TO THE RABBIT. (b)

By THOMAS M. DOLAN, F.R.C.S.Ed.,

Medical Officer to the Halifax Union Infirmary. *Medical Press and Circular* Special Commissioner for Reports on Rabies and Hydrophobia.

In the *Lancet*, pp. 109, 184, 1880, I wrote two letters on the prevention of hydrophobia, at the same time suggesting a crucial test, viz., the inoculation of the saliva of the hydrophobe into a rabbit, in order to determine whether the disease was true or false hydrophobia. The subject is of great practical importance from a diagnostic point of view. It can only be satisfactorily solved by practical experiments. As hydrophobia is, happily, a comparatively rare disease opportunities for experimentation are but seldom afforded. The following additional facts throw a little more light on the question:

At the meeting of the Academy of Medicine, Paris, January 13th, 1881, M. Maurice Raynaud in his own name and in that of M. Lannelongue read a paper entitled, "A Note on the Transmission of Rabies from Man to Rabbits." He commenced by recalling the experiments of M. Galtier, who had established this fact and studied the period of incubation in the rabbit, which was generally found to be about seventeen days. In conjunction with M. Lannelongue he had repeated the

the jails of Agra, Umballah, Futtighur, Allyghur, Jeypore, Malwa, &c., in 1864, that it was variously described as true typhus, contagious fever, typhoid fever, and relapsing fever, in the same year of the Burdwan fever epidemic.

(a) Article in *Encycl. Brittan*. By Professor Traill, Edinburgh. Surgeon-Major Don in his paper read before this Society (pp. 285 and 286 of Proceedings, 1880) observes with regard to Bermuda that "the robust, big-chested and muscular man, often a hard drinker, did get fever, but not enteric. The man of altogether reverse physical type and development, often temperate or even teetotal, was the victim of enteric in an especial degree." Also "that the age at which there is the greatest proclivity to the development of struma, tubercle, and such-like diseases of low nutrition is that in which there is the greatest liability to enteric fever."

(b) *L'Union Medicale*, 20th January, 1881. Abstract of a discussion at the Academy of Medicine, Paris, 18th January, 1881.

experiments. A child, *æt.* 5½ years, was admitted on the 8th December, 1880, to the Hospital St. Eugénie with symptoms of rabies. It had been bitten on the preceding 10th November; classic symptoms of rabies developed. The child died on the 11th December.

Three series of experiments were made on forty rabbits:—

1st. Inoculation with fluids from the living child.

2nd. Inoculation with various fluids or tissue, taken from body twenty-four hours after death.

3rd. Inoculation from rabbit to rabbit.

The facts of the first series confirm the observations of previous authors: inoculability of the saliva, non-inoculability of the blood.

In the second series two rabbits inoculated with bronchial mucus from dead body succumbed, one in thirty-four, the other in forty-eight, hours. Six rabbits were inoculated with fragments of salivary gland; one died. Two rabbits were inoculated with produce of lymphatic ganglia; one lived two and a-half hours, the other recovered. The two roots of the trigemina were inserted under the skin of a rabbit, which died at the end of three days. A fragment of bulbs was inserted into another rabbit; death took place on the fourth day.

In the third series there was not a single failure. Using saliva from dead rabbits of preceding experiments, five died in a space of time varying from twenty to thirty hours. The blood of rabbit killed by inoculation of bulb produced death in thirty-two hours and forty-three hours. M. Raynaud concludes that the rabbits died of rabies.

The discussion on this paper was taken up by M. Colin (Alfort), who first objected to giving the credit of the suggestion to M. Galtier as it was known long before his time; and secondly, he urged that the rabbits died of septicæmia and not of rabies. In the herbivora rabies went through a longer incubation than that described in M. Raynaud's paper, and rabbits were particularly sensitive to septic influences.

M. Dujardin-Beaumetz shared the opinion of M. Colin. To produce rabies in rabbits the saliva should be fresh.

In reply, M. Raynaud admitted the gravity of the objection raised by M. Colin; but he did not see how the deaths could be attributed to any other cause but rabies.

*Experiments of Pasteur.*—On the invitation of M. Lannelongue M. Pasteur went to the Hospital Saint Eugénie to conduct some experiments on the above-named subject. On his arrival the child had been dead about four hours and a-half. Taking some salivary mucus from the buccal cavity he inoculated with it two rabbits; death resulted in thirty-six hours. With the saliva of these two rabbits he inoculated two fresh rabbits; death again resulted.

*First fact: The transmission, by means of saliva, of the disease from which the two first rabbits died.*

On opening the two first rabbits the ganglia of groin and axilla were found much swollen; the same symptoms were noticed in the lymphatic ganglia on the right and left of the trachea. These ganglia were also the seat of sanguineous engorgement; all the vessels were gorged. The mucous membrane of the trachea was equally in a state of sanguineous extravasation.

*Second fact: Examined by the microscope the blood of these rabbits contained a special microscopic organism, having the form of a figure 8, about a millionth of a millimetre in size, and surrounded by a kind of gelatiniform aureola. Placed in suitable medium for culture the organism fertilised, still preserving its figure of 8 character. It multiplied in the usual way.*

This organism was, according to Pasteur, the cause of the disease and death of the rabbits in the experiments of MM. Raynaud and Lannelongue, as well as in those of M. Pasteur and his collaborateurs MM. Chambertard and Jouve.

What is the disease produced by inoculation in these rabbits? Is it rabies? M. Raynaud says yes. MM. Colin and Beaumetz say no. Pasteur declares he does

not know, the only fact being that the rabbits died as a result of inoculation of the saliva of a child who had died of rabies, and that there is a special mycelium at work which differs from the bacterium found in septicæmia. This discovery is another step onward in the direction pointed out by me in my Reports on Rabies and Hydrophobia (a) of 1877. I then said "Further research is necessary, and experiments with the virus, as dissecting or excising the bitten part and introducing it into some animal and watching the effects. Now that *bacteria* plays such a part in disease I shall expect some results in this direction and a further explanation of the remaining part of the phenomena." In the hands of such an inquirer as Pasteur the phenomena above noticed will, I have no doubt, receive their due scientific appraisal, and may lead to further results. At present we must receive with caution M. Raynaud's opinion that the rabbits died of rabies. They certainly had not a long period of incubation, nor were the symptoms characteristic. Some English experimenters will, I hope, take the matter up, and when opportunity offers repeat these experiments.

M. Colin at a later discussion, January 18th, 1881, urged that the organism described by Pasteur is well known and had been previously delineated by himself, that it was found in diseased conditions. To this Pasteur replied that he had taken all precautions against error, and did not agree with M. Colin as to the existence of this special organism in cases cited by him.

I hope in a few weeks to submit to the readers of the *Medical Press and Circular* some observations and experiments with saliva taken from a woman who died under the care of Dr. Berry, at Wigan.

#### COLLES'S FRACTURE. (a)

By JOHN F. KNOTT, F.R.C.S.I.

(Concluded from page 91.)

BONNET (de Lyon), writing in 1845, gives the results of his experiments on the cadaver, with the object of producing fracture of the radius by forcible extension of the hand. He was nearly always successful in establishing a solution of continuity; but in only one of eight cases did deformity co-exist with the other signs of fracture. He never succeeded in procuring fracture of the end of the radius by flexion of the hand. He ruptured tendons and ligaments, and sometimes even fractured some of the carpal bones, but made no impression on the bones of the fore-arm.

In 1846, the views of Voillemier, which now held almost supreme sway, were ingeniously contested by Jarjavay. He asserted that Voillemier had been deceived by the appearances presented by united fractures, from the fact that the periosteum, which is very strong on the posterior surface of the carpal end of the radius, is seldom torn, but being detached for a short distance from the seat of fracture, leaves an interspace, which becomes filled up by spongy osseous tissue.

Malgaigne, in his splendid work on Fractures and Dislocations, examines the different theories which have been propounded, and gives special attention to three of them:—(1) The inflexion hypothesis of Nélaton; (2) the penetration theory of Voillemier; and (3) that of *anachement*, to which attention had been already directed by Voillemier and others, but to which Malgaigne accords an importance which it had not hitherto enjoyed.

Verneuil, in 1851, published the result of a series of experiments on the dead body, with the view of determining the conditions which lead to deviation of the hand, and especially abduction. He had been led to believe that the latter deformity could not exist without previous laceration of the triangular fibro-cartilage or wrenching off of the styloid process of the ulna.

(a) "Rabies and Hydrophobia," 2nd Edition, p. 153. London: Baillière, Tindall, & Cox.

(a) Read before the Surgical Society of Ireland,

Foucher, in 1852, presented a number of specimens of this lesion to the *Société Anatomique*, and believes the mechanism of the fracture to be usually that of *anachement*. Impaction may take place; but he does not look upon it as an essential feature, and the backward displacement of the carpal fragment is explained by the *mouvement de vascule* of Pouteau.

A new and rather paradoxical theory was propounded by M. Lopez in his inaugural thesis of 1860. According to this writer, the inter-osseous ligament plays the principal rôle in the mechanism of fracture of the lower end of the radius, the position of the solution of continuity being determined by the absence of that supporting membrane near the carpal end of the bone.

M. Lecomte, who undertook the refutation of the thesis of M. Lopez, adapted definitely the theory of *fracture par anachement*. He combats the idea of Nélaton that the radius gives way because it is caught between two opposing forces, and believes that the columns of support which Nélaton described, do not come to bear upon the surface of the ground at all. This he attempts to prove by the simple experiment of marking with ink on the surface the prominences formed by the pisiform bone and trapezium, and then placing the extended hand on a sheet of white paper, the mark of the pisiform is never reproduced on the paper. The agent in the *anachement* of the lower end of the radius is the anterior radio-carpal ligament: divide this ligament previously, and no degree of subsequent extension of the hand will affect the radius, nor is the fracture produced by forcible flexion, even when this ligament remains intact. Impaction may or may not exist; it is not by any means an essential feature, and he agrees with Jarjavay, that the preservation of the periosteum posteriorly is a source of subsequent deception, as it leaves a space for the formation of a new layer of osseous tissue between it and the surface of bone beneath, so as to give rise to the idea that penetration had taken place, where it had really never existed.

The testimony of all unprejudiced observers since this date leaves hardly any room for doubt that this fracture may exist either with or without impaction, and also that the differential diagnosis of the two conditions cannot always be made with certainty except in the rare cases where an opportunity is afforded of examining the specimen. The ablest, as well as the most uncompromising, of all the opponents of Voillemier's theory, was our distinguished fellow-country man, Robert William Smith. In his valuable work on "Fractures and Dislocations," he upholds with the greatest firmness his belief that the doctrine of fracture with penetration is untenable, and that the distinguished French surgeon has allowed himself to be too easily imposed upon by the fallacious phenomena sometimes presented by consolidated fractures of the lower end of the radius. He believes the occurrence of any appreciable impaction while the ulna remains unbroken, and the ligaments connecting the extremities of the bones are intact, to be a physical impossibility. The position of Voillemier's diagnostic line of compact tissue he explains by sub-periosteal osseous deposition, while he points out another fact of great significance, which seems to have escaped the notice of all previous observers, that the distance between the lamina of compact bone, and the posterior surface of the lower fragment, does not correspond to the extent of the backward displacement of that fragment, as it should if the views of the French surgeon were correct. He bases his views on the evidence afforded by examination of more than twenty specimens of "Colles"—one of which was recent—and also points out that the length of the supposed penetrating line of compact tissue does not correspond to the amount of posterior shortening of the radius. The thickening of this layer, which had been observed by Voillemier himself to exist in old fractures, and which he confessed his inability to explain, Smith readily accounts for by the deposition of new osseous matter. The deformity so characteristic of the fracture is referred by the Dublin surgeon to muscular action, while crepitus and mobility, usually so

obscure, can, he believes, always be obtained if rotation be judiciously employed, after having previously used an amount of extending force sufficient to remove the deformity. The line of fracture, he believes to be, in the vast majority of cases, transverse, and even when oblique, he does not admit the possibility of over-riding of the fragments.

Of the more recent contributions to the literature of Colles's fracture, one of the most interesting is that of Chiene, of Edinburgh. To a description of the dissection of a recent specimen, he adds some ingenious remarks on the nature of the mechanism by which the lesion is produced. In falling on the hand, the force which is received chiefly by the ball of the thumb, is transmitted through the carpus to the lower end of the radius. The nature of the lesion then produced will vary with the angle of inclination which the fore-arm makes with the ground. If this be less than 60°, the line of force travels upwards *anterior* to the axis of the fore-arm, and the whole shock is borne by the lower end of the radius, which gives way near its carpal end. But if at the moment of impact the angle of incidence be greater than 60°, then the line of force, instead of passing in front of, passes directly up the arm, and "the usual result is either a severe sprain of the wrist, or dislocation of both bones of the fore-arm backwards at the elbow-joint."

This writer admits the existence of a slight degree of penetration in many cases, but not sufficient to justify the application of the term impaction, by which he would understand the condition in which the distortion cannot be removed by justifiable force. Such slight penetration did exist in the specimen which formed the subject of the communication, and the thin plate of bone much deeper behind than in front, which had been separated from the end of the radius, was found to be divided by two vertical cracks into three fragments. The tip of the ulnar styloid process was also broken off, but the triangular fibro-cartilage preserved its attachments, and the inferior fragment was found, in addition to the backward displacement, and partial revolution on its transverse axis, to have undergone the rotatory movement, described by Goyraud, in the arc of a circle, whose centre is placed at the ulnar attachment of the triangular fibro-cartilage.

Dr. Gordon, of Belfast, found as the result of a careful examination of twenty-seven old specimens of Colles's fracture, that the distance of the break, varied posteriorly, from three-eighths of an inch to an inch and three-quarters from the carpal margin, and from two-eighths of an inch to two inches in front. In nineteen cases the fracture was oblique from before backwards, in eight directly transverse. To the question of the existence of impaction he gives no attention, but he argues very strongly in favour of the cross-breaking mechanism of the fracture, produced by the strain of hyper-extension. The idea that the solution of continuity is produced by violence transmitted through the carpus, directly to the end of the radius, he summarily rejects, as he believes that if this were the true explanation, the fracture would be found to radiate from the point struck.

The only indisputable evidence which can be collected on the subject of the much-versed question of impaction, is that derived from the examination of recent specimens. Of the records of such, Dr. Wight, of New York, collected examples. One is by Professor Hamilton, of New York, in which the autopsy showed the detachment of a considerable fragment from the posterior lip of the articular surface; the direction being upwards and backwards. Two have been reported by Mr. Erichsen; in the first the lower fragment was split into three portions, between which the upper fragment was firmly impacted to the depth of half-an-inch. The largest fragment of the three comprised the whole of the articular surface, which was uninjured. In the other case the injury had been caused by a fall from a height of twenty-five feet, and the lower fragment, which had been separated by a transverse line about half-an-inch above the articular end of the bone, was found to be completely comminuted. Two other cases were examined by

Professor Gross, in one the carpal fragment was found to be separated into two pieces by a fissure leading into the joint, in the other, a much more extensive comminution had taken place. In an example recorded by Professor E. M. Moore, the fracture was found to be transverse, and although crepitus could not be detected during life, there was not the slightest trace of impaction. The tip of the ulnar styloid process had been wrenched off with the internal lateral ligament. In the second fore-arm of the same body, a fracture of the carpal end of the radius was found to exist, which ran in an oblique direction from above and behind downwards and forwards, and the apex of the styloid process of the ulna was torn off.

Dr. Hector Cameron, of Glasgow, has reported the examination of two recent specimens. In the first the line of fracture was transverse from side to side, and oblique from before backwards, the lower fragment being one inch in length behind, and a quarter of an inch in front. The carpal fragment was slightly comminuted, and the lower surface of the upper fragment, which was extremely rough and denticulated, sent a toothed process in the spongy tissue of the lower piece, and so firmly nailed it in its new position, that it required great force to separate them. In Dr. Cameron's second case the fracture was transverse in both directions, and situated about an inch above the carpal extremity. In front the fracture was hardly complete, the periosteum remained unbroken; but there was a well-marked backward hinging of the carpal fragment, and an examination of the posterior aspect showed a complete solution of continuity, whilst the compact outer layer of the upper fragment was driven firmly into the spongy tissue of the lower, splitting the latter into three pieces, which it, at the same time, held securely together, the impaction being complete and irreducible.

Dr. Pitcher, of New York, has lately advanced an entirely new theory of the nature and mechanism of fractures of the inferior extremity of the radius. This part of the bone is formed of "a cone of cancellous tissue, which is grasped above by a cylinder of strong, thick, compact walls. All force transmitted to the lower extremity, other than that of very great intensity is here finally decomposed and repelled." If, on the other, the violence be very great, the carpus acts as "a blunt wedge; driven against the concave articular surface of the radius with sufficient violence, it will split it longitudinally. There is no possibility of a cross-breaking strain being exerted, and, if in any case, transverse lines of fracture are found, they must have been occasioned by some other mechanism." This theory is borne out by the evidence collected from the examination of eleven specimens of recent fracture, collected in the museum of the New York Hospital, and one in the possession of Professor Hamilton. Ten of the twelve present both vertical and transverse lines of fracture; in some the vertical fissures extend into the shaft above the line of transverse separation. But the most remarkable corroboration of this writer's view was afforded by a specimen presented in 1858 by Professor Bigelow, to the Boston Society for Medical Improvement, in which the carpal articular surface presented a star-shaped crack, from which corresponding fissures passed up into the shaft for more than an inch, but without transverse fracture. This was the second example of the kind that had been met with by Dr. Bigelow.

Among English surgeons of late years, who have taken up the much vexed question of the mechanism of Colles's fracture, the most decided opinion has been expressed by the late Mr. Callender, who surpasses even Voillemier himself in the vehemence with which he advocates the theory of impaction. Basing his belief on the evidence afforded by the dissection of three cases, in each of which the fracture had been caused by very extreme violence, he considers that "there can be no question but that impaction is the cause of the displacement."

An examination of all the facts and theories which we have collected on the subject will, we think, leave no doubt on the mind of any unprejudiced inquirer that a great

variety exists both in the forms, and probably, also, in the mechanism of production of the fractures of the lower end of the radius. As Professor Bennett has well observed, "we have ample proof that the simple transverse fracture, without impaction, the impacted, and the fracture *par écrasement*, with a shattered lower fragment, are all possibilities," and there can be little doubt that modifications in the mechanism of production exist to a corresponding degree. I have not myself come forward as the advocate of any one hypothesis, for I do not believe that anyone can be successfully manipulated so as to adapt it to all cases; nor do I attempt to broach any new theory, for I think there is no room left for further innovation, and those with which we are already acquainted, if judiciously applied, will be found amply sufficient. I should, therefore, perhaps, in conclusion, apologise for trespassing so far on the time and patience of the members of this Society in the discussion of a subject on which I do not pretend to teach anything new, and was only encouraged to do so by the belief that any contribution to the literature of this subject would be listened to with partiality by the members of the Surgical Society of Ireland, in the long roll of whose names that of Abraham Colles shall always hold one of the proudest and most conspicuous places.

## Clinical Records.

### LARIBOISIÈRE HOSPITAL, PARIS.

*Suppuration of a Goitre during Convalescence from Typhoid Fever—Cure of the Goitre.*

Under the care of M. HUCHARD.

(Reported by M. WEILL, Interne.)

G—, a journeyman, *æt.* 22, entered the Lariboisière Hospital Aug. 11, under the care of M. Huchard (for M. Jaccoud). He had lived in Paris four months; when he came he had never had any disease in his own country, but he had a goitre of medium size; the diameter of the neck about the middle 54 centimetres. The skin over the tumour was normal. The tumour was of marked consistence, and the affection he said was common in his country. (Chambur, Italy).

For eight days he had felt weak and indisposed. He had lost his appetite and bled from the nose. Being unable to work he had gone to bed. After two days, diarrhoea came on, headache increased, and this condition continued up to his entry into hospital.

At a visit on Aug. 11, the patient presented a very dejected appearance. Great weakness and somewhat profuse diarrhoea. A few rose spots. Temp., 39°3 deg. C.

From the 11th to 28th Aug. typhoid fever ran its usual course with nothing remarkable to notice, and under simple treatment.

Aug. 23.—Temperature normal and patient feels very well.

Aug. 29.—He complains of pain in the neck, and there is slight redness on the surface of the goitre.

The following days the pain persisted, the redness spread, and the goitre increased in size: at the same time the temperature rose from 37 deg. C. to 38°6 deg. C.

Sept. 1.—The consistence of the tumour had much diminished, but fluctuation was not perceptible. The patient complained of obstruction to the movements of respiration and deglutition.

Sept. 6.—M. Humbert was called to see the patient. He found considerable increase of the goitre, which indeed was doubled in size. The skin was very red, and around the tumour was slight œdema; lastly, through the whole of the tumour was well marked fluctuation.

M. Huchard, seeing that the whole tumour participated in the inflammation, gave it as his opinion that the thyroiditis would result in the cure of the goitre, an opinion, as we shall see, absolutely confirmed.

Sept. 8.—An incision was made at the most prominent point, a little on the left side. A large quantity of pus escaped. A drainage tube was inserted to the bottom of the wound and Lister's dressing applied. At the end of ten

days the temperature fell again to 37 deg. C. The phenomena of pressure had completely disappeared. Carbolic injections were made in the wound daily.

The tumour disappeared little by little, and the patient left for Vincennes completely cured, early in October.

The diameter of the neck is now little more than normal; two or three small nuclei may be felt on the sides of the larynx.

This case seems to present two interesting points :

1. The complication of this special inflammation in the convalescence from typhoid fever.
2. The cure of the goitre as the result of this inflammation.

## Translations.

### ON THE VALUE OF OPERATIONS WHICH INVOLVE INCISION OF THE MEMBRANA TYMPANI.

By Dr. J. POLLAK, of Vienna.

Translated by W. DOUGLAS HEMMING, F.R.C.S. Ed.,  
Bournemouth.

[The following paper translated from the *Allgemeine Wiener Medizinische Zeitung* will be read with interest by British otologists for the reasons given by the author in the opening outlines.—W. D. H.]

The otological section of the International Medical Congress to be held in London, in 1881, has chosen the above among others as a selected subject for discussion. Since I shall scarcely be in a position to be present at the Congress, I take this opportunity of recording my experience in relation to this point, for the last five years, at the Aural Clinic of the General Hospital, which may be interesting also to non-specialists.

Paracentesis of the drumhead is performed almost exclusively in diseases of the middle ear. 1. To remove exudation from the tympanum (serum, mucus, pus, blood). 2. To remedy abnormalities of curvature of the membrane (abnormal tension, relaxation, cicatricial contraction, adhesions). 3. To enable one, through the perforation, to perform tenotomy of the abnormally contracted intrinsic muscles of the ear (tensor tympani and stapedius); and lastly, 4. To furnish a direct passage for the sound waves to the stapes and the membrane tympani secundaria, in anchylosis of the incus or malleus, or of both together.

Of the technicalities of the operation it may be remarked that it is best performed through a wide short speculum, by means of a lance-shaped paracentesis needle not too small. In order to have both hands free, it is well to use a forehead-band reflector for illumination. The size of the incision and its nature must vary according to the object of the operation. Under no circumstances should it be less than 2 mm. long. After the performance of the operation any irritation of the wound, even by the injection of lukewarm water must be avoided, and the meatus should be closed to prevent congestion of the head.

I.—The exudation from the diseased tympanic mucous membrane may be (a) purely serous; sero-mucus; gelatinous-like nasal mucus; colloid or (b) muco-purulent; purulent; or sanguinolent.

In the forms of exudation included under (a) which correspond to a catarrhal affection of the tubal and tympanic mucous membrane, the drumhead as a rule appears drawn inwards, the short process of the malleus projects forwards, the handle of the malleus is drawn inwards and backwards, and as a result it appears foreshortened, and in not a few cases apparently covered by the much swollen posterior layer of the drumhead.

Inflammatory appearances are almost always wanting in the membrane. When, however, the membrane has not been altered in its texture by previous pathological changes, we see through it the golden yellow or bottle-green (Politzer) exudation, and since the exudation better refracts the light, and the tympanum is contracted from without inwards; there are often also visible the long process of the incus, the promontory and the depression for the fenestra rotunda. If the exudation does not completely fill the drum, we remark on the membrane a hair-like line generally black, the line of demarcation

of the exudation; which, when the latter is serous, changes its position in movements of the head like a water level.

The disturbance of hearing in this form of disease, middle ear catarrh, is dependent, on the one hand, on the abnormal tension of the membrane and the ossicles and their consequent imperfect power of vibration; on the other hand, on the pressure which the exudation exerts on the plate of the stapes and the fenestra rotunda, and on the alteration of the vibrating medium in the tympanum.

Therapeutically, vigorous inflation is indicated either by Politzer's method, or failing that, by catheterism of the Eustachian tube. By this operation, not only is the abnormal tension of the operation overcome, but in many cases by improving the state of nutrition of the parts, an absorption of the exudation is brought about. The latter is especially the case in serous or sero-mucous exudation, in which, as Politzer shows, by putting the head downwards, and towards the side opposite to that of the affected ear, by which the tympanal end of the tube is directed downwards, an outflow of some at least of the exudation may be produced by the air douche. This, however, becomes impossible in the gelatinous, naso-mucus-like, lumpy exudation, for the absorption of which by the usual treatment by the air douche, weeks, months even are required, and in difficult cases it is not even effected at all. It is especially in the treatment of such forms that paracentesis of the membrane is indicated, although in cases of serous exudation also a marked diminution in the duration of the treatment is obtained by paracentesis.

The incision, not too small, is best made in the posterior inferior quadrant of the membrane, whether it be vertical or horizontal, as proposed by Binz, is a matter of indifference. From its easy practicability and freedom from danger (I have, by observing the above-mentioned precautions, out of about 500 cases only seen inflammation follow in one single case), this operation claims a permanent position in the therapeutics of exudative middle ear catarrh. The immediate result is striking. It is sufficient that the causal indication must be satisfactory, and in order to prevent relapse, for some time after the operation the tube must be kept pervious.

II.—In acute otitis media, among other inflammatory appearances in which the membrane participates, there occurs an effusion of a mucous or purulent exudation in the tympanum. By this the membrane, especially at its posterior superior quadrant, is pressed outwards and shows the characteristic appearance of myringitis.

In the course of acute middle ear inflammation, besides the disturbance of hearing, the severe pain, the gradually disturbed condition (temperature up to 41 deg. C.), and in some rare cases the symptoms of meningeal irritation render therapeutic interference necessary. Opening of the tympanum by incision of the membrane is by most aural surgeons, equally with oncotomy, valued and used.

After the experience which I have had during the last five years, in the abundant material of the Vienna Aural Clinic, I must agree with the view which Politzer has decidedly pronounced in regard to the frequent performance of paracentesis of the membrane in painful inflammation of the middle ear with redness and swelling, and he only recommends it "when examination of a membrane shows that rupture may be expected, that is, when there is a greenish yellow tint of part of the tightly stretched membrane, or further, in livid red swelling of the membrane, when the pain is very severe and can be removed by no other therapeutic means." According to my experience, which is in agreement with Politzer's, the process often goes on to complete *restitutio in integrum* without perforation of the membrane, whilst, after incision has been performed, a long continuing discharge is almost always set up. Especially is this the case in weakly, cachectic, scrofulous, and tuberculous individuals.

The incision should be made in the most bulging part of the membrane, in the posterior superior quadrant.

(To be continued.)

THERE were fifteen deaths from small-pox in London last week of children under five years of age; of these, thirteen were unvaccinated. Another awkward fact for the anti-vaccinators.



## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 82).

#### GLAUBER'S SALT WATERS.

WE now come to a group of waters distinguished by containing sulphate of soda, but none of the corresponding salt of magnesia. We have seen that there are numerous cases in which either or both of these saline purgatives are useful. There are others in which the soda salt is more appropriate. It is very often stated that Glauber's salt is more nauseous and also more irritating than Epsom salts, and some attribute the popularity of the latter to these qualities. Not only are both these assertions disputable, we consider that the reverse of them would be nearer the truth. It is possible some persons may consider one salt less nauseous than the other. *De gustibus non disputandum.* But with regard to their relative efficacy it is more important to have a correct idea. We have no doubt whatever that the magnesian sulphate is more irritating to the intestinal mucous membrane than the soda salts. When taken alone, the former may be considered half as strong again as the latter, and many persons will find it act twice as powerfully, but in mineral waters it is not alone. The carbonate of soda, chloride of sodium, and even the carbonic acid modify the action. The effect of the waters is therefore a complex one. For single purgative doses this may not signify, but for prolonged courses it is of great importance. Glauber's salt acts in the same manner as Epsom salts, but is less irritating. It can be given in large quantities. Accordingly, its single dose is larger, but for continuous use the ratio is not the same. It may be pushed until the artificial diarrhoea becomes distressing, but this is not so soon the case as when the mixed salts are employed. The so-called "critical diarrhoea" about which so much has been written, is the natural result of continuing too large doses of any of the purgative waters, although it may also be brought on by errors in diet, or by taking cold. In the leading mineral waters, however, considerable influence must be assigned to the modifying ingredients. Of these, carbonate of soda is perhaps most important. It is a most effective corrigent, and may perhaps claim to serve also as an adjuvant. It will be readily admitted that the corrective influence on the stomach may be serviceable, but we believe this influence extends along the intestines. Anyone who has much experience in the treatment of

irritative diarrhoea, by alkalies, will admit this. But, then, we ought not to forget the effect of this carbonate as a solvent of the albumen of the blood, and thus as a promotor of serous transudation. If this be increased, we can easily see that a minor degree of stimulus to the intestine should suffice to produce purgation. In the same way chloride of sodium may be shown to be a more important ingredient than is sometimes supposed. It stimulates gently the mucous membrane of the alimentary canal, and also the muscular fibres of the intestines; when absorbed it promotes tissue change, and apparently aids the cell formation. Its digestive action is well known. These two salts are therefore admirably suited to reinforce the sulphate, and the mineral waters thus constituted are remarkable for their efficacy as well as for their mildness. Further, on account of the carbonic acid which they also contain, they act more easily on the stomach and are more acceptable to the palate.

In these waters, then, we have saline aperients which are powerful promoters of tissue metamorphosis. They cause a sensible decrease in the body weight, chiefly by the loss of superfluous fat, for the muscles do not diminish in volume, and the appetite, digestion, and assimilation, improve under their judicious use. It is only when pushed to extremes, or in unsuitable cases, that injurious irritation is set up. The increased tissue change would thus appear to be counteracted by the removal of fat. At the same time we must admit there is also considerable increase in the elimination of nitrogenous material through the bowels. This is partially compensated for by decrease in the elimination of nitrogen by the kidneys, which Prof. Seegen has shown to be produced. Though, as will be seen, we do not accept the view he advances, that there is an absolute reduction of eliminative activity, but regard the lessened removal by the kidneys as more than counter-balanced by the bowels. In the use of such agents it is obvious that diet and regimen are of the utmost importance, and at the principal spas these are regulated with no slight rigidity. Some further details will be given under the individual waters.

*Carlsbad*, the only hot spring of the group, is the most important, on account of its remarkable position, its ancient repute, and the valuable researches which have been accumulated respecting the therapeutical effects of the waters. As early as 1522, Dr. Payer produced his *Tractatus de Thermis Caroli, IV.*, and about half a century later Dr. Sumner published the composition of the waters. Drs. Schackern and Springsfeld showed the remedial uses of the waters, and in 1772 appeared Dr. Becher's *Neu Abhandlung von Karlsbade*. The last-named author appreciated to a remarkable degree the qualities of the waters, and the cases for which they were adapted. Some of his observations might well be thought to have been recently written. Many eminent physicians have since discussed the subject in all its bearings, and Dr. Seegen still continues his important experiments.

Carlsbad is not adapted for use as an occasional purgative. The dose would be too large, and, indeed, some



authors distinctly deny its purgative action ; but the first few doses almost invariably produce increased alvine evacuations. Still the best and most lasting effects are obtained from moderate doses. At the springs it seems to be a common practice to gradually increase the dose, which varies from two to ten glasses of six to eight ounces each. The whole quantity is taken before breakfast, walking in the open air between the glasses, the drinking thus occupying an hour, or an hour and a-half. The dose, small at first, is increased until several fluid evacuations are produced, and this degree of purgation may be kept up, and the quantity again reduced according to circumstances. It is obvious that a course of such treatment prolonged for weeks is a very powerful therapeutical process, especially when reinforced by appropriate diet. This last point is much insisted on at Carlsbad, and those employing these or other saline waters will do well to adopt a dietary approaching in character that which is there enforced, and which we may as well briefly state :—

*Breakfast* (to be taken an hour after the last glass of water)—weak tea or coffee with milk and a little sugar, well baked rolls or stale bread, no butter ; eggs, bacon, fish, or meat only permitted to very weak patients.

*Dinner* (at one o'clock)—Soup free from grease or flavouring, but may be thickened with rice, vermicelli, or pearl barley ; meat (beef, mutton, or lamb), or poultry, with well-boiled fresh vegetables, a light pudding, or stewed fruit. A cup of coffee is allowed in the afternoon, and a light *Supper* at eight o'clock. Light claret is only allowed in small quantities when the physician thinks a stimulus to the stomach needful. Otherwise, alcohol is absolutely forbidden. Smoking in moderation is tolerated. The following articles are forbidden : butter and fats of all kind, cream, cheese, pastry, pork and other rich foods, goose, sausages, salmon, herrings, anchovies, mackerel, *entrées*, and all seasoned dishes, peppers, onions, garlic, spices, cucumber, all salads and uncooked fruit.

This somewhat primitive and rigid diet would, without any other measure, produce a great effect in many persons, and in several points may often be relaxed. The absolute prohibition of butter, for instance, would often be a hardship, and its exclusion is not justified by science. It is only *excess* of fat that is injurious to digestion ; some of it seems actually to accelerate the formation of peptones, and the amount which thus facilitates digestion may well take the form of butter. In the same way the exclusion of ripe fruits and vegetable acids—originally founded on an error—need not be insisted on unless for some special purpose. Again, there are cases in which the meals should not be limited to three daily, and there are others in which the waters and the exercise make too great a demand on the strength of the patient unless a cup of tea or milk-and-water be permitted to precede. But while making these concessions we must urge the importance of a simple diet, carefully regulated on the lines laid down at Carlsbad.

(To be continued.)

We would remind those of our readers who intend subscribing to the "Habershon and Cooper Forster Testimonial Fund" that the list will close on February 28.

## Special.

### ARMY, NAVY, AND INDIAN MEDICAL ITEMS.

IN the House of Commons on the 4th instant :—Mr. Trevelyan, replying to Dr. Farquharson, said the report of the Committee on the pay and position of naval medical officers would be presented to Parliament as soon as the correspondence on some minor points had terminated. The terms of the scheme, however, had been virtually settled, and it gave the proportions of improvement as regarded medical officers in the navy compared with the army. The scheme of retirement would come into force on the 1st of April next. Successful candidates would receive full pay as surgeons from the moment of entering the service.

THE *Indian Medical Gazette* observes, with reference to the late illness of the Viceroy, that it has directed the thoughts of the profession (in India) to the subject of fever, a subject which must always occupy the front rank in that country ; that more sickness and mortality are due directly and indirectly to this cause than to all other causes put together. Dr. Payne, in his report on the Medical Institutions of Calcutta for the year 1879, showed that the number of cases returned under the head of enteric and remittent fever varied remarkably in different hospitals, and in the same hospital in different years, and he has ascribed the variation to difference in the theoretical views held by the medical officers in charge. Nothing, observes our contemporary, could more clearly indicate the need of more precise notions in this matter.

IT appears that the mortality of the 2-11th Regt., now in Candahar, is deplorable. In a few months the regiment has lost two officers and ninety men ; and, out of the 700 who crossed the frontier so recently, there are now scarcely more than 250 men fit for parade. Dysentery and diarrhoea, the diseases of the country at this season, have worked all the mischief.

H.M. Indian Troopship, *Euphrates*, which recently arrived at Natal with troops from Bombay, had on board the following medical officers, namely, Surgeons-Major Cherry, Scott, Barker, and Cornish ; Surgeons Mapleton and Gramby. The *Crocodile*, also with an Indian contingent for the same destination, had on board Surgeons-Major Roe, K-ir, Waghorn ; Surgeons Ward and Langridge.

SURG. W. K. HATCH, M.B., has been appointed to act as Professor of Pathology in the Grant Medical College, Bombay.

Is the report true that "doctors" who served in the Zulu war are to be denied the medal for that war ? Surely not. It is stated that soldiers and officers of the "combatant" branches are to receive medals for that war, although they may have had no actual fighting whatever, and yet medical officers, who performed their duty under fire, are to be deprived of the decoration. No doubt all this is a mistake, and we await the assurance that it is so ; otherwise, it savours not only of gross unfairness, but of actual indignity to the medical service.

## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 9, 1881.

### ALL-NIGHT SITTINGS.

THE British House of Commons has recently been the scene of occurrences which are likely to render the year 1881 one of the most memorable in parliamentary annals. In connection with the events comprised within the record of the past week or two, there are few of the fresh experiences undergone by members more significant than the all-night sittings, which, at one time, threatened to become

indefinitely prolonged. A canvass of the whole House of Commons would probably discover scarcely a single dissident from the proposition that health, and physique were undergoing irremediable mischief by those protracted debates, and that even the strongest representative must be injured, more or less, by a continuance of them. Coming in the way they did, as something beyond and above ordinary experience, they, by right of their unusual nature, received an amount of notice and consideration that fail to be bestowed on similar but less abnormal incidents. The House of Commons is, by no means, the only situation in which men, young, old and middle-aged, undergo the dangers attendant on all-night sittings. Not now and then, not once or twice, or perhaps three times a year, but night after night, week after week, and year after year, there are an uncountable number of persons who absorb the legitimate working day, and pursue far into night and early morning, the studies or the labours of their lives. The habit once acquired, it would almost seem that no effort of the will is competent to shake it off; and the consequences to the victim find expression in the wards of consumption hospitals, the paralysed and epileptic, and, in their worst forms, within the walls of the madhouse. We have no wish to threaten honourable members with any such result of their persistence in all-night sittings; although there are not a few among them who, by reason of advanced age and failing powers, might well absent themselves from a scene they can be present at only under such untoward conditions for them. To them, even infrequent repetitions of the demand made by a single all-night sitting on frames weakened through years, and exhausted by age, is met at considerable expense of vigour and endurance. The gentle exercise and excitement of an unprotracted sitting, they can endure and enjoy. It is within their ordinary powers, and lays no undue pressure on bodily resistance. But at once, when these favourable limits are exceeded, the overstrain commences, and, as it proceeds, it is met by fast declining efforts, until at length a total succumbing of the system, rewards the devoted legislator for his patriotic attempt to maintain the pressure brought to bear on him. Unfortunately, too, it most often happens that the men on whom the nation places highest value, whom it can least well afford to lose the services of, are just those more aged individuals on whom protracted vigils first commence to tell. In the national interest, therefore, it is eminently to be desired that the scenes rendered familiar in the immediate past shall not be re-enacted; and that no further necessity for the continued presence in the House of the more venerable of its members, shall arise as a consequence of any political incident. There will be far more difficulty, however, in bringing about that the many outside of parliament who waste health and strength in all-nights sittings, shall cease to submit their lives to the deadening influence of such practice. Necessity and inclination separately, or together, serve in every case of this kind to render difficult the task of breaking a custom grown familiar by long usage. How many men there are—fathers of families, even; others young, ambitious, and scheming—who neglect the future in the present, and who, by reckless calls upon their physical powers now, are laying up for themselves sickness and death in the not far distant time! In cities and towns these are to be found in every rank, in every

place, and in every stage. Some there are in all the hope and eagerness of youth; others on whom the dull apathy of certain illness has settled down, and destroyed all zest in life; and others, yet again, in whom the progress of disease has so far advanced, as to destroy all joy in living, and make death itself seem better than existence. In all of these it were not too severe to say, that all night sitting over work or study, had sown the primary seeds of that grew to yield such lamentable fruits.

In his daily practice the physician is brought into direct contact with the victims of an ill-judged devotion to business calls or intellectual excesses. His duty then is plain; and whether it be a senator that he forewarns, a student, or a professional worker, he should equally enforce the unceasing necessity of rest for the brain, during the hours of night, and abstinence from toil when the overworked, mind by flagging efforts at concentration, denotes the mischief already wrought, and the penalty that will surely follow disobedience of Nature's calls for repose. In the case of statesmen, the conditions are equally urgent, and carry with them even more anxiety, because in their well-being the successful prosecution of national undertakings is involved. The weariness induced by close attention to Parliamentary labours is, perhaps, greater than we are always prepared to believe; at any rate, it is grave enough to yield abundant excuse for the adoption of any and every expedient, whereby the burden of his duties may be lessened to the legislator. Each extra hour, abstracted from the necessary rest, adds something to the irrecoverable loss sustained by the physical powers; and it should be the earnest wish of every patriotic member of the body politic, to smooth away each fresh occasion of disturbance to the right relations between rest and work. To the larger class who are sapping their energies by unwise abuse, we can only, perhaps, best appeal by suggesting the injury they are doing to coming generations, who, by unalterable law, are destined to inherit the imperfections, as they will undoubtedly share the excellencies, of their living ancestors.

#### THE NOTIFICATION OF INFECTIVE DISEASE IN DUBLIN.

As we reported in our issue of Jan. 26, the Council of the Irish Medical Association has held a special meeting for the consideration of Mr. Gray's Bill, to introduce into Ireland the compulsory notification of infective disease by the attending physician.

A series of resolutions were submitted to the meeting by Dr. Jacob, and after some emendation, were passed in the following form:—

1. That this Association, while re-affirming the resolutions of the Council adopted on the 27th July, 1880, as to the advantages of early notification of infectious disease, is of opinion that the proposal to compel the physician to make a formal written notification either to the sanitary authority or to the custodian of the patient, would, if carried into effect, be of doubtful advantage to the public, and be oppressive upon the medical practitioner.

2. That this Association does not admit the principle that a physician should be required to apply to public uses the information obtained by him in his capacity of a private practitioner, and the Association furthermore apprehends that, if it be declared that the visit of a physician to a patient who may possibly be suffering from an infectious disease shall

be, of necessity, followed by the putting in motion of the sanitary law with regard to the infected house, a great inducement will thereby be afforded to defer calling for the physician until the disease has acquired such intensity that it can no longer be concealed and must be treated under great disadvantages.

3. That the Association cannot assent to the sacrifice of professional principles and medical interests which the Bill now before Parliament involves until the custodian of the patient has been made fully responsible, under penalties, both to ascertain from a medical practitioner the nature of the disease, and to report the same to the sanitary authority; and until after an effort made to enforce such responsibility with vigilance and firmness, it has been found impracticable to do so.

4. That irrespective of the objectionable principles of the Bill already referred to, the proposals to pay to the physician one shilling for thirty days' notification of cases occurring in an infected house—to pay no fee whatever for such services in a public institution—to compel the physician to attend in court, without fee, to prove his certificate, if necessary, and to impose a penalty of £5 upon him for such omission to notify, are altogether unacceptable to the profession.

5. That, therefore, the Committee of this Association be instructed to take all necessary steps to cause the Bill to be modified in its passage through Parliament, or to oppose its passing, if necessary.

These resolutions put beyond any doubt the feeling of the Irish Medical Association, and, we believe, the profession at large, as to Mr. Gray's scheme. The profession acknowledges that it would be very desirable that the sanitary authority should be informed at the earliest possible moment of the occurrence of infective disease, but it declares that the custodian of the patient, and none else, should be held responsible to furnish that information.

It is not alone on the ground of professional principle or medical interest that the Irish Medical Association deprecates the imposition of such a duty upon the physician, but because the patient himself would suffer from the disposition to keep the doctor out lest the sanitarian might follow him into the house, and because the inducement to conceal infectious disease, which is admitted to exist, would for a similar reason be greatly increased.

The opinion of the medical profession in Dublin upon this subject has been clearly expressed by the plebiscite recently taken by the Irish Medical Association. A circular setting forth the facts was forwarded to 371 persons whose names appeared in the Dublin list of the Irish Medical Directory. From these a considerable number must be deducted of those who, usually resident in that city, are absent from home either in ships, in the army, or else where. Thus about 280 resident practitioners received the circular, of whom 201 sent replies as follows to the questions submitted to them.

1. Do you approve of the medical attendant being, directly or indirectly, the informant, *in writing*, of the sanitary authority? Yes, 60; no, 104.

2. If you approve, which proposition (*a* or *b*) do you prefer. For *a*, 31; for *b*, 29; against either, 49.

*a*. That the medical attendant shall, on diagnosis of an infective disease, fill up, sign, and hand to the custodian of the patient, or to the occupier of the house, a printed notice which the recipient shall be bound to bring or send forthwith to the City Hall.

*b*. That the medical attendant shall, himself, transmit such notice to the City Hall immediately after he has left the patient.

3. If you do not approve of *a* or *b*, do you approve of *c*?

*c*. That the custodian of the patient, or house occupier, shall be the person responsible to ascertain from a medical man the nature of the sickness, and report same to the sanitary authority, subject to penalties for omission to do so.

Allowing for the probability that many of those who omitted to give any reply to these queries would object to the imposition of such duty upon them, it may be taken that at least two-thirds of the medical profession in Dublin are hostile to Mr. Gray's proposals, and will afford no assistance to their being carried into effect.

We trust that the decision of the profession thus expressed will satisfy Mr. Gray that his Bill, in its present form, will fail in its object, and that he will not press its second reading in Parliament until it has been altogether changed in its features.

Approving most warmly of any effort to amend the sanitary law of the city, we should be sorry that all idea of obtaining an effective system of notification should be abandoned, and there is no reason why it should be so. There are other propositions quite as practical and much less dangerous than Mr. Gray's, which ought to be talked over before legislation is attempted.

#### THE INDIAN MEDICAL SERVICE.

THE Defence Committee of the above Service has published "A Comparison between the Army Medical Service and the Indian Medical Service," and has, moreover, sent the document containing that comparison to every medical school in the United Kingdom. It is confessed that certain disadvantages under which the Indian service was considered to labour have lately been removed. The following, however, are looked upon as sufficiently grave to be thus formally enumerated, and, being so, we propose to consider them in their order, namely:—

##### 1. "STATIONS AND CLIMATE AFTER JOINING.

"The greater part of the *British surgeon's* service will be passed either in his native country, or in temperate and healthy climes, such as the Mediterranean and Cape Stations; and, even in India, the Order of the 2nd January allots to him permanently all the pleasantest and most salubrious stations in or near the Hills, such as Puna, Bangalore, Meerut, Rawal Pindi, Umballa, Mhow, &c.

"The entire service of the *Indian surgeon* must be spent in India, and at the worst stations—in torrid and malarious districts, such as Meer Meer, Scinde, and Central India—the cholera haunts, or fever-stricken plains, of Lower Bengal, Gwalior, Assam, British Burmah, and the Malabar coast."

We suspect that the framers of the above comparison have insufficiently appreciated the position of the Army medical officer. Those of that service who pass more than an infinitesimal part of their service in their native country, or in other "healthy" climates, are few indeed, and most especially fortunate; the many oscillate between such *healthy* places as Hong Kong, West Indies, &c. cetera. As to stations in India, if an administrative medical officer of the army is stationed at Bangalore there is one of the Indian service at Secunderabad—in every respect quite as good a place, and in the estimation of some people much better. As to Lower Bengal, we had thought Calcutta—the city of palaces, and even Barrackpore, to be among the most envied of Indian stations.

Rangoon, also, is certainly a more desirable place to be stationed in than Mhow. In all fairness, therefore, we really cannot see that, as regards this item, the comparison is adverse to the Indian service, but rather the contrary.

2. "PAY AND ALLOWANCES.

"When in India, notwithstanding his other advantages while there, the British army surgeon draws in some instances more pay and allowances than the Indian surgeon who is permanently quartered in that disagreeable and unhealthy country."

We cannot enumerate any advantages enjoyed by the Army medical officer in India over the Indian. If in some few—very few—instances the former draws more pay than the latter, in the great majority it is quite the other way. Army medical officers serve temporarily in India, and while there are moved about from place to place, the Indian medical officer settles down in a place, and there remains for years, often in the enjoyment of large emoluments, with every comfort that a magnificent house and large establishment can confer.

3. "IF HIS HEALTH BREAK DOWN BEFORE HE IS QUALIFIED FOR A PENSION.

"The British surgeon is transferred to a home station or some climate suitable to his case. If, however, he is reported unfit for further military duty, he is placed on half-pay on the following scale:—

If he has served—	
Under 5 years	£108 2 0
More than 5 years	146 0 0
" " 10 years	182 10 0
" " 15 years	248 7 6

"No change of climate is provided for the Indian surgeon. He must either work out his service in the climate which deprived him of his health until he dies, or leave that service for good, on far less liberal allowances!

If he has served—	
Under 3 years	£45 12 0
" 6 years	73 0 0
Between 6 and 12 years	127 15 0
Between 12 and 20 years	173 7 6
Over 20 years	200 15 0

As a matter of fact, an army surgeon invalidated from India before the completion of his tour of service there obtains exactly six months' leave upon full pay. If at the end of that time he is unable to return, he is placed upon half-pay, and may remain so for an indefinite period, losing not only emoluments, but "time" for promotion. The Indian Government is most liberal in regard to sick leave. If an Indian medical officer breaks down in health in the early part of his service his position, no doubt, is disadvantageous. On the other hand, once he has become "seasoned" to India, his chances of health are far better than those of the army surgeon, who has to face all climates, remaining for no long period in any one.

4. "ADMINISTRATIVE APPOINTMENTS.

"The proportion of these to the total strength of the service is much greater in the British Service, being for

Surgeons-general	Per cent. 1.09
Deputy-surgeons-general	3.4

There certainly ought to be equal prospects of advancement in both branches of the medical service, and in this respect we cordially support the present representation.

5. "DECORATIONS.

"In the British Medical Service there are—

2 K.C.B.'s and 12 C.B.'s, which is nearly 1 in 50 of its entire strength.

"In the Indian Medical there is—

1 O.C.B. which is exactly 1 in 666! officers."

In this respect, also, we are of opinion that an improvement is desirable. We notice the circumstance, however, that the "Comparison" makes no mention of either the Order of the Star of India, nor of that of the Indian Empire; several Indian medical officers belong to these, but none of the Army Medical Service. As a matter of pure right, we consider that good work, in whatever branch of the public service performed, ought to be acknowledged. Hitherto, the medical departments generally have been at a very great disadvantage in this respect, but there are rumours afloat that some improvement in this respect is contemplated.

6. "PENSIONS ON RETIREMENT.

"Granted to the British army surgeon—		"Granted to the Indian surgeon, irrespective of rank:—	
Surgeon-major, 20 years' service..	£365 0 0	After 17 years' service	£220
Surgeon-major, 25 years' service...	410 12 6	" 21 " "	292
Surgeon-major, 30 years' service...	456 5 0	" 24 " "	365
Brigade-surg., 20 years' service...	501 17 6	" 27 " "	456
Brigade-surg., 30 years' service...	547 10 0	" 30 " "	550
Deputy-surgeon general ...	638 15 0	with additional pensions to those who complete 5 years' service in administrative appointments.	
Surgeon-general..	730 0 0	Deputy-surgeons-general ...	£250
		Surgeons-general ...	350

For all, in fact, except the few administrative officers, the pensions are considerably less, though the service is entirely tropical."

For the reasons already stated, we consider that, as regards locality, India is infinitely a better and far more pleasant sphere wherein to serve than the larger, more various and variable, from one end to the other of which the army surgeon is liable to be buffeted. As regards pension, the Indian surgeon-general draws £900, the army surgeon-general £730—a difference in favour of the former of £170!

THE METROPOLITAN WATER SUPPLY.

PROFESSOR FRANKLAND'S last monthly report on the Metropolitan water supply is not altogether of a satisfactory nature, so far as the public health is concerned. We learn from it that the average amount of organic impurities contained in a given volume is, on the whole, large, and that the water drawn from the Thames by the several companies was of inferior quality to that supplied during the previous month. The water also, drawn from the Lea by the New River Company and East London showed deterioration, and was slightly turbid through inefficient filtration. On the other hand the deep well water of the Kent and Colne Valley companies, and the Tottenham Local Board of Health was of its usual excellent quality. A significant fact of importance as affecting the purity of deep well water.

In contradiction to this statement of an authorised authority, we notice a manifesto put forth by the companies, signed by three well known chemists, which has been forwarded to the President of the Local Government Board, and which concludes as follows:—"That considered both chemically and physiologically, the water delivered by the companies during the month over which their examinations extended, was of excellent quality,

wholesome, and in every respect well fitted for the supply of the metropolis."

Who shall decide when eminent chemical authorities so totally disagree? It does, however, appear to ourselves that chemists, as a rule, do in all documents of the kind, manage to avoid the most vital and important issue in the question of what constitutes a perfectly safe and pure water, and what does not. Why, in the first place, we may ask, was this examination undertaken at a period of the year when water is freer from organic impurities than at any other? During winter, and with the thermometer close upon, or below the freezing point, all kinds of organic life sink to the bed of the river, and become buried in the mud at the bottom. A very different state of things is brought about in summer time when the temperature of the Thames water ranges from 50° to 70° Fab. But putting this aside, even the quantity of organic matter contained in Thames water at any period of the year will afford no guide whatever as to its wholesomeness. Therefore, to lay the chief stress on its presence or absence alone would be unscientific and misleading. It would be equally misleading to place reliance upon any couple of dozen samples of water drawn from the mains of the companies, and from the analyses of these, assert that the Thames throughout its course of forty miles was entirely free from organic matter. This indeed, is an utter impossibility, for is it not a fact that hundreds of thousands of human beings daily and hourly contaminate the river, and who could venture to point out at what particular spot the faecal discharge of some typhoid case, or in summer time, some cholera patient, has passed into the stream, and thence into the company's reservoir? The several gradations between a good and bad water are almost infinite, and it is obviously quite impossible to set up a standard immunity from danger. This may be inferred from the fine line drawn by Dr. Tidy himself, who says, that "water pure enough for drinking should not require more oxygen to oxidise the organic matter present than from 0.05 to 0.15 part for 100,000 parts, that if the amount rises to 0.21 part the water is of very doubtful purity, and if above this, the water must be considered as decidedly impure." "Here he furnishes an instance," as Mr. Ekin, in his manual upon "Potable Water," somewhat sarcastically remarks, "and the only one of the kind on record, where half as much again makes all the difference between a dose that is safe and one that is unsafe. Or to put it in another way, in the case of an infected water, *six typhoid germs are harmless whilst nine would be hurtful!*"

We find it stated, also on the authority of another eminent chemist, that "there is no human method by means of which the precise actual weight of organic matter can be determined, much less is it possible to say how much or how little of the same is likely to prove injurious to health." In the face of an overwhelming amount of evidence that water containing from 0.9 to 1.0 part per 100,000 parts of nitrogen as nitrates, is a positively dangerous water, we cannot be expected to rely solely upon a chemical analysis. At all events the burden of proof rests with those who continue to assert to the contrary, and until this part of the question is fairly disposed of it is manifestly wrong to ask the public to believe this or

that water is, in every respect well fitted for the supply of the metropolis."

For our part we would much rather fall back upon the medical inspectors of the Local Government Board whose experiences have been gathered in quite another way, and who so far as we can gather from the reports, believe with us, that a good drinking water should, like Cæsar's wife, be above suspicion.

## Notes on Current Topics.

### The Mortality of Foreign Cities.

It is interesting occasionally to glance at, and compare, the vital statistics of other countries, especially at a time when the death-rate at home has risen so considerably from atmospheric and meteorological circumstances. Of course a comparison for a single week is valueless from a statistical point of view, as the changeable nature of surroundings influence so materially the results; and to arrive at a just conclusion we can only take the yearly returns. Still, we cannot but deplore the unusual fact that less than a fortnight since there were four cities in the United Kingdom—Glasgow, Liverpool, Manchester, and Dublin—whose death-rate was as high as any of the cities of the world. That notoriously unhealthy city St. Petersburg stood 10 lower than Dublin and Manchester; Liverpool was equal with Calcutta; and Glasgow above Buda-Pesth.

From the same official sources other interesting items may be culled. Thus, we have Paris with a much higher death than birth-rate; although in the aggregate its mortality does not stand so high during the corresponding week as any of the cities mentioned; it has, nevertheless, the ominous figures against its fair name, of 32 deaths from small-pox, 50 from typhoid fever, and 42 from diphtheria. Calcutta, too, gives the proportion of one-third the whole of its deaths to fever, while St. Petersburg yields one-tenth of its loss to typhus alone. The death-rate in New York is also very high, far beyond any other American city, diphtheria being credited with about one-thirteenth the total. London and Edinburgh still maintain their pre-eminence for health of all the important cities of the world, whilst Dublin and Perth stand at the bottom of the list.

### Case of Hydrophobia at Keighley.

We regret to have to refer to another case of this disease reported at Keighley, Yorks. The patient, John Loftus, æt. 22, was bitten about six weeks ago by a stray dog, which was shortly after shot. Symptoms of hydrophobia developed on Feb. 1, and he died on Feb. 3. Dr. Hartnett, who at once recognised the malady, asked Dr. Dolan, of Halifax, to see the case in order to verify the diagnosis and suggest some line of treatment.

The patient was in very poor circumstances, and great difficulty was experienced in obtaining persons to watch this unfortunate sufferer, and had not Dr. Hartnett, at great loss of time and by pecuniary aid, assisted the family, the circumstances of the case would have been much aggra-

vated. Treatment had to resolve itself into very simple and narrow limits.

It may be asked, Why was the patient not removed to a hospital? This was suggested and opposed by the friends and by the patient, though Dr. Hartnett offered to find the necessary funds for this purpose.

We are astonished to hear that Keighley does not possess a public subscription hospital. Such a large and wealthy town ought to have one. We trust some of the local surgeons will take the initiative and set such a scheme afloat. This is the second case of hydrophobia reported from Keighley, and we have pointed out so repeatedly the necessity of some stringent dog act that it seems almost useless to insist on such a measure. When a bishop or a duke shall be bitten by a rabid dog or die of hydrophobia, we shall then expect some legislation.

### Proposed Medals for Sanitary Work.

THE Society of Arts in order to encourage a sounder and more healthful system of house building, have decided to offer for competition three silver medals for "plans showing the best sanitary arrangements in houses built in the Metropolis, such plans to be exhibited in the Society's Rooms, Adelphi, in June, 1881, and to be sent in or before May 12, 1881."

1. One silver medal will be awarded for the best sanitary arrangements carried out and in satisfactory working in a house let out in tenements to artisans for which a weekly rental is paid.

2. One silver medal for the best sanitary arrangements in actual satisfactory working in a house of the yearly rental of from £40 or less to about £100 in value.

3. One silver medal for the best sanitary arrangements in actual satisfactory working in a house of the yearly rental value of £200 and upwards to any amount.

The houses may be old, fitted with modern sanitary arrangements, or may be new, and must be open to the inspection of the judges, who, in considering their award, will be guided by the suggestions of plans for main sewerage, drainage, and water supply, made under the Public Health Act, 1875. The houses must have been in actual occupation within the last three months, and a certificate must be given by the occupiers, on a printed form, stating the satisfactory working of all the sanitary arrangements, such form to be obtained at the Society of Arts.

### To Terminate the Chloroform Narcosis.

A PECULIAR device is mentioned by Schirmer in the February number of the *Centralblatt f. Augenheilkunde*. He claims to have used it in his clinic for many years, and often succeeded in producing inspiratory movements when other means failed. He also employed it to induce rapid recovery, for instance, in strabismus operations, in order to test the result. The method consists in irritating the nasal mucous membrane. It has long been known, at least to physiologists, that the fifth nerve retains its sensibility longer than any part in narcosis, and that reflexes may be induced through this nerve when other irritations fail. Schirmer uses simply a rolled piece of paper, which he turns in the nose. In dangerous cases he dips the paper into ammonia.

### The Vaccination of Paupers.

MR. PETER TAYLOR, ever ready to ride his pet hobby horse, anti-vaccination, got decidedly the worst of an argument with Mr. Dodson, President of the Local Government Board, in the House of Commons on Thursday. Mr. Taylor had, in fact, discovered a mare's nest, and in reply to his questioning as to whether he had sanctioned a resolution of the Holborn Board of Guardians under which relief would be refused to all paupers who had not been vaccinated, Mr. Dodson said he had not sanctioned any such resolution, nor had the Holborn Board passed one to that effect. In view of the spread of small-pox a recommendation was made to the guardians that medical officers when examining paupers should ascertain whether they had been vaccinated, and if not that they should be vaccinated as early as practicable. To make such a condition of relief as the question stated would be absolutely illegal.

### Visitation of Examinations.

WE learn that Dr. Gairdner, of Glasgow, Mr. Teale, of Leeds, and Mr. William Stokes, of Dublin, have been appointed to visit, on behalf of the General Medical Council, the examinations of the Colleges of Surgeons of the three divisions of the kingdom. We hail with satisfaction the selection of a court of visitors independent of Medical Council influences, and we have every confidence that gentlemen so high in public estimation as those we have named, will return to the profession a thoroughly honest verdict, founded upon a careful and vigilant inquest upon these examinations. If they do so they justify their appointment, and will not inflict upon the profession the series of polite platitudes which formed the staple of the reports of the first visitors appointed by the Medical Council.

### The Consulting Physiciancy of the Rotunda Lying-in Hospital.

THE election to this office which took place on Friday last, was regarded with much interest by the profession. After the death of the late Dr. Hudson it was known that the successions to the vacant office would be contested—an almost unprecedented occurrence, inasmuch as the Governors, in whom lie the choice of a consultant, had heretofore on all occasions acted upon the recommendation of the Master of the hospital. On the present occasion, however, Dr. Little, Professor of Practice of Medicine in the Royal College of Surgeons, whose nomination was supported by the master, Dr. Atthill, was opposed by Dr. MacDonnel, Physician to the Queen, and whose election was moved by two lay governors; also by Dr. Henry Kennedy, recently Physician to Cork Street Fever Hospital, and eventually Dr. Little was elected. The circumstance is worthy of notice irrespective of the professional merits of the respective candidates, because it asserts the principle, which we think ought to influence strongly the choice of a consultant to such an institution, that the physician who is to consult ought to have an influential voice in the appointment of the physician with whom he is to consult.

Without depreciating the qualifications of either of the unsuccessful competitors for this honorary office, we hold

the opinion that Dr. Little, as being the physician desired by the Master of the institution, had a pre-emptive right to consideration, and we are glad he was selected by the governors.

#### A New Medical Knight.

THE Queen has signified her intention of conferring the honour of knighthood on the President of the Royal College of Physicians, John Risdon Bennett, M.D., who retires from the chair in the present year. It will, we feel sure, be felt that Dr. Bennett is well deserving of a recognition of the amiable and excellent way in which his duties to the profession have been discharged during his tenure of office; and we congratulate him on the appropriate manner in which he is about to be rewarded.

#### Actions for Libel.

BESIDE the action pending in the Court of Queen's Bench against Dr. Hoggan and the publisher of the *Medical Press*, there are two others likely to excite much interest in medical circles, which will probably be disposed of in the after-sittings of next term in Dublin, and in the County Assize of the same date for Tyrone. In the first of these actions, our contemporaries, the *British Medical Journal*, and the *Cork Constitution* are to be the victims of actions for libel on the part of Mr. James Crawford, the Cork schoolmaster, whose unwarrantable attack on Dr. H. M. Jones in regard to the use of pilocarpine for the treatment of his child, who died of scarlatina in the Cork Fever Hospital, will be fresh in the minds of our readers. Our contemporaries, in common with ourselves, and every other medical journal of any character in the United Kingdom, criticised the charges against Dr. Jones, and animadverted on Mr. Crawford's conduct, and the vindictive manner in which the attack on Dr. Jones had been pursued. Since the decision, which exonerated Dr. Jones, was delivered by the governors of the Fever Hospital, Mr. Crawford, whose mental balance would seem to have been entirely upset by his family bereavements, has devoted himself to the posting of the dead walls of Cork with placards, which were none the less injurious to Dr. Jones, because they were obviously the emanations of a prejudiced mind, and now he seems to have succeeded in inducing a solicitor to take his fancied grievances into the courts of law. While the case is *sub judice* we can only express our hearty sympathy with the *British Medical Journal*, the *Cork Constitution*, and especially with Dr. Jones, in the persecution of which he is the victim. The second action is one for a libel upon Dr. Kinkead, Professor of Obstetrics in the Galway College, said to have been contained in a letter addressed by Dr. Valentine Browne, surgeon to the County Infirmary, to Dr. Pye, professor of anatomy in the same College. Dr. Kinkead had, for several years, delivered clinical lectures, with consent of Dr. Browne in the County Infirmary. Dr. Colahan had been subsequently admitted to the same function, an arrangement being come to with Dr. Browne on the subject of fees. This arrangement Dr. Browne has subsequently repudiated, and the alleged libel is contained in a letter in which he sets forth his reasons for excluding Dr. Kinkead in terms which that gentleman considers actionable, and, accordingly, he has brought his

suit in order that his professional reputation may be set right. Last week, the question whether such a communication, assuming it to be libellous, was privileged, was argued before the Court of Exchequer in Dublin, and judgment was given against Dr. Browne, so that the case will probably be heard on its merits next term.

#### American Opinion on English Asylums.

DR. GEORGE M. BEARD, M.A., member of the National Association for the Protection of the Insane, has republished, as a small pamphlet, an article he contributed to the *Boston Medical and Surgical Journal* for December 23 last, on "The Asylums of Europe." In this he describes the chief characters by which those institutions in England are marked, and expresses unhesitating approval of the system he has seen in use. He draws especial attention to the comparative—in places almost absolute—freedom enjoyed by inmates of the institutions, and on the absence of all methods of restraint. He is of opinion that the Americans can learn much by a study of Continental systems of treatment, and advises this rather than simple imitation. One passage we will venture to quote, and we believe it will meet with the hearty assent of English physicians:—"In the treatment of the insane outside asylums by general practitioners and students of the nervous system, there has been probably as much advance in this country as abroad; and especially in the treatment of various morbid states of the nervous system, that often lead to insanity, there has been nowhere such satisfactory progress as here. This is the philosophical method of combating insanity; treating the insane before they are insane; arresting candidates for lunacy before they have stepped on the threshold of the asylum."

#### Chlorine not an Element.

PROF. MEYER, of Berne, by a series of experiments conducted on chlorine gas, has demonstrated that the assumption of its elementary character is incorrect, and that it is in reality an oxide of a metal, to which he proposes to give the name *murium*. The method adopted in arriving at this conclusion is that of dissociation at high temperatures; 700° C. sufficed to dis sever the oxygen from its associated element, and having collected the former by passing the mixture through a bath of mercury, its presence could be demonstrated by the usual tests. The metal *murium* formed an amalgam with the mercury, but it has hitherto been too minute to permit any adequate examination of its properties to be made. It is fairly open to conjecture that the elements iodine and bromine, hitherto classed with chlorine, may likewise be found, when submitted to a similar series of experiments, to be compound bodies; and it may reasonably be supposed, further, that all such discoveries will have an appreciable bearing on the importance attaching to the chemical processes of animal life. The discoveries must, in any case, have an interest for the physiological chemist, especially since well-known authorities in this country are disposed to credit the announcement made by Prof. Meyer. We are not unlikely soon to hear a good deal more concerning the new element.



### The Seamen's Hospital, Greenwich.

THE Earl of Northbrook will preside at the sixtieth annual court of the Seamen's Hospital Society to be held this day at Willis's Rooms at 3 p.m. Several well-known gentlemen have promised to address the meeting, to which admission is by ticket only. The occasion will possess special interest from the fact that opportunity will be taken at it, of presenting an address from the committee of management of the hospital, to Mr. Henry C. Burdett, who has for a long time acted as secretary, and now retires from office. Mr. Burdett's valuable services in connection with the institution, and the care of hospitals generally, will make the ceremony an interesting one to many persons.

### Death of Mr. Carlyle.

Few will fail to feel keen regret that one of England's greatest writers is no more. Mr. Thomas Carlyle died on Saturday at his residence in Cheyne Walk, Chelsea, after a not long illness, the chief characteristic of which was sheer prostration. The termination of Mr. Carlyle's life was in the nature of things, to be anticipated at any moment, and of late the increasing evidences of old age left little expectation that he would long survive. The recent severe weather has undoubtedly served to hasten the end a little, which, however, has been evidently approaching for some time. Though 86 years of age, Mr. Carlyle was still vigorous up to last summer, when increasing feebleness rapidly set in, and ended on Saturday in death.

### Amendment of the Artisans' Dwellings Act.

SIR RICHARD CROSS has given notice that he will move, "That a Select Committee be appointed to consider the working of the Artisans' Dwellings Act, 1875, and the amending Act of 1879, with a view of considering how the expense of carrying out these Acts may be reduced, and also of considering any causes which may have prevented the reconstruction of dwellings for the artisan class to the full extent contemplated and authorised by these Acts, and of recommending such amendments as may be most expedient for carrying out the full intention of these Acts; and also to consider the working of the Metropolitan Streets Improvements Acts, 1872 and 1877, with the same objects." In the event of Sir R. Cross not being able to secure a debate on his resolution, it is understood that he will ask for the Committee without discussion.

### Statistics of Medical Journalism.

On the authority of M. Dureau, one of the librarians of the Académie de Médecine, the present number of medical periodical publications for France and its colonies is 147, 95 of these being published in Paris, and 52 in the departments. The German Confederation publishes 133 journals, Great Britain 69, Austria 54, Italy 51, Belgium 23, Spain 26, Russia 26, Holland 16, Switzerland 10, Sweden and Norway 9, Denmark 5, Portugal 4, the Danish Principalities 4, Turkey 2, Greece 1—the total for Europe being 583. In America there are 183 journals, in Asia 15, in Oceania 4—the total for the various Continents being 785. The number of medical journals created since 1679 exceeds 2,500.

### The London International and Medical Sanitary Exhibition, 1881.

CONSIDERABLE progress has been made with the arrangements for this exhibition, and since the publication of the first list of the guarantee fund the following additions have been received:—Messrs. Burroughes, Wellcome and Co., £30; Robert Rawlinson, Esq., C.B., £25; Sir James Paget, Bart., F.R.S., £10 10s.; T. J. Smith, Esq., (Hull), £10; Messrs. Strode and Co., £10; Messrs. Woollams and Co., £5 5s.; John Carter, Esq., £5; Messrs. Meyer and Meltzer, £5; W. A. Meredith, Esq., £5; the Sanitary Engineering Company, £5; Daniel T. Bostel, Esq., (Brighton), £3; William Martindale, Esq., £2; Alfred E. Fradelle, Esq., £1 1s.; and Messrs. Walter Macfarlane and Co., £25. In addition to the Medical and Sanitary Sections there will be a Miscellaneous Section, consisting of school furniture and other articles more or less connected with the general purpose of the exhibition. Applications for space are to be sent in not later than Thursday, March 31st, 1881; but from India, the Colonies, and America applications will be received up to April 15. Full particulars may be had on application to the Secretary, Mr. Mark H. Judge, Parkes Museum of Hygiene, Gower Street.

### Eucalyptus Oil in Antiseptic Dressings.

DR. SIEGEN writes very favourably (in *Deutsche Med. Wochenschr.*) of oil of eucalyptus as an antiseptic, its special advantage being that it shows no tendency to cause eczema, or to irritate the skin in any way. The solution employed by Siegen was made by dissolving three grammes of the oil in fifteen grammes of alcohol, and adding 150 grammes of water; this quantity is enough to moisten thoroughly one metre of well-washed gauze. The dressing is applied wet, and covered with gutta-percha tissue; it may remain without changing for 3—5 days. It is noted that in one case an eczematous eruption, which had been caused by a thymol dressing, healed under the eucalyptus dressing in a few days.

### Tuberculosis and Scrofula.

IN a discussion on the relations of tuberculosis and scrofula at the last meeting of the Société Médicale des Hopitaux of Paris, M. Labbé said that he had arrived at the conclusion that tubercle is a termination of scrofula, as it may be of other diseases. M. Ferraud's opinion inclined to the same conclusions. Scrofula, he said, is not the only constitutional disease where we find tubercle; arthritic patients also show tubercles; phthisis, therefore, may not follow the scrofulous diathesis. To seek in tubercle a special lesion peculiar to a special disease is a precarious work, as Dr. Cornil says. Tubercle is a morbid product which may follow all maladies without belonging peculiarly to any of them.

### A New Treatment of Orchitis.

DR. SABADINI recently communicated to the Society of Medicine of Constantinople the case of a patient suffering from blennorrhagic orchitis whom he had very successfully treated with iodoform. An ointment was applied to the tumour consisting of 4 grammes of iodo-

form to 40 grammes of vaseline. The effects were remarkable; the pain rapidly disappeared, the patient did not have to refrain from his work, which obliged him to stand all day, and the swelling disappeared in eight days.

IN consequence of the extreme severity of the weather throughout the United Kingdom, the death-rate rose to unusual proportions the week before last, especially in Glasgow, Liverpool, Manchester, and Dublin; the increase being chiefly confined to deaths of old people and children, and to those suffering from affections of the respiratory organs.

THE next quarterly meeting of the British Medical Temperance Association will be held in the Medical Society's Rooms, 11 Chandos Street, Cavendish Square, on Friday, February 11th. The President, Dr. Richardson, F.R.S., will take the chair at 4 p.m., and a paper will be read by Dr. G. B. Clark on "Ava, the Polynesian Intoxicant: its Physiological Action and Therapeutical Uses."

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 were—Leicester 18, Sunderland 21, Bradford 23, Newcastle-on-Tyne 24, Hull 26, Brighton 26, Portsmouth 27, Leeds 27, Sheffield 28, Plymouth 28, Bristol 28, London 29, Norwich 30, Edinburgh 31, Birmingham 32, Wolverhampton 34, Oldham 34, Salford 36, Nottingham 38, Glasgow 39, Liverpool 40, Manchester 46, and Dublin 47.

IN the large towns last week scarlet fever showed the largest proportional fatality in Oldham, Sunderland, and Sheffield; and whooping-cough in Liverpool, Glasgow, and Leeds. The death-rate from fever (principally enteric) was again considerably below the average, with the exception of Dublin, where 15 deaths were recorded. Of the 30 deaths from diphtheria in the large towns 14 occurred in Glasgow, 8 in London, and 4 in Edinburgh. Small-pox caused 53 more deaths in London and its suburban districts, one in Birmingham, and one in Plymouth; no fatal case was recorded in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

EDINBURGH EYE INFIRMARY.—The annual meeting of the subscribers to the above institution was held last week. Mr. A. P. Purves, F.R.C.S. Ed., treasurer and secretary, submitted the report of the managers, which stated that since the re-opening of the charity twenty-eight years ago 25,176 individuals had applied for advice, of whom 397 had been received as in-patients. A large proportion of the cases were, as might be expected, of a severe character, many of them having been for some time under previous treatment. It appeared from an abstract of the accounts that last year the receipts were £104 11s. 0½d., and the payments £83 2s. 1d., the whole of the officers of the institution acting gratuitously. The secretary added that during the past year there had been a decrease

of £16 11s. 7d. in the subscriptions of the public, which the office-bearers hoped would be made up during the ensuing year. The report was adopted, and the officials re-elected.

GLASGOW LOCK HOSPITAL.—The seventy-fifth annual general meeting of the contributors and subscribers to the Glasgow Lock Hospital was held on the 25th ult., when Lord Provost Ure occupied the chair. It appeared from the directors' report, which was submitted by Mr. R. Young, the hon. secretary, that during the year there had been an increase in the number of admissions over the previous year to the extent of 42. On the 1st January, 1880, there were in the hospital 29, and there had been admitted since 385, making in all 414. Of these there had been dismissed as cured 390, leaving under treatment on 31st December last 24. The average time each patient remained in the house was 26 days. The average cost of each patient dismissed cured was 34s. 6d. The returns showed that by far the largest number of the patients were young persons, the average age of whom did not exceed 21 years.

UNIVERSITY OF EDINBURGH.—ATTENDANCE ON THE CLASSES.—There must be something wrong in the method of testing the attendance of students at the classes of the University of Edinburgh, when a student can fail to attend nine lectures out of ten, and no notice be taken of his absence. The system of "card-calling" is a farce, for it is well known that a few shillings judiciously spent at the beginning of the session will ensure all "cards" being in. Some of the professors object to card-calling, and would trust to the honour of the student for his regular attendance. The present system is demoralising, and has a most disastrous effect on some students, who are sadly in want of a more powerful incentive to work than the promptings of honour.

JOHN DUNCAN, THE WEAVER BOTANIST.—We have much pleasure in directing attention to the movement recently inaugurated to place this remarkable man above the cold charity of the parochial board. While earning his living as a handloom weaver, John Duncan has succeeded in forming a very fine collection of the most characteristic plants of Scotland, from the English border to the Moray Firth. His knowledge of botany is scientifically thorough and wonderfully wide, and his collection is therefore of much scientific value. Only the other day he presented about 1,200 of his specimens to the University of Aberdeen. Duncan is now upwards of 80 years of age, and through sheer decay is no longer able to earn his living: he has therefore been compelled to seek parish relief, which must be peculiarly galling to one who has hitherto led so independent a life as he has. An attempt is being made to collect a small sum to enable John Duncan to pass the remainder of his days in comfort. For this purpose a subscription has been opened in *Nature*, and subscriptions sent to the editor of that publication will be duly forwarded to the proper quarter.

AUSTRALIA.—LEGISLATIVE ASSEMBLY.—We notice in the daily press that at a recent meeting of the Australian Legislative Assembly a Mr. L. L. Smith tabled a motion. At the same time a Melbourne quack doctor of this name befouls the Colonial press with his abominable bird-lime. Will any of our Australian readers inform us if the two individuals are identical? If so, Hibernian turbulence and unrest notwithstanding, we must confess they manage these things better in the "old country" after all.

OBAN HILLS HYDROPATHIC SANATORIUM.—We are pleased to learn that this enterprise continues to make steady and satisfactory progress. We have long regarded it as a mis

fortune that Oban has not been appreciated to the extent that it deserves as a health resort. Owing to the influence doubtless, of the Gulf Stream, its climate is peculiarly mild during the winter and early spring. Recently, as we can testify from personal experience, while the inhabitants of Glasgow were living in Cimmerian darkness, and more than Cimmerian cold, and suffering so extensively from chest diseases in consequence, the inhabitants of Oban, even during the most intense period of frost, enjoyed a perfectly pure atmosphere, and on the occurrence of the thaw, as genial and balmy an atmosphere as existed in any portion of these islands. Were this fact as well known as it should be, now that the public command the facilities of travelling by rail, we are firmly persuaded that a visit to Oban would not be deferred until the too late period of the year at which it is usually undertaken. The site of the new hydropathic establishment is simply magnificent, and we wish the project the success to which it is so justly entitled.

**THE GLASGOW ROYAL INFIRMARY.**—The annual general meeting of this institution was held last week under the chairmanship of Dr. Wm. McEwen. The report of the superintendent (Dr. Thomas) stated that 5,117 patients had been admitted to the hospital during the year, being 195 less than for the previous year. The daily average number resident was greater, being 503, as against 437 in 1879. The number admitted in the medical wards during the year 1880 was 2,352. The mortality in these wards was 12·7 per cent., against 12·2 in 1879, and 13 in 1878. In the surgical wards the number admitted during the year was 2,765. The mortality in these wards was 6·4, against 5·2 in 1879. In the whole institution the number remaining on 31st December, 1879, was 476. The number admitted during 1880 was 5,117, making a total of 5,593. Deducting 509 remaining on 31st ult., the total number treated to a conclusion was 5,084, of whom 4,610 were dismissed, and 474 died. The total mortality of the patients treated to a conclusion was 9·3 per cent., against 8·6 in 1879, and 8·8 in 1878. The treasurer's statement showed that the ordinary revenue amounted to £18,125 11s. 6d., and the ordinary expenditure to £25,548 16s. The extraordinary revenue was £10,168 19s. 5d., while the extraordinary expenditure was £6,816 6s. 1d., the balance of expenditure over income being £4,070 11s. 9d. The chairman, in moving the adoption of the reports, said that if they had gone upon the principle of only providing hospital accommodation where the public, by increased subscriptions, had enabled them to defray expenses, they could not, during the past year, have given accommodation to more than two-thirds of those who had been treated. He hoped there would be a more generous response to the appeal of the directors for funds which would support the institution in all time coming. Professor Gairdner said that from his experience of the medical department, he could assure the public that the additional money had been most profitably spent, and he appealed to the public, especially to the middle classes, to be more generous than they had been in the past. The reports were adopted.

**DEATH FROM BLOOD-POISONING.**—On the 2nd inst., Mr. Richard Tud, draper, Leith, was buried in Rosebank Cemetery there; death having occurred under the following circumstances:—A few days previously he cut his finger with a piece of glass, and wrapped a piece of tissue paper over the wound. Blood-poisoning ensued, and death took place in a few days.

**EMPIRICISM CONFIRMED BY SCIENCE.**—To anyone interested

in medical archaeological lore, a rich mine of interesting material exists in the numerous Gaelic manuscripts, still existing in the Advocates' Library, Edinburgh, and elsewhere. These manuscripts are written in latin, and by practitioners educated, for the most part on the continent, and ignorant, we may tell the vain-glorious southerner, of the English language. It is interesting to note, possibly as a survival from our Gaelic physicians, that a popular cure for dyspepsia, not long ago, in the Highlands, consisted in the lining membrane of the gizzard of the cock, dried and powdered. Is this a case of the confirmation by science of empirical experience and observation?

**DEATH-RATE OF GLASGOW.**—The almost unprecedented severity of the present weather has naturally affected the death-rate. For the week ending with Saturday the 29th ult., the death-rate of Glasgow was 39 per 1,000 per annum of the population, as compared with 36 in the preceding week and 26 in the corresponding period of last year. The cold has told severely on the aged and infirm. An increase of over 50 per cent. in the death rate has thus occurred.

## Literature.

### THE SCIENCE AND PRACTICE OF MEDICINE. (a)

No language can in modern days compare as to universality with the English tongue, which is employed as a medium of daily civilised inter-communication throughout the vast colonies and dependencies of the British Empire, as well as in the United States of America; and as a consequence, a standard work in that language enjoys a cosmopolitan circulation, which its German or even its French congener cannot possibly approach. The circulation of British works of eminence, in any department, is further increased in a manner more flattering to the vanity of their authors than conducive to their material interests, by our Transatlantic cousins, who, the moment such works appear, inundate the American market with cheap reprints generally at as many cents as the British orthodox copy costs shillings; and this circulation in the new hemisphere becomes practically illimitable. Aitken's "Science and Practice of Medicine," had been now before the public for twenty-two years; and each succeeding edition has been received with increasing favour—in fact, it would not be too much to say that it has been for this long time past in the hands of almost every English-speaking and reading physician in the world. To attempt an ordinary review of a work upon which the hall-mark of public favour has been so unmistakably impressed, is obviously unnecessary, and the more so as each of the six previous editions have been already noticed in these columns at the time of their several appearances. We shall content ourselves with pointing out the special features of the seventh edition now before us, the issue of which became necessary from the fact of the work being long since entirely out of print.

We have carefully perused the two large volumes, and find them not so much a reprint as practically a new work in every portion where any changes have taken place. The number of pages remain nearly the same, but the lines have been widened, and made to contain a larger number of words; and this small increment in each page introduces, in over 2,000, a great mass of new matter. No department of medicine has made such strides as the diseases of the brain and nervous system, in which a new edifice has been built by the labours of Charcot, Hughlings-Jackson, Clifford Allbutt, Gowers, and others; and, accordingly, we find this section entirely newly written, and nowhere could the busy practitioner find a better or clearer statement of the present condition of this great department of medicine, or of the ophthalmoscopic or other aids to diagnosis. Diseases of the throat and larynx are fully described, and the labours of Morell Mackenzie and others fully set forth; and the section upon diseases of the kidney is admirably and efficiently worked out. The chapter upon the geographical distribution of disease is readable and

(a) "The Science and Practice of Medicine." By William Aitken, M.D., F.R.S. Seventh Edition. London: Charles Griffin and Co. Royal 8vo, pp. 2,331.

instructive, and is made clear by a very fine map; and the whole work is illustrated with carefully executed woodcuts, wherever these are required to explain the text. Last, and not least, the volumes are distinguished by very great typographical accuracy, and are furnished with a copious index, which enables the reader to at once localise any subject upon which he wishes to inform himself.

The great merit of Aitken, in our opinion, is the intermediate position which it occupies between the colossal work of Ziemssen, and the short treatises of Bristowe, Niemeyer, Bartholow, and Watson. Any of these latter works affords a brief view of the leading outlines of most departments of the healing art; and any one of them can be read through in a few days. As books of reference, however, they are not satisfying even to the advanced student, and still less to the practitioner—in fact, they were never intended for any such purpose. The great price (£16) of Ziemssen's "Medical Cyclopædia," effectually puts it out of the reach of the ordinary practitioner; but anyone who possesses it, and who turns to it for information upon any subject which he desires to study or teach, will usually find everything that can be said upon that subject. In Lord Beaconsfield's recent novel, "Endymion," one of the literary characters is a gentleman who is delineated as very "fond of reading Encyclopædias;" but we suspect that so untrusting a student exists only in the imagination of the noble author, and we frankly confess that, although we have frequently consulted them, we have not read through the sixteen volumes of Ziemssen, nor do we think it likely that we shall be able to do so. Here it is that Aitken fills up [a distinct want by two large volumes, which any industrious reader can carefully peruse and assimilate in the evenings of a month; but which, at the same time, if consulted as a book of reference, will yield him copious details upon almost any subject, and in fact supply most of the information necessary for the ordinary principles of daily medical work. We have had the advantage of inspecting Netley Hospital and Medical School, with its splendid laboratories, museums, and other facilities of study; and we are glad to see Professor Aitken employing them so well in bringing his great compilation to its present high standard of efficiency and completeness. We cordially re-echo the opinion of our contemporary, the *Edinburgh Medical Journal*, that "there is perhaps no work more indispensable to the practitioner and the student;" and as such we cordially commend it to our readers.

Q.

#### A MOVABLE ATLAS OF THE MALE ORGANS OF GENERATION AND REPRODUCTION. (a)

THIS is one of the now well-known Atlas series, published by Dr. Witkowski. By means of a series of movable coloured layers of paper, it shows the various structures which make up the male organs and the perinæum. The view thus given is a very good one, and is quite sufficient for the student who happens to be reading anatomy when dissection is over. The Atlas will be found most useful for demonstration of parts during clinical instruction. The accompanying letter-press, translated by Dr. Campbell Black, contains some curious information, and is written in a very pleasant style; but it is not as full and definite either in physiology or anatomy as would suit any student preparing for examination.

#### THE FUNCTION OF VISION AND ITS ANOMALIES.

IN our review of Girard-Toulon's work, translated by Mr. Lloyd Owen, F.R.G.S.I., page 81 (Jan. 26), by the omission of the word *not*, and the transposition of another word, a quotation that excellent monograph, which was intended to convey from an example of the lucidity of Mr. Owen's translation, became somewhat involved. It should run thus:—"In a high degree of hypermetropia, the long accommodative efforts, by congesting the deep membranes, frequently induce a certain degree of amblyopia. And the amblyope no longer seeks clearly defined images; what he desires are large images, and these are not obtained but by increased approximation of objects, by which means the retinal pictures enlarge much more rapidly than the circles of diffusion."

(a) "A Movable Atlas of the Male Organs of Generation and Reproduction." By G. J. Witkowski, M.D. The Text translated by Dr. D. Campbell Black. London: Baillière, Tindall, and Cox.

## Correspondence.

### THE TREATMENT OF LOCOMOTOR ATAXY BY PHOSPHIDE OF ZINC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Phosphide of zinc ( $P_2 Zn_2$ ) is a medicine not (if I don't mistake) much employed in England, although its properties as a nervous tonic have been demonstrated by such men as Ashburton, Broadbent, Thompson, Hammond, and others. Perhaps this is due to its comparatively recent discovery (1874), or that medical men were slow to publish the results of their observations. Its properties as a stimulant to the nervous system can be no longer doubted, it having been prescribed with success in such nervous diseases as hysteria, neuralgia, mercurial and alcoholic paralysis, incontinence of urine, hyphochondriasis, and has acted efficaciously in chlorosis, anaemia, and amenorrhœa, &c. But there is another disease for which I consider it, if not a specific, yet the only remedy that has given real and permanent satisfactory results. I mean progressive locomotor ataxy. This disease is well known to be most rebellious to treatment, as the variety of remedies employed testify, some medical men of authority even admitting their incapability to check its progress. The following cases which I have actually under treatment may be of interest as they encourage the idea of a real and radical cure. The first is that of a man about fifty years of age, who being out in the Crimean War, lay down one night on the ground covered with snow and slept for some hours. On awaking, he could not move, as he was almost frozen, and had to be carried to his tent, where for some days he remained in a critical state. But he got over it, and was enabled to finish the campaign; and not so two of his companions, who were lying with him the same night, as one was found dead in the morning, and the other had to undergo amputation of both feet. On his regiment returning to France he abandoned military for civil life, and became a commercial traveller. Soon after he perceived a certain unsteadiness in his gait, especially in the evenings. Thinking it was the effect of indulging too freely in stimulants, he confined himself to a more soberly regime, but the phenomenon persisting, he consulted a doctor, who ordered him some baths. But the insidious disease refused to be checked by such mild treatment, and now lancinating pains commenced to be felt, especially at night. He changed his medical adviser, and this time his disease was recognised, and he was prescribed strychnine and the cold *douche*, from which he received some benefit, but it was only transitory. Hearing of the celebrated Charcot, he came to Paris to consult him. M. Charcot did not conceal from him his position, and gave plainly his prognosis which I need not add was not encouraging to the patient. However, he ordered him the actual cautery down the spine, nitrate of silver (afterwards changed to sulphate of zinc), and the cold *douche*. From this treatment he experienced some amelioration, but his resources failing him, having had to renounce his situation, he entered the *Hôtel Dieu*, where he was placed under the care of Duchesne; but he was not there a month when the war broke out, and soon after he had to leave in order to give place to the wounded. Ever since he has been confined to his room. The pain he suffered at night was excruciating, it being so capricious in its point of selection as it was severe. Locomotion was absolutely impossible, further, he lost all sense of touch. About three months ago I commenced giving him the preparation of zinc in question with the following result: almost complete cessation of pain, locomotion, although very difficult, was yet possible, the state of vision that had become seriously affected, more satisfactory. The sense of touch still blunted. The second case is that of an *artiste*, unmarried, about 40 years of age, who for the last five years is confined to her room. Ten years ago she first perceived symptoms of the disease, but as it did not hinder her from following her profession she thought nothing of it. However, the disease progressing, she sought medical advice, and was ordered iodide of potassium and the cold *douche*. She followed this treatment for a long time, and deriving no benefit from it she became indifferent, and for a year before I saw her she had abandoned all treatment. She had of course to renounce her calling. At the time I saw her locomotion, as in the first case, had become absolutely impossible, and she suffered so much every night that she disturbed the other lodgers with her cries. Sensation was intact. After

a month's trial of the phosphorus of zinc all pain had completely disappeared, and she was able to walk across the room unaided. In another month the amelioration was more marked. She was now able to take a walk in the garden, leaving on her servant. She still remained free from pain. She continues the treatment. The third case is that of a married woman, 37, who for the last three years has been affected with locomotor ataxy. Four months ago she came to me complaining of unsteadiness in her gait, so much so, that she was ashamed to go out in the street for fear the people might think she was drunk. She suffered acutely at all times but more especially at night. All work became impossible to her, as anything she took in her hands she let fall. She was still able to move about, but not unaided. I put her under the same treatment with a like result; complete cessation of pain, walks better, feels more firm on her limbs, sleeps soundly, incontinence of urine, with which she was troubled before, disappeared, spirits good, and certain of being cured. I see her every fortnight, and each time an improvement is noted. Now, Sir, the above cases encourage me to think that locomotor ataxy is amenable to phosphide of zinc, especially when taken *au début*. The form in which I have prescribed it is that of pills. I divided twelve grains into a hundred pills, and gave one every day for a week, and then two were given daily, and so one up to five, which number I never exceeded.

I am, Sir, yours &c.,

HASTINGS BUBROUGHS, L.R.C.S.I., &c.,  
Surgeon to English Dispensary, Paris.

January 4th, 1881.

#### ON THE ADVANTAGE OF FURNISHING CATHETERS AND HOLLOW SOUNDS WITH CLOSELY-FITTING BOUGIES INSTEAD OF WIRE STILETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In page 27 of your excellent Journal, there is an article headed—"On the Advantage of Furnishing Catheters and Hollow Sounds with Closely Fitting Bougies instead of Wire Stilets." By W. F. Teevan, B.A., F.R.C.S., Surgeon to the West London and St. Peter's Hospitals. The same principle has been adopted and proposed by me thirty-three years ago. In an article published in the *Medical Press*, Vol. xvi., page 369, A.D. 1847, I have therein recommended that a large catheter, in which another catheter is closely fitted in place of its stilet, be introduced into the urethra in cases of retention of urine, accompanied by injury of the urethra or by prostatic hæmorrhage.

The following extract from the article will clearly express my meaning:—"I took a gum elastic catheter of large calibre without a stilet and introduced into it, in the same manner as you would put your finger into a glove, another catheter armed with a stilet and of sufficient size to fill completely the larger one. I passed the double catheter with the greatest freedom into the bladder and had the happiness to find upon withdrawing the smaller one that the urine flowed in a full stream, at the same time giving my patient immediate relief from his protracted suffering."

The only difference in this plan from the one adopted by Mr. Teevan is, that I used a catheter instead of a bougie. The armed catheter certainly preserves the curve better than the bougie.

M. C. BERNARD, M.B. Dub. Univ.,  
L.R.C.S.I., &c.

Dundrum, co. Dublin.

### Obituary.

#### DR. HAMILTON LABATT.

WE have to record the death of Dr. Hamilton Labatt, of Dublin, which occurred on Friday last, at his residence in Upper Fitzwilliam Street. Dr. Labatt was the youngest of twenty-two children of Dr. Labatt, a distinguished physician of the last generation in Dublin. He took the fellowship of the Royal College of Surgeons in Ireland in 1844, having previously graduated in arts in the University of Dublin. Shortly afterwards he was

appointed Medical Officer to the South City Dispensary, which he held until his death. For many years he held a seat on the Council of the Royal College of Surgeons. He was chiefly known to literature by his book on "Venereal," which, at the time of its publication was much esteemed, and was also the author of a work on "Restraint in Insanity." His genial disposition made for him many friends, and he died enjoying the respect of those with whom he had been publicly associated.

#### DR. JENCKEN.

AN unhappy mischance last week caused the death of Dr. Ferdinand Jencken, of Kingstown, co. Dublin. He, unfortunately, some time since inoculated himself with the virus from a case of malignant erysipelas, and was taken with pyæmia, from which, after ten days, he died. Dr. Jencken was an M.D. of St. Andrew's of 1853, and held also the membership of the London College of Physicians and Surgeons, and the license of the Irish College of Physicians. He had no public office, and his public writings consisted in various papers, on ozone and other subjects, in the medical periodicals, and a work on "Cholera and Vaccination."

### Medical News.

**Association of Surgeons practising Dental Surgery.**—The annual meeting of this Association was held on Wednesday, January the 26th, at 8.30 p.m., when the treasurer announced that the finances of the Society were in a most healthy condition. The retiring President, Mr. W. A. N. Cattlin, F.R.C.S., delivered an address "On the Imperfections of the Dentists' Act, with Questions as to the Alterations Required to Protect the Interests of Qualified Surgeons." The following is a list of the newly-elected officers of the Society:—*President*: Mr. T. Edgelow. *Vice-Presidents*: Mr. J. A. Baker, Mr. Samuel Cartwright, Mr. W. A. R. Cattlin, Mr. Francis Brodie Imlach, Mr. S. J. A. Salter, F.R.S., and John Smith, M.D., F.R.S. *Ed. Treasurer*: Mr. S. H. Cartwright. *Hon. Secretary*: Mr. J. Hamilton Craige. *Council*: Mr. Edward Bartlett, Mr. J. Fairbank, Mr. Francis Fox, Mr. C. Gaine (Bath), Mr. W. A. Hunt (Yeovil), Mr. W. D. Napier, Mr. W. G. Ranger, and Mr. Augustus Winterbottom.

**National Hospital for Consumption, Ventnor.**—At the annual meeting of the Governors held on the 2nd inst., under the presidency of Sir Harry Verney, Bart., M.P., the report recorded a continuance of the efficiency of the institution, and that an increased number of patients had been benefited by treatment at the hospital during the past year. The receipts for the year amounted to £7,216, and the expenses to £7,380. His Royal Highness, Prince Leopold, was elected President in succession to Viscount Eversley. The medical report was read by the Hon. Visiting Physician, Dr. Sinclair Coghill, and it stated that 598 patients had been treated at the hospital, the mortality being only 2.8 per cent.

**The Cancer Hospital, Brompton.**—The annual general meeting of the governors of this Hospital was held on the 2nd inst. From the Thirtieth Annual Report of the Executive, it appears that the operations of the charity have been materially assisted during the year by an increase of funds. The extension of the Hospital has been considered, and after very careful deliberation, it was decided to commence the additional buildings forthwith. For this purpose it was proposed to open a "special building fund" to avoid, as much as possible, encroaching on the regular funds. During the past year, 1,028 new patients were received, 339 being in-, and 689 out-patients.

#### TREATMENT OF DIPHTHERIA.

M. CREQUY, according to *La France Médicale*, commences his treatment of diphtheria by removing the false membrane with a forceps. He endeavours by a twist-

ing motion to remove the membrane, without breaking it, in as large a piece as possible; he then with a sponge dabs the denuded mucous surface with a solution of tannin. He never hesitates to adopt this method in all cases.

## 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.

**SPECIAL NOTICE TO SUBSCRIBERS.**—The Publishers respectfully remind Subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

**DR. LAUDOLT (Paris).**—Thanks, a note has been made of your request.

**FR. PANTALONI (Rome).**—We have directed our publisher to send you the missing numbers.

**DR. G. C. SMYTHE (Greencastle, Indiana)** is thanked for his note and enclosure.

**SAFE FOR THE PRESENT.**—Referring to the last act (for the present) in the life of that notorious diploma-monger, Dr. Buchanan, the *Students' Journal* says that he has been at last convicted on a charge of defrauding the Government of the United States, fined 500 dollars, the costs of the prosecution, and imprisoned for ten months. Probably the money will be paid with cheerfulness and thanksgiving, but the imprisonment will be a harder pill to swallow by the renowned doctor. He has had his day, and a good day too, so far as profits were concerned. It is to be hoped that in future, by the exercise of constant surveillance, the title of M.D. from across the Atlantic will be no longer considered at in Great Britain, but duly respected.

**A LUCRATIVE APPOINTMENT.**—In our list of "Vacancies," present number, will be found one for the southern district of the city of Durham, with an acreage of 4,816, population about 6,000, to which the municipal salary of £20 per annum for a medical officer is attached. We opine there will be a keen competition among educated gentlemen for the dignity of the position, added to its remunerative attractions.

**AN AUTHOR.**—The book has been out of print some years; but you could probably obtain a sight of it in the libraries of the Colleges of Physicians or Surgeons.

**DR. SUMNER.**—1. Shortly. 2. Will ascertain particulars and let you know by private note.

**CIVIL MEDICAL ATTENDANCE OF TROOPS.**—A correspondent writes: "I am an M.B.C.S.E. and dispensary medical officer, and for some years past enjoyed the monopoly of examining the militia recruits for the district. Of late they have been taken to a neighbouring practitioner, and, on inquiring the cause, was told that I had only a single qualification and my neighbour had the double. Therefore, according to the 'Medical Act,' he was entitled to them. Is this a valid reason for superseding me?"

[An army medical officer must have a double qualification, but the regulations which refer to civil medical practitioners in charge of troops ("Irish Medical Directory," page 835) contains no such provision, nor have we ever heard of such a requirement being made. As regards the legality of universal medical practice under the Medical Act, a technical question arises under sec. 31 of the Act, which declares that every registered practitioner "shall be entitled, according to his qualifications, to practise medicine or surgery," or both. It is still undecided whether these words forbid, technically, a physician from practising surgery, or vice versa: but, as a matter of fact, the right of a registered practitioner—whether he holds one or many diplomas—to practise all branches of the profession, has never been challenged. So far as we are acquainted with the regulations and the precedent which govern the question, we do not think that the lack of a second diploma has ever been held as a reason for ousting a practitioner already in office; but we cannot say that the Army Medical Department is not entitled to act on its own discretion, though we think it a very hard case that they should transfer the appointment under such circumstances.—Ed.]

**A NEW INTOXICANT.**—A meeting of the Medical Temperance Association will be held in the rooms of the Medical Society of London on Friday, Feb. 11, at 4 p.m., when a paper will be read by Dr. G. B. Clark on "Ara; the Polynesian Intoxicant, its Physiological Action and Therapeutical uses." Dr. Richardson, F.R.S., will preside over the meeting, to which all medical practitioners are invited.

**MR. J. HAMILTON CRAIGIE.**—Unfortunately, we cannot spare sufficient space. Mr. Cattlin's Address before the Association of Dental Surgeons would occupy ten or twelve columns of our type, and as the subject is not of sufficient interest to the majority of our readers, and we have, moreover, many regular contributors waiting for space, we regret our inability to comply.

**A PROVINCIAL PRACTITIONER.**—1. The English translation of Charcot's "Lectures on Bright's Disease of the Kidneys." 2. Aitken's "Science and Practice of Medicine." 3. Playfair's or Leishman's "Midwifery."

**THE SANITARY INSTITUTE OF GREAT BRITAIN.**—This (Wednesday) evening, at 8 o'clock, a paper on "The Law in relation to Sanitary Progress," by W. H. Michael, Q.C.

**HUNTERIAN SOCIETY.**—This evening, at 7.30, Annual General Meeting for the Election of Officers.—8. The Hunterian Oration will be delivered by Mr. A. H. Smees.

**ROYAL MICROSCOPICAL SOCIETY.**—This evening, at 8, the Annual Meeting for Election of Officers and Council.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—This afternoon, and on Friday, at 4, Prof. W. K. Parker, "On the Structure of the Skeleton in the Sauropsids."

**DR. THOS. BUZZARD** will lecture at the National Hospital for the Paralyzed and Epileptic, Bloomsbury, on Thursday, Feb. 10, at 5 p.m., on "A Case of Disseminated Sclerosis." Gentlemen who are medical practitioners, or students of medicine, will be admitted upon showing their cards.

**THE CLINICAL SOCIETY OF LONDON.**—Friday, Feb. 11, Dr. Sutherland, "A Case of Chronic Vomiting in which no food, except Koumiss, was taken for sixteen months"—Mr. J. W. Teale (Scarborough), "A Case of Qui-scent Scirrhus"—Mr. Heath, "A Case of Gangrene of the Arm from a Poisoned Wound; Amputation at the Shoulder, and Recovery."—Dr. Whipham, "A Case of small Round-celled Sarcoma of the Dura Mater encroaching on the Left Temporo-Sphenoidal Lobe of the Brain, and producing extensive Softening in its neighbourhood; Absence of Aphasia, the patient being left-handed."

**HARVEIAN SOCIETY OF LONDON.**—Thursday, Feb. 17, at 8.30 p.m., "Cases of Laryngeal Disease," by Dr. Woakes.—"The Treatment of Erysipela," by Dr. Cheadle.

## VACANCIES.

**Ballinrobe Union.**—Medical Officer for the Ballinrobe Dispensary District.—Salary, £100, with £25 additional as Medical Officer of Health. Applications by Feb. 10. (See Advt.)

**Carlow Union, Ballinacorney Dispensary.**—Medical Officer. Salary, £120. Election, Feb. 13.

**Central London Sick Asylum.**—Assistant Medical Officer for the Asylum at Highgate. Salary, £100, with board. Applications to the Clerk at the Infirmary Offices, Upper Holloway, N., by Feb. 11.

**Durham Union.**—Medical Officer for the Guardians District. Salary, £20. Applications to the Clerk of the Guardians before Feb. 18.

**Ventnor Consumption Hospital.**—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary, 12 Pall Mall, London, S.W., by Feb. 14.

## APPOINTMENTS.

**COOPER, J. N., L.K.Q.C.P.I., M.R.C.S.E.**, Medical Superintendent of the Infirmary, St. George's-in-the-East.

**DIWWOODIE, W., M.D., C.M.**, Medical Officer to the Third District of the Bellingham Union.

**EVANS, E., M.B., C.M.**, Public Analyst for the County of Anglesey.

**HAYWARD, R. S., M.D.**, Medical Officer and Public Vaccinator for the Tenth District of the Chelmsford Union.

**LANGTON, J., F.R.C.S.**, Surgeon to St. Bartholomew's Hospital.

**LUCAS, R., M.R.C.S.E.**, Medical Officer for the Fulborn District of the Chesterton Union.

**MAIR, A. F., M.B., C.M.**, Medical Officer to the First District of the Woodstock Union.

**NOARIS, E. S., M.A., M.B.**, Honorary Visiting Surgeon to the Windsor Royal Infirmary.

**OUTLON, H. W., M.D., L.R.C.S.I.**, Resident Surgeon and Apothecary to the Meath Hospital.

**PECK, E. G., B.A., M.R.C.S.E.**, House Surgeon to St. George's Hospital.

**POUND, F. J., M.R.C.S.E.**, House Surgeon to the Royal Hants County Hospital, Winchester.

**ROPER, G., M.D., M.R.C.P.L., M.R.C.S.E.**, Consulting Physician to the Royal Maternity Charity.

## Births.

**BUSHE.**—Jan. 29, at 74 Leeson Street, Dublin, the wife of Cecil J. L. Bushe, M.B., A.M.D., of a son.

## Deaths.

**ASKWITH.**—At Huntley Lodge, Cheltenham, suddenly, Robert Askwith, M.D., aged 65.

**COBBETT.**—Jan. 25, at Petworth, Torquay, Robert Newberry Cobbett, M.R.C.S.E., of Portobello, Edinburgh, aged 50.

**DABBS.**—Jan. 30, at 11 Brunswick Terrace, Buckland, Hants, Fleet-Surgeon George Henry Dabbs, B.N., aged 79.

**DAVIDSON.**—Jan. 31, at Willesden, John Davidson, M.D., C.B., Inspector-General R.N., Hon. Phys. to the Queen, aged 63.

**DONALD.**—Feb. 4, at his residence, 1 Sydney Place, Bath, John Donald, F.R.C.S., Deputy Inspector-General of Hospitals.

**HOLDEN.**—Jan. 27, John Fearnle Holden, Medical Officer of Health for Hull, aged 50.

**LEOD.**—Jan. 29, Freeman Leod, M.R.C.S.E., of Fletcher House, Tottenham, aged 54.

**LUNN.**—Jan. 25, Ernest Craven Lunn, M.R.C.S.E., youngest son of W. J. Lunn, M.D., of Hull, aged 21.

**MORTON.**—Jan. 16, in London, Surgeon-Major Edward Morton, of the Bombay Army.

**PAPINEAU.**—Jan. 28, at Milford House, Hemerton, William Papineau, M.R.C.S.E., aged 62.

**SANSON.**—Feb. 3, at 30 Devonshire Street, London, W., Edith Lillias, daughter of Arthur E. Sanson, M.D., aged 44.

**SCOTT.**—Feb. 3, at East Sheen, Euphemia, widow of John Scott, M.D., F.R.C.S. Ed.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 16, 1881.

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## Original Communications.

### CERTAIN CONSIDERATIONS REGARDING CHOLERA AND FEVER. (a)

By SURGEON-GENERAL C. A. GORDON, M.D., C.B., Honorary Physician to the Queen.

(Continued from page 110.)

INDIVIDUAL cases from time to time occur in which the symptoms, beginning with hyperpyrexia, gradually merge into such as are adynamic. In former years cases of this nature would have been described as of synocha; more recently, but yet a good many years ago, the expression *typhoid* would have been applied to the latter condition, not, however, in a *specific* sense, but *adjectively*—the counterpart, as it were, of ardent, acute, inflammatory, and so on. Still more recently this term, instead of being applied thus adjectively, as expressive of a *condition*, appears to have a specific significance attached to it, and the resulting turmoil has been considerable. It were well, I think, to indicate clearly in future reports in which of these senses, or in what other, the expression *typhoid*, when applied to a case of fever, is intended to be understood. In some instances the forms of fever (b) met with in India admit of being referred to one or other of the headings in accordance with the official "Nomenclature of Diseases." In the great majority this is only approximately practicable. In China "mixed fevers" are described as such in published reports. In India, cases of fever assigned to climatic causes were, and still are, indicated as "malarial;" this in brief. They are of all degrees of severity; those of greatest violence tending rapidly to arachnoidal effusion and heat-apoplexy—such are, in India, termed heat fever; in China, *pernicious fever*; (c) others, as already remarked, passing into cholera.

(a) Read at a meeting of the Epidemiological Society of London, 2nd February, 1881.

(b) For views of the older medical officers regarding fever generally, see my special reports—I, p. 164, and II., 56-76.

(c) Chinese Customs' Reports, July, September, 1872. Pp. 94-95.

But in reference to a particular type and complication occurring in India, the question is asked by our highest sanitary tribunal, (a) "Is there such a specific fever as enteric fever at all?"

7. *Specific origin theory.*—That certain diseases are due to the action of specific poisons upon the system is a circumstance familiar to, and recognised by, all observers. Syphilis and rabies furnish examples of this class. In both the poison appears to increase in, and pervade the system, but is itself only transmissible, at least, in its acute state by means of inoculation. Other specific poisons multiply and increase similarly, and are transmissible both by inoculation and infection, including contagion. Of this class are small-pox, scarlatina, puerperal fever, &c. (b) That these diseases occur, however, under conditions where neither inoculation nor infection can be traced, or with good reason assumed to have been in operation, is a point forcibly brought to attention by the records of epidemics contained in current medical literature. (c) Certain of these *poisons* are said to be capable of producing now one disease, now another, according to individual conditions and local circumstances insanitary and otherwise; and as a result of recorded experiments, certain animal fluids originally innocuous have, by artificial means, had their characters so transformed as to acquire such properties and their infective principle then called pyrogenic. But, according to my view, analogy justifies the belief that, if by artificial means, transformation or *evolution* of this nature can be induced, equally may it be so by means of the inherent

(a) The Army Sanitary Commission. In the Chinese Customs' Reports, July—September, 1873, p. 56, these remarks occur in reference to dysentery and typhoid fever: "Whether the former disease is always specific is fairly open to doubt, and the specificity of the latter is denied by one of the greatest living authorities on the subject."

(b) Puerperal fever is one of several diseases which arise spontaneously when puerperal women, wounded men, &c., are crowded in hospitals. See Copland's Dictionary, Art. Epidemics.

(c) See "Transactions" of Epid. Society. Vol. iv. Part iii. Among others, Dr. Langstaff (p. 421) indicates that particular groups of disease prevail, some seasonally, others not apparently affected by season. The *diarrhoeal* group has the greatest mortality in the summer quarter, and is most fatal in years with dry hot summers.



vital forces which regulate and determine the general organism of which organic matter is a part.

By analogy also the same or a similar principle applies with regard to various changes which occur in some instances during life, in others after death, and are capable of inducing disease in persons into whose systems matters so altered are introduced. Instances in illustration present themselves in peritonitis, erysipelas, pyæmia, &c. (a); in cadaverous poisoning, in the several affections induced by fish and flesh, meat in various stages or states of decomposition. But on the other hand, we trace many illustrative exceptions. Thus the flesh of animals dead by diseases the most horrible, has been eaten, glanders, for example in a cooked condition, without evil effects; animal poisons have been swallowed without ill effect; black vomit in cases of yellow fever has been swallowed, cholera matters have been tasted and even inoculated into animals and people with similar negative results. Hence I venture to remark the necessity for caution before we assume that because a particular circumstance happens at one particular time and occasion therefore precisely the same circumstance must of necessity occur under all and every combination of conditions. Such an assumption is obviously in disaccord with actualities.

During more than forty years has search been pursued zealously, but vainly, for specific poison of fever or cholera germs. Microphytes, bacteria, vibriones, &c., have each been indicated as the actual cause, each in turn as a result of further observation relieved from such onus. Thus we can only say that cholera as a phenomenon from time to time recurs; that it affects individuals and communities; but in our present state of knowledge, or rather ignorance, of its laws, all circumstances of a positive nature with regard to its prevalence that have been adduced have their counterparts negatively; all of a negative character, their counterparts positively.

Certain forms of fever are assigned to causation of a specific kind. Those to which attention is now necessarily restricted are such as by custom are referred to "malaria," and such as are referred to a specific poison originating in, and propagated by, means of decomposing animal, more especially fæcal, matters. That certain organisms are said to have been detected in the atmosphere of "malarious" places may or may not be a fact capable of standing the test of further minute investigation. (b) Even in the

(a) Dr. Alfred Carpenter believes that the *poison* of typhoid fever may arise *sua sponte*; Dr. King that it may be produced *de novo* by the putrefaction of albuminous stools; Dr. Low that it may arise from a process of "evolution" in decomposing matters; that inasmuch as puerperal septicæmia, pyæmia, erysipelas, or hospital gangrene may develop autogenically under a given combination of circumstances, and then spread by contagion—why not enteric fever? Dr. Cayley, on the other hand, says the weight of evidence is against the *de novo* theory. It has been remarked that "at bottom we are all humoralists and believe in infection; it is not until we have to say where and how that questions arise."

(b) MALARIA.—"At the meeting of the Royal Academy, a memorial was presented, entitled "New Studies on the Nature of Malaria," by Signors Cuboni and Marchiafava. These studies corroborate at every point the conclusions drawn by Professors Klebs and Tommasi-Crudeli as to the vegetable parasite which produces the malaria fever. The young observers have also discovered new facts which may serve to clear up one of the most interesting pathological facts that is, the contagion of infectious diseases. They have been able to communicate the true malaria fever to animals (dogs and rabbits) simply by inoculating them with blood taken from malaria patients, which means that they have rendered contagious a malady which, under natural conditions, can neither be transmitted from man to man, nor from man to animal. They have also found that the presence of the *bacillus malarie*, in its sporadic form, in the blood of malaria patients is a constant fact. This parasite is found in great quantities in the blood during the cold stage of the fever, while in the warm stage it has almost totally disappeared, leaving only traces of its spores. These in their turn can produce a second generation of parasites. In an appendix to the memorial, the authors quote a letter from Dr. Lanzi, of Rome, who declares that he constantly noticed the same fact in the blood of twelve patients in the hospital of San Giovanni, in Laterano, examined by himself during the cold stages of the fever.—There was further presented for insertion in

event of their being so, the presence of such organisms in those localities is itself due to the sum of conditions which induce particular and distinctive phenomena of life in the animal and vegetable kingdoms generally, in those localities, not as apparently as implied, themselves the *cause* of those phenomena. Their own development, judging from published reports on the subject, is not constant; it depends itself upon conditions which only occur at intervals, and on each occasion are temporary in their duration. Certain organisms, bacteria for example, differ even according to the age of materials from which they are produced; sterilised solutions were obtained from new hay, non-sterilised, from old hay. (a) According, so runs the explanation, as to whether they have lost their *inherent generative energy*. (b) Another abstract expression, you will observe.

As to the general disease, fever, I take the definition given recently by one of the highest of living authorities. "It is not only a state but a process; the *state* of fever, once established, it may vary in its course, duration, and local inflammations which accompany it indefinitely." (c) According to views now generally accepted, this state or process may be induced by various causes, some of a nature extraneous to the individual, others inherent in himself.

As far as documents, at my disposal, authorise a conclusion on the subject, the conclusion at which I thus arrive is that with regard to fevers in India, ardent in their characters, attended by cerebral, pulmonic, hepatic, or other complications, except ulceration, involving the glands of the lower part of the small bowel, observers have seen no necessity to *assume* the operation of a *poison*, specific in its nature. But when the later complication does occur in the course of an attack of fever, with or without the presence of low adynamic, that is, *typhus* or *typhoid condition* of the patient, the tendency for some years back has been too much to *assume* the operation of a specific poison, the actual existence of which remains undemonstrated; too little to consider the operation of general conditions as they affect man, individually or in the mass.

The theory of specific poison is thus expressed by its advocates: "enteric fever arises from a specific poison contained in, and transmitted by means of sewer emanations;" also "the poison, the manifestations of which present that group of symptoms called *enteric* fever, and which, in fatal cases, is invariably found associated with lesions in Peyer's patches and mesenteric glands, is as distinct and separate as any of the other animal poisons which produce specific results, such as small-pox, measles, scarlet fever, cholera." But sewer emanations do not always induce such effects in individuals most constantly and directly exposed to them; precisely similar effects also result in cases of fever due to causes other than these. How, then, can specific results arise from different series of causes, the causes themselves non-specific?

Inoculation of rabbits with blood from typhoid fever patients has produced in these animals not specific typhoid fever, but *typhoid septicæmia*, precisely as results from inoculation with organic matter in a state of putrefaction. (d) In this respect there is reason to believe that the *Lepus* manifest a greater degree of susceptibility than

the acts of the Academy a communication by Signor Tommasi-Crudeli. In it the author shows the utility of making experiments on the possibility of rendering the human organism impervious to malaria by small doses of arsenic taken daily. He says he has good hopes that he is well on the road to certainty, and describes the methods he has adopted, but, having instituted a new series of experiments on animals without having been able to obtain a final result, he invites all students to undertake similar experiments, and thus contribute to the solution of so vital a problem." That is to say, a theory is in the first instance elaborated: in the second, facts in support of it have to be sought for.

(a) Prof. Tyndall, "Proceedings of Royal Society," No. 181. May, 1877. P. 230.

(b) *Op cit*, p. 232.

(c) Dr. Burdon Sanderson, "Appendix to 6th Report New Series, by Medical Officer to Privy Council." P. 9.

(d) M. Decroix. "Hygiene and Surgery of Franco-German War." P. 226.

occurs in man. Unfortunate rodents have been inoculated with hydrophobic saliva from the human subject; death has rapidly followed—but whether or not by hydrophobia, was a point on which the three operators had as many opinions among themselves. (a) So much with regard to a known specific poison.

As further adverse to this theory of specific poison, time alone restricts the number of my references to recognised authorities on the subject; the names of those authorities appear in my printed reports and other documents. Thus the *de novo* origin of fever—in other words, the *evolution*—finds support among the group of observers, names of four among whom are given in my first special report. One writer observes that “fever cannot be traced to any specific poison;” another that “in ninety-nine cases out of every hundred the disease is not from any specific germ;” another that “all medical men are not agreed as to the cause of enteric fever;” another that “causation is so little understood as to give us little help in the diagnosis of this disease;” several others that enteric fever may arise from fatigue and exposure; a still more recent writer that “under special and peculiar conditions enteric fever may become instituted in the system without any external agencies other than such common causes as give rise to that lowered tone of vitality (b) which favours the springing up within itself of the morbid phenomena in question; yet another that “specific causes are not in all cases required to produce an attack of fever—that changes may take place spontaneously in one or more of the functions, and proceed to give rise to the worst forms of fever;” and so on. In India, of the

(a) Dr. Davaine (*Courier Méd.*) remarks that according to the researches of M. Pasteur, we know that putrefaction is the fermentation produced by infusorial animals of the family of Bacteria or Vibrio. The presence of these infusoria is one of the signs which characterise this phenomenon, which, according to Dr. Davaine, may take place as well in a living animal as in the laboratory. But what are putrid diseases? It is in order to reply to this question that the eminent experimenter has made some new experiments, of which the following are a short resume:—

Blood from several patients attacked with gangrene was injected into rabbits without any result. This blood contained neither bacteria nor vibrios. “But if the gangrene,” says Dr. Davaine, “be not itself a septicemic disease, it may become so by putrefaction of the gangrenous parts, and the introduction into the blood of the putrid elements.” This is what took place in an experiment of Dr. Bujale, of which we have spoken.

Dr. Davaine has also made a particular study of typhoid fever. In all the cases the blood of a typhoid patient inoculated on rabbits has caused death in a shorter or longer time, sometimes in a few hours, sometimes after two or more weeks, and he never injected more than the thousandth part of a drop, so that the septic nature of typhoid fever cannot be doubted, “I would add,” said Dr. Davaine in closing his communication, “that in successive generations of poison obtained from the inoculation of rabbits, I have not met with any difference between typhoid septicæmia and that produced by the inoculation of organic matter in a state of putrefaction, either in the phenomena, or progress, or termination of the disease. It is to be noticed, however, that the incubation is generally much longer in the first case than in the second; but in another communication he will show that there is nothing in this special to typhoid fever.

M. Pasteur inoculated two rabbits with saliva from a child just dead from hydrophobia, with the result that both these animals died in less than thirty-six hours afterwards. Their blood, after death, when examined microscopically, presented minute organisms having the appearance of the figure 8; these occurring in masses. These organisms, when introduced into a *bouillon* of veal propagated it rapidly, and when inoculated in other rabbits, induced death similarly as in those from which they had first been taken. But, it is asked, was the disease in either case “la rage?” M. Raynard says yes. MM. Colin and Dejarid-Beaunetz says no. M. Pasteur says neither yes nor no. —*Gazette Médicale de Paris*, 22nd January, 1881.

(b) For example, of 23,000 French prisoners confined at Stettin in 1870-71, 93 were attacked with typhoid fever. The outbreak on that occasion was attributed to the combined effects of hardships, defeat, and imprisonment—that is, to the ordinary causes of typhus in armies under circumstances more or less similar.

Dr. Lowe records the case of a man, dirty in habits, and subject to diarrhoea, becoming ill of typhoid fever in the absence of possible communication with one affected, with water pure, no drains, but his cottage damp, dirty, and overcrowded,

cases investigated by me the reports by medical officers concerned indicate that in no instance among them was an attack of fever actually traced to the operation of a specific poison. Hence, as a general result of what has thus been adduced, I submit that I have good grounds for the opinion arrived at and expressed by me that, not only is the presence of a specific poison undemonstrated in fevers met with in that country, attended by intestinal complications and characterised by a low, typhoid, or adynamic condition of body, but that such cases of fever occur as the results of general conditions, climatic, endemic, epidemic, and others, acting upon particular conditions and diatheses of individuals.

This view, I submit, finds support, by analogy, in recent published reports of diphtheria and scarlatina in this country. (a)

Certain diseases which undoubtedly in the first instance have arisen without the intervention of a specific poison or poisons, have subsequently spread by means of specific contagion. Typhus fever in camps, dysentery in fleets, ophthalmia in barracks, pyæmia in war hospitals, are examples in point. (b) But sudden outbreaks at places far apart, of diseases such as we are now considering, seem to me to indicate that they also, although capable of becoming epidemic, and in particular instances of being propagated by contagion, yet, as in the instances before us, their first development occurs autochthonously and autogeneously. In India, cases of fever occur that no theory of specific contagion can explain. (c) The doctrine of specific poison is altogether inapplicable to the history of what is called enteric fever in that country. (d) So say high authorities on these subjects.

(a) See *Brit. Med. Journal*, 18th Dec. 1880, p. 989:—

“DIPHTHERIA AT THE CHILDREN'S HOSPITAL.—A very remarkable, though unfortunately completely negative, report has been made by Mr. W. H. Power, into the circumstances attending the outbreak of diphtheria in the Great Ormond Street Hospital for Sick Children in March of this year. The outbreak in question was without parallel in the history of the hospital. . . . In-patients of four out of the five general wards of the hospital were almost simultaneously attacked by diphtheria or scarlatina, and this under circumstances that seemed to exclude, at least in the majority of cases, antecedent human infection. Mr. Power's inquiry, though thorough and searching, has not succeeded in demonstrating a cause of the diphtheria. . . . The five initiatory cases of throat-illness in the several wards invaded had all been resident in the hospital for thirteen days and upwards before attack; all of them but one for nineteen days or more before they fell sick—a circumstance that seems to indicate that the children did not themselves introduce infectious disease to their several wards. . . . In Louisa Ward scarlatina was followed, after intervals varying from twelve to eighteen days, by scarlatina, measles, and diphtheria. In Alexander Ward diphtheria was, within three days, followed by cases of scarlatina and by acute albuminuria. In Alice Ward diphtheria was quickly followed by diphtheria and sore throat, and whooping-cough; and after an interval of nearly three weeks, by an additional case of diphtheria. . . . Thus, Mr. Power finds it necessary to close his report without having arrived at any definite answer to the question how diphtheria was produced in the hospital—a disappointing, but apparently inevitable, result.

(b) Dr. Low describes a case in which typhoid fever, originating from bad hygienic conditions, was itself propagated by infection. He thinks that under *progressive* development *infectiveness* may become elaborated from a succession of attacks of diarrhoea.

(c) Surgeon-Major Don.

(d) Cunningham. See Macnamara p. 90:—

“As an example of the lengths to which the followers of the specific poison theory have to go in their search for explanation, according to that theory, for the cause of ‘enteric or typhoid’ fever, the following extract from a letter which recently appeared in a medical journal sufficiently indicates, namely:—‘From time to time I have had cases of typhoid fever under my care when the local dispositions were anything but favourable for such, nor was I able to trace their origin to a typhoid source. What struck me as rather remarkable in connection with these cases was their occurring in houses where persons who were much about them prior to and during their illness had leucorrhœal discharges, and none of which persons got the typhoid. The idea has occurred to me frequently (and no work that I have looked into on the subject alludes to it as an origin of the disease) that perhaps the matter which produces typhoid fever may be or reside in some special kind of uterine or vaginal secretion.’”

## CLINICAL LECTURES

ON

INFANTILE PARALYSIS, AND ACUTE ANTERIOR  
POLIO-MYELITIS IN ADULTS. (a)

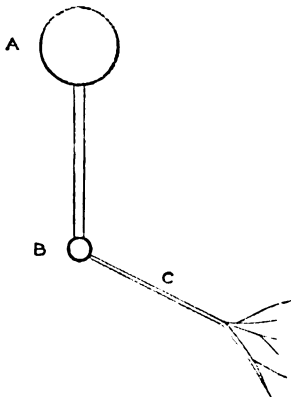
By THOMAS BUZZARD, M.D., F.R.C.P.,

## LECTURE II.

(Corrected from a Shorthand Report.)

SOME thirty or forty years ago Dr. Marshall Hall adopted the term "cerebral paralysis" for cases in which a lesion had severed the cerebral influences from the paralysed limbs; and the term "spinal paralysis" for the condition in which the spinal influence was cut off from the paralysed limbs.

I may very roughly illustrate the two divisions in this way



Let A represent the intra-cranial centres, with a portion of spinal cord below; B a trophic centre at any part of the cord; C a spinal nerve branching and distributed to muscle. Now a lesion occurring anywhere above B would produce "cerebral paralysis," whether it occurred in the intra-cranial cavity or below it, *i.e.*, so long as it only cut off the influence of the cerebrum; whilst "spinal paralysis" would be, when there was a lesion at B or the nerve below it, cutting off the influence of the spinal cord. As we saw in our last lecture, the seat of the spinal influence is in the anterior horn of the grey matter. A lesion, then, at that point would produce what is called "spinal paralysis." So also would a lesion in the trunk of the nerve, and in the intra-muscular branches.

The difference between these two forms of paralysis is this. In the first case, although paralysis is produced, there is, practically, no impairment of muscular nutrition or alteration of faradaic excitability.

In spinal paralysis, on the other hand, besides the loss of power, there is impairment of muscular nutrition, and either complete absence or great reduction of faradaic excitability.

This patient, S. —, *æt.* 39 (a case of ordinary left hemiplegia), is an example of cerebral paralysis. He has but very small power of using his left arm. The other man, W. —, *æt.* 45 (a case of acute anterior polio-myelitis affecting both arms), a patient whom Drs. Jackson and Ferrier have kindly permitted me to show you, is an example of spinal paralysis. His illness began suddenly twenty-nine weeks ago. One morning he was unable to raise weights; during the day he became worse, and by the evening he could not put either hand to the top of his head, and a little later had entirely lost power in the hands. On admission he could only just flex his fingers, and had scarcely any movement at all in his arms. None of the muscles responded to faradism, but they contracted to the slow interruptions of a constant current. At the

present time all the muscles react to faradism except the deltoids.

I propose to show you very briefly the different electrical conditions of the deltoid muscle in the two patients.

I have a battery here which enables me to use either induced or constant currents, and I apply one of the rheophores at the back of the neck, the other to the deltoid muscle of the hemiplegic patient. First, I put on an induced (faradaic) current, and the deltoid muscle, as you see, contracts very freely. When the same strength of current is applied to the patient W. (the case of spinal paralysis), you observe that there is no contraction of the deltoid muscle. I now apply a stronger and stronger current, and there is still no response in the deltoid muscle. Do not mistake a little contraction which you see in the neighbourhood. It is in the pectoralis major. One rheophore being at the nape of the neck, any muscular fibres which lie in the direct line between that rheophore and the other will necessarily get stimulated, and will contract if they are capable of being excited by faradaic currents. The strongest induced current, as you see, produces no effect upon the deltoid muscle.

I will now employ the constant current (galvanic or voltaic current), and first of all apply it to the patient with left hemiplegia—the case of "cerebral paralysis"—one rheophore being fastened to the back of the neck, and the other, representing the kathode or negative pole, on the deltoid muscle. I suddenly complete the circuit—you see there is a contraction. The current was derived from 28 cells.

Let me here remind you that when the constant current is flowing evenly in circuit through the body, there may be a very considerable power of current, and yet no muscular contraction will occur. It is when the circuit is suddenly opened or suddenly shut that you get a contraction; and we are indebted to Brenner for the formula which shows the order in which contractions naturally occur in these circumstances.

The positive pole is called the anode (from *ἀνα ὄδου*, "the way up"), and the negative pole is called kathode (from *κατα ὄδου*, "the way down").

Now if we imagine this (a diagram was here drawn) to be the carbon and this the zinc, the current is supposed to flow up from the carbon or positive pole, and down to the zinc or negative pole. So it is usual to employ the term "anode" for the positive pole, and "kathode" for the negative pole, of a voltaic battery.

To express a sudden closure of the circuit, the term "Schlieszung" (S) is employed by the Germans; "Oeffnung" (O) for opening; "Zuckung" (Z) for contraction. By means, therefore, of these initial letters we can very shortly picture all we desire to record.

With a galvanic current of moderate strength, supposing the kathode be placed upon the muscle, and the circuit suddenly completed, you get a contraction—a small contraction, and that is written down thus, K S z (using a small capital z).

I use the German plan because it is convenient that observers of different nationalities should be able to read each other's records without the necessity of translation. The circuit being opened (K O) there is no contraction. In health the contraction (K S z) is the only one which occurs when a moderate current is employed. When you use a stronger current you get a powerful contraction portrayed by a large Z, *i.e.*, K S Z. But besides this you now get a moderate contraction on anodal shutting, and a moderate contraction on anodal opening (A S z, A O z). That is the normal condition.

We will now turn to this case of polio-myelitis, and you see a very remarkable change.

First of all I will show you that that muscle which did not respond to the strongest induced currents, does respond to slow interruptions of a constant current. When the negative pole is placed on the deltoid, and the circuit shut, there is a contraction. That illustrates what is called the "reaction of degeneration." I am using nineteen cells of Coxe's battery. This is "katho-

(a) Delivered at the National Hospital for the Paralysed and Deaf.

dal shutting," there is a contraction, but not a very large one. (K S Z).

"Kathodal opening :"—there is no contraction. (K O—)

"Anodal shutting :"—there is a larger contraction than in kathodal shutting. (A S Z)

"Anodal opening :"—there is no contraction. (A O—)

So that, you see, if we want to record the condition of the muscle we write it down in this way :—Faradaism O ; Galvanism A S Z > K S Z, i.e., the contraction on closing the circuit with the anode on the muscle is greater than that which occurs on closure of the circuit with the kathode on the muscle.

This qualitative change is one of the peculiarities of the reaction of degeneration. The test will, I believe, acquire greater importance as we learn to understand better its prognostic significance, of which I cannot say much at present. The process is useful for the purpose of testing and recording very slight changes in muscles where you think there is some degeneration.

Let me call your attention to another point of very considerable interest. This patient, W—, can move his deloid to a certain very evident extent by voluntary action.

Duchenne pointed out that after traumatic lesion of a nerve causing loss of faradaic excitability in muscles and the other signs of degenerative reaction, the power of responding to volitional impulses has returned long before faradaic excitability. Erb, Bernhardt, and myself have recorded a similar condition in regard to lead palsy (*Brain*, No. 1). I have seen, in a case of lead palsy, marked loss of faradaic excitability in muscles belonging to a limb said by a patient to be perfectly well.

I lately saw a case of infantile paralysis in a little boy, five weeks after the attack. His legs were completely paralysed. His arms had been slightly affected, I was told, but had quite recovered. He used them freely in my presence. Yet I could get no sign of faradaic excitability in them, even when I used very strong induced currents—indeed, far stronger than would be required in health.

I have another case of polio-myelitis in a grown-up patient in the hospital.

The person is a young woman sixteen years of age ; but as I shall have to show her next Thursday as illustrating another matter I do not propose to present her to you here to-day.

She was attacked twelve months ago with loss of power in both legs. Four months after this she was admitted here.

At that time there was in the right leg no response in the peroneus longus to the strongest induced current.

The anterior tibial group of muscles responded to strong currents. In the right quadriceps extensor there was no response to either current. But at the present time—and that is the point—that muscle reacts to about twenty cells of constant current, slowly interrupted, in the way I have shown.

#### DIAGNOSIS.

As regards the diagnosis this is not difficult. An extremely rapid loss of power in limbs after a febrile attack hardly admits of much error, especially if the electrical testing shows that the faradaic excitability of the muscles is absent or notably lowered within a week after the attack. In polio-myelitis affecting the upper extremities it is necessary to bear in mind that hypertrophic cervical pachymeningitis will cause paralysis with wasting of a kind which recalls a good deal the character of that occurring in polio-myelitis. But in pachy-meningitis the course is slow, often occupying weeks during which the condition gets progressively worse, and in addition to this, owing to the membrane being inflamed in its whole circumference, and posterior roots as well as anterior being thereby involved, strongly marked symptoms will occur on the sensory side. There are pains of extreme severity darting through the limbs, and there is more or less cutaneous anæsthesia. An injury to a mixed nerve will produce paralysis with wasting, and the nerve and muscle when tested will show the reaction of degeneration just as occurs in polio-myelitis ;

but the anatomical distribution of the lesion which will be found exactly limited to the district of the nerve, and the affection of cutaneous sensibility will serve to distinguish. It is much more difficult to differentiate localised lesions of anterior roots of nerves, for the nearer you get to the centre the more apparently irregular becomes the distribution of resulting lesions. The mode of onset and the circumstances will, however, probably indicate whether there is any probability of lesion confined to the anterior roots. One can imagine a tumour pressing upon the anterior surface of the cord and involving the anterior roots, a gumma, for example, causing symptoms indistinguishable from those of myelitis of the anterior cornua.

There is one possible source of error which, so far as I am aware, I am the first to point out. As the affection we are considering is peculiarly apt to attack very young children, it will be useful if I relate an incident which occurred to myself. I saw a year or two ago a female infant, one year old, who was described as having rather suddenly lost the use of the right lower extremity after a few hours' malaise with some little febrile disturbance. The story told was, in fact, exactly the story of infantile paralysis. When she was stripped she appeared a well-nourished, healthy-looking child. She did not move the right lower limb, but looked at it as if in some distress, and appeared to guard it with her hand. I examined it first to ascertain if there were any signs of injury, but found none. It was evident that pressure was painful, but nothing could be found in the limb to account for this symptom. The powerlessness was in striking contrast to the free movements of the left leg.

Now, the occurrence of tenderness, although unusual in infantile paralysis, was not of itself sufficient to remove the case from the category of that disease. It was marked, for example, in the history of a case brought by Dr. F. Taylor before the Pathological Society last year. Investigation of the child's general health threw light upon the case. The urine was found to deposit a very large quantity of uric acid, and the explanation of this appeared to be that it was being nourished upon a milk food which contained an enormous amount of sugar. A few doses of citrate of potash and a purgative, completely cured the child who, in a day or two, was as strong as ever on this limb. What happens in such a case I believe to be this. Minute crystals of uric acid get deposited in the loose connective tissue which intervenes between large muscles, and enables them to glide over each other, especially at the back of the thigh and in the loins. These collections of connective tissue have been shown to be lymphatic spaces, and in these the uric acid sets up some subacute inflammation which not only causes pain and tenderness, but renders the muscles almost powerless for the time being. Such a cause, I think there can be little doubt, frequently obtains in those cases of lumbago, and so called sciatica, which are rapidly cured by free purging and alkalies with iodide of potassium. I am indebted to Dr. Burdon-Sanderson for originally suggesting this point to me for observation.

(To be continued.)

#### REMARKS ON A CASE OF FIBRO-MYXOMA. (a)

By WILLIAM THORNLEY STOKER,

Fellow, Member of Council, and Professor of Anatomy, Royal College of Surgeons, Ireland ; Surgeon to the Richmond Hospital, and to Swift's Hospital for Lunatics.

AMONG the tumours which frequent the tissue of the uterus, and which have so much interest at a time when the surgery of that organ is yearly, I might almost say, daily, undergoing such transition and advance, the most common is that which has been called a "fibroid" by Rokitsansky, or a "fibro-myxoma" by Virchow, and which is so usual that Bayle stated that 20 per cent. of all women dying after the age of 35 are affected by it ; while

(a) Read before the Surgical Society of Ireland.

Klob has more recently informed us, that uterine fibroids may be found present in 40 per cent. of women who die after 50 years of age. The interest and frequency of the disease are my reasons for offering to the Society a very beautiful example of a uterus so affected, together with a few details, unfortunately, mostly culled during a post-mortem examination, which bear on points of diagnosis or treatment.

Concerning the structure of these fibro-myxomata the latest pathology expresses little doubt or difference of opinion. To say that they are composed of fibres of involuntary muscle, resembling those of the uterus itself, mixed with true fibrous tissue, in varying proportions, is to epitomise our knowledge of their structure. Virchow has sanctioned their arrangement into two classes, the "hard," and "soft," myxomata, the fibrous element preponderating in the hard, and the muscular in the soft variety. This view is compatible with the different ideas that existed as to their nature, and reconciles various opinions, by the simple explanation that the appearance and characters of the tumours may vary in endless degree in correspondence with their varying proportions of muscle, or fibrous material.

On the 12th of last October, I admitted into the Richmond Hospital a woman, named Catherine T., a French polisher by trade, unmarried, and 34 years of age. She was a sallow, wiry, thin person, but not emaciated, and excepting her uterine trouble, described herself as having had good health, and having been able to follow her occupation up to a week or so previous to presenting herself for treatment.

She said that she had noticed her abdomen becoming larger for the last two years, during which time she suffered from dysmenorrhœa, but had not undergone any considerable inconvenience until about two months before her admission into hospital. During this latter period, she had noticed her abdomen growing rapidly in size, and had suffered pain, as well as trouble from interference with the acts of urination and defæcation.

A manual examination of the belly discovered a large hard tumour occupying the centre and left side of that cavity, and extending as high as three inches above the umbilicus. It was exceedingly irregular, both in surface and outline, and had much the character to the touch of an enormous knobby Jerusalem artichoke. Over that portion of its surface occupying the umbilical and lower part of the epigastric regions, a distinct fluctuation showed the presence of fluid. This condition, simulating a large cyst, showed its true nature by its disappearance when a catheter was passed into the bladder and a large quantity of urine drawn off.

A digital examination of the vagina revealed the occupation of the pelvis by the lower end of the mass, presenting here like a fetal head, lying on the perinæum and filling the hollow of the sacrum. The vagina was so occluded that the os uteri, which was pulled upwards by the abdominal extension of the tumour could not be reached by the finger, and consequently, the sound could not be employed.

It was noticeable that while the tumour in the abdomen rotated smoothly to a small extent, when pressed alternately on either side, that portion occupying the pelvis was perfectly immovable by any degree or direction of pressure that could be employed during an examination without anaesthetics. This condition, which was somewhat puzzling during life, and gave rise to fear that firm attachments to the pelvic bones existed, was easily explained after death by finding that the upper and lower portions of the growth were distinct tumours, and easily moveable the one on the other.

It was evident that I had to deal with a large uterine tumour probably of the ordinary fibro-myxomatous type, and as a necessary preliminary to entering on the question of a hysterectomy for its removal, I determined, in consultation with my colleagues, to endeavour—having produced anæsthesia—to push above the brim that portion of the disease which occupied the true pelvis. This was neces-

sary, not merely for the palliative purpose of freeing, if possible, the outlets of the bladder and bowel, but also as a means of discovering whether such pelvic attachments existed as the extreme fixity of the lower part of the tumour rendered probable, and which, if present, would forbid any attempt at the radical operation of removal through an abdominal incision.

Pending this attempt the patient was kept quiet in bed, a catheter passed when necessary, and a little irritability of the stomach which had shown itself combatted by proper treatment.

Six days after her admission she was seized in the evening by a fit which lasted nearly half an-hour. It was looked upon by the resident pupil in charge of the case as hysterical, and not recurring, attracted no further attention. It proved, however, when the kidneys came to be examined after death, to have probably had a grave significance, and it is likely the attack was of renal origin. Four days afterwards when, during the evening she had gone a little distance along the ward, she suddenly got weak, and was helped back to bed only in time to die there quietly of syncope.

A post-mortem examination revealed disease not only in the uterus but in the heart and kidneys. The condition of the kidneys was one of deep interest, not merely on account of its probable connection with the state of the heart, from which organ the immediate cause of death proceeded, but also in relation to the question as to how far the retention of urine caused by the pressure of the tumour had been the starting point of the renal complication.

Both the kidneys were in a state of chronic parenchymatous inflammation, more advanced in that of the left side, in which several small abscesses existed.

The heart presented that form of hypertrophy of the left side usually found in chronic renal disease. On opening the right cavities a large clot, evidently antemortem in its formation, was found passing from one to the other through the tricuspid opening. The venous system was enormously gorged with blood, and it was clear that the proximate cause of the syncope which produced death was the failure of the heart's action consequent upon the patent condition of the tricuspid opening, due to the large clot which passed through it.

The bladder had been so forced up that its cavity lay entirely above the line dividing the hypogastric and umbilical region, and its neck and the urethra were pulled out and elongated so as to form a sort of stalk which passed down into the pelvis.

The ovaries were quite healthy. The womb, which I exhibit to the Society, has now shrunk greatly from having been some months in spirit, but its former size may be judged, when I say that it extended from the perinæum to three inches above the umbilicus, occupying the centre and left side of the abdomen. Its outline is exceedingly nodulated and irregular, and a section of it shows that its substance is occupied by a large number of tumours which the microscope has proved to be of the fibro-myxomatous type. They are mainly spheroidal in form; when any departure from this shape is present, it is due to the development of secondary tumours in relation to the surface of pre-existing ones. They vary in size from a pea to a mass forming one half of the entire growth, and two of them, which form nearly the entire tumour, grew respectively in the anterior and posterior walls of the womb; the former, which extended upwards and forwards, constituted the abdominal portion of the tumour, and the latter growing downwards and backwards is that which occupied the pelvis. Between the two is a deep sulcus in which the promontory of the sacrum fitted.

On examining them carefully it will be seen that all the smaller and younger tumours were imbedded in the substance of the uterus, are, in point of fact, intra-mural, while only those of larger growth and greater age have pushed their way outwards, so as to become sub-peritoneal. Every intermediate stage between a completely

intra-mural condition and an entirely sub-peritoneal one, may be found. None of them have passed inwards towards the cavity of the womb, so as to assume the sub-mucous condition. The cavity of the womb has been elongated, so that it measures six or seven inches in length, and has been so deflected over the convex upper surface of the pelvic tumour, that its axis, much contorted, runs first upwards and backwards, and then downwards, and to the left side.

I have not given the weight of the tumour, because I do not believe in these cases that it is any criterion as to size, some small tumours being comparatively heavy, while others of large bulk weigh but little, owing to their lesser density.

It was formerly common to describe these tumours as being encapsuled, the mistake arising from the appearance of circumferential lamination, due to the squeezing together by the enlarging tumour of the surrounding muscular tissue of the uterus. The microscope has shown that this so-called capsule is the altered uterine substance, and in further evidence of this, we have the facts that it disappears from the surface of such tumours as have become sub-peritoneal, leaving them covered on their abdominal aspect by peritoneum alone; and that it only assumes the character of a capsule, from which the tumour can be "shelled" out, when the growth has existed for long enough to destroy a degree of its vitality by pressure, and when the vascular connection has lessened with ceasing growth. If it were a true capsule it would develop with the tumour, and the larger the tumour, and the more advanced its development, the more intimate would be the connection between it and its capsule.

I think the specimen is of great interest as illustrating the following points:—It gives excellent examples of an important uterine disease. It shows tumours in different stages of growth, and in different parts of the uterus, illustrating the fact that they are usually found in the anterior and posterior walls, and do not appear in the cervix, probably owing to its more fibrous structure. It shows the way in which, according to the highest authorities, these myomata having first commenced in the substance of the uterus, and imbedded in its walls, finally pass in their process of growth, either towards the peritoneum, or inwards to the cavity of the womb; or, in other words, assume only as a secondary condition, the sub-peritoneal or sub-mucous situation. A close examination of the specimen will also show that the fibroids in this uterus are not only multiple in the sense of there being a number of them situated in different parts of the uterine walls, but that each of them is what is termed an "agglomerated fibroid," that is to say, is composed of a multitude of different nodules, all enclosed within one common boundary, but each carrying on its own individual growth.

In addition to the interest of this case in affording so good an example of an important uterine disease, several points of a clinical nature seem to receive some elucidation or emphasis from the facts I have detailed. They are—

- 1st. The mobility of a portion, only, of the disease.
- 2nd. The impossibility of introducing a sound, even if the os could have been determined.
- 3rd. The condition of the bladder.
- 4th. The probable cause of the renal disorder; and
- 5th. The light thrown by the case on the degree and direction of any pressure that might have been employed to place the tumour above the brim.

With regard to the first—the condition of absolute fixity of the lower part of the growth, owing to the way in which it was wedged in the pelvis, while the abdominal portion revolved with some freedom—I need not remind those who are in the habit of handling uterine and ovarian tumours for diagnostic purposes, that it is useful to put every variation such as this on record for future guidance.

The difficulty of determining whether a tumour is of the uterus or of the ovary, or of both, is often so great,

and is so much assisted by palpation that a circumstance like this, which might confuse or mislead the intelligence of the fingers, may well be mentioned. Here the upper part moved so readily, as ovarian rather than uterine out-growths are prone to do, and the pelvic portion was so unmistakably not ovarian, that the error might have been made of thinking that disease of both organs was present, more particularly as the blocking of the pelvis made the use of the sound impossible. An examination of the specimen will show, even though contracted and hardened by the spirit in which it has been preserved, how freely movable on each other the upper and lower portions of the tumour are—a condition due to their existence in the anterior and posterior walls of the uterus respectively; the intervention of the cavity of the womb permitting their independent movement.

As to the second point I have mentioned, the flexion of the cavity of the uterus was so extreme that the sound could not possibly have been introduced beyond a very short distance, even if the os could have been determined, and being checked, would, of course, have thrown doubt on the enlargement of the cavity, although, as you have seen, it was extreme.

Concerning the state of the bladder, it will be remembered that the fluctuating area which it produced over the upper part of the tumour, was confined to the umbilical and epigastric regions, and, contrary to what might be expected, did not exist in the hypogastric region immediately above the pelvis. This condition is worthy of note as being an exception to what is usually found in such cases, and as being likely to mislead, and be confounded with a cystic portion of the tumour. Generally the tumour formed by the distended bladder of obstruction has its fluid character well evidenced above the edge of the pubis, while in this case the fluctuation did not approach the pelvis, owing to the attenuated stalk or pedicle formed by the stretching of the urethra and neck of the organ.

I consider the disease of the kidneys, as of extreme interest. The disorder which here existed (chronic parenchymatous nephritis) is one that is, admittedly, sometimes produced by urinary obstructions, and I see no reason for doubting that in this instance the pressure on the urethra was the primary cause of mischief. I am borne out in this idea by learning from Dr. Kidd that he believes the same train of events to have occurred in a person under his care, and suffering from the same affection of the womb as my patient. According to this theory the sequence probably was—

- 1st. Uterine tumour; 2nd. Obstruction of urethra;
- 3rd. Nephritis consequent thereon; 4th. The hypertrophy and thrombosis of heart usually associated with kidney disease, and which caused the sudden death.

The bearing of this case on the relief of uterine out-growths, by pushing them above the true pelvis when they have got hitched or fixed below its brim, and are producing evil effects by pressure, should interest the members of the Surgical Society particularly, because, although an Irish provincial surgeon had previously proposed by mechanical means to push up above the brim a pregnant and retroverted uterus, and thus avert a formidable danger, it is to Dr. Kidd that we owe the suggestion and the practice of making this attempt in cases of enlargement from disease. I need not recapitulate here the many evils besides the obstruction of the urethra or bladder which a uterine tumour growing into the pelvis may by its presence produce. Among them is one mentioned by Dr. Browne, of Baltimore, in the *American Journal of Obstetrics for 1877*, which, no less than the state of the kidneys, may, in this case, account for the eclampsia, as he describes an instance where such convulsions were produced by the pressure of the tumour. Inasmuch as it generally grows downwards and backwards, the first proceeding of a uterine fibroid is usually to fill the recto-uterine space, and to exercise its earliest ill effects on the bowels. From its probable extension in this direction it is likely to get hitched below the promontory of the sacrum, and to necessitate any pres-



sure used to push it upwards being exercised in a direction sufficiently forwards to clear that prominence.

It is in connection with the line of pressure to be used and in relation to the apparent fixity which the overhanging sacrum may give to the tumour, that I would deduce a lesson from my patient's case. In the first place the relation of the sacral promontory to the tumour was such (owing to the way in which the disease extended downwards and backwards) that no amount of force would have sufficed to move it upwards unless applied with an inclination forwards much exceeding that of the axis of the brim; and, in the next place, such a degree of force—as the post-mortem showed—should, and could successfully have been used, as might beforehand have been deemed unsafe and unnecessary.

As regards the means of pressure to be employed, I take it that no royal rule can be laid down. Whether by the hand in the vagina or in the rectum, and whether in the former case assisted, as Dr. Kidd has proposed, by Barnes's bag in the rectum, must be left to the discretion of the operator and the individual requirements of the case. Of this I am sure—that in the instance I have recorded the pressure of the bag would have been of little assistance, and that nothing short of the power afforded by the use of the whole hand as a means of pressure would have availed.

## Clinical Records.

### CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

*A Typical Case of Mitral Constriction following Scarlet Fever.*

Under the Care of Dr. EUSTACE SMITH.

Reported by SIDNEY DAVIES, B.A., late Clinical Assistant.

AMELIA H., *æt.* 16, was admitted into the City of London Hospital for Diseases of the Chest, on Nov. 8th, 1880. The patient was a small, ill-developed girl, 4ft. 9in. in height, and 5 st. in weight. Her occupation consisted in assisting her mother to clean offices, &c.

She had enjoyed good health until fifteen months before admission, when she had an attack of scarlet fever, with which she was confined to bed for four or five weeks. After recovery she related that she had suffered from cyanosis, dyspnoea, and a pain, not very severe, in the left side. These symptoms compelled her to relinquish her occupation, which she had resumed immediately after recovery from the scarlet fever. She sought relief at the hospital as an out-patient, and was recommended for admission. She had had a slight cough, and there had been some loss of flesh. When questioned on the subject she stated she had occasionally suffered from dyspnoea before the scarlet fever. Her family history was good, father, mother, and four brothers and sisters being alive and in good health.

On admission she appeared wasted and anæmic. The tongue was clean and pale; bowels regular. She had a slight cough, but no expectoration. She had a small 'running' pulse, beating 120 per minute; temperature normal; the urine was clear, acid, specific gravity 1020, and contains no albumen. The catamenia had not commenced. Dr. Eustace Smith made a physical examination of the chest shortly after admission, with the following result:—

Heart's apex one inch below the nipple, and in the nipple line. On palpation a very strong præ-systolic thrill is felt there; the thrill is also felt when the hand is laid flat on the chest over the præcordial region. There is a faint impulse at the left side of the ensiform cartilage, accompanied by the same præ-systolic thrill. The upper margin of the heart's dulness reaches the second rib, and the outer margin extends a third of an inch to the right side of the sternum. On auscultation double pericardiac friction is heard at the base of the heart. A loud, low-pitched præ-systolic murmur is heard all over the præcordial region; this murmur ends abruptly with a sharp sound resembling the second cardiac sound, though it is in reality systolic. The second sound is heard more faintly at the beginning of the murmur. The point of greatest intensity of the murmur is midway between the ensiform cartilage of the nipple line. It is heard to the left as far as the posterior axillary line. Pulse very small,

regular in rhythm, much swollen, and at times hardly perceptible when the hand is held above the head. No rhonchus at the bases of the lungs.

The patient was treated with haustus ferri alkalinus, ter die, under the influence of which, aided by the rest gained in the hospital, she rapidly improved, gained six pounds in weight in four weeks, and went out the day after Christmas Day in an apparently robust condition, though the physical signs were little changed.

## Special.

### ARMY, NAVY, AND INDIAN MEDICAL ITEMS.

**MEDICAL DEPARTMENT OF INDIA.**—In the House of Commons, last week, the Marquis of Hartington, answering questions put to him by Sir G. Balfour and Mr. Pugh, said he hoped shortly to lay on the table of the House papers relating to the recent modification in the medical staff of India, which he hoped would prove satisfactory to the Service.

**INDIAN MEDICAL SERVICE.**—We understand that a revised scale of pensions for the Indian Medical Service is now under consideration of the Secretary of State, and that it has been decided, should the new scale be adopted, to make its provisions applicable in all cases of retirement subsequent to Jan. 1, 1881.

**THE NON-RECOGNITION OF ARMY MEDICAL SERVICES.**—How comes it that in some despatches recently published and having reference to a particular division of troops on the borders of Afghanistan, while every other branch of the military services obtain "honourable mention," not one word appears about the medical or any of its officers? If the omission is accidental, the sooner it is rectified the better. Doctors, like other people, like to see their good work recognised by the authorities, and very naturally consider themselves aggrieved when it is not.

**VACCINATION IN BENGAL.**—It is stated that the extravagant belief and prejudices with which the people of Bengal are inspired by those whom superstition or self-interest may induce to mislead them, continue to influence the natives in many parts of the province, and, as a result, inoculators are still at work producing small-pox, and hindering its prevention to the utmost. It is evident that among them the advantages of vaccination have yet to be appreciated as they deserve to be. But perhaps the natives of Bengal are not altogether singular in this respect.

**THE RELATIVE ENDURANCE OF INDIAN TROOPS.**—During the late military operations in Afghanistan, the native Madras troops occupying the Khyber Pass were more healthy than were their comrades of the Bengal Army Service along side them; and, moreover, enjoyed better health than they usually do in cantonments in their own country. The unusual state of health on that occasion is attributed to the circumstances that they drew rations from Government, and having no means of parting with a portion of them, either to their families, as in Madras, or by sale, as in Burmah, had only the alternative left of consuming them; also that they were better clothed than they are in their own Presidency. All Madras troops are eaters of meat, most of the Hindostanees are not; among the former ardent spirits are by no means eschewed, as they are among the stricter Hindoos of the Northern Presidency.

**SURGEON D. H. CULLIMORE**, Indian Medical Department, formerly Residency Surgeon, Mandalay, has retired from the service, receiving the half-pay pension of his rank and length of service.

In the Army Estimates just issued the vote for medical establishments and services shows a decrease of £7,900. It is explained that the "decrease is chiefly due to the retirement of a large number of officers in receipt of the *maximum* rates of pay, and to the charge for Civil practitioners being reduced, in consequence of the Medical Department having nearly arrived at its normal establishment." At the War Office, a Deputy-Surgeon-General, at a salary of £900 a-year, has been reduced in the Medical Division.

As the time draws nearer when the changes in the higher appointments of the public services are to take place, speculation is active with regard to that of Director-General of the Army Medical Department. Various names are mentioned in



connection with that appointment, and surmises are not wanting that the present incumbent may obtain a still further extension of his office.

THE *United Service Gazette* states that the new constitution of the Army Medical Department has been frankly accepted by all, that a praiseworthy *esprit de corps* has been engendered, and that nothing has helped more in this than entrusting medical officers with the discipline of their men. We are glad to be so informed. At the same time we must express our belief that the professional care of men while in health, and their treatment when sick or wounded, were more particularly the duties of the medical officer than inflicting punishment, seeing to entries in defaulters' sheets, checking lists of clothing, and so on—all of which come within the sphere of captains and subalterns.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 11.

The President, JOSEPH LISTER, D.C.L., LL.D., F.R.S., in the chair.

Dr. H. SUTHERLAND on

A CASE OF CHRONIC VOMITING, IN WHICH NO FOOD WAS TAKEN, EXCEPT KOUMISS, FOR SIXTEEN MONTHS.

The patient, a girl, *æt.* 24, on admission, had been for five years under his care at St. George's, Hanover Square Dispensary. One year and seven months ago the vomiting commenced; the attack coming on at first only once a fortnight, but lately it has occurred always once, and sometimes five or six times a day. As far as could be ascertained, there was no organic disease of the stomach, no tenderness on pressure, or cachexia, nor any other constitutional symptoms. Every known remedy was tried to allay the vomiting; bismuth, opium, hydrocyanic acid, creosote, carbolic acid, hyposulphites, &c., without any satisfactory result. All attempts to cure the case by dieting had failed, and the patient could keep nothing on the stomach as food, except koumiss, which she had taken for sixteen months. She is, however, able to retain a quinine and orange mixture, and also sherry in small quantities, for brandy makes her sick immediately. The uterus was not displaced. The object in bringing the case before the Society, was to ask if any member could suggest any remedies or mode of treatment in this distressing case.

The PRESIDENT remarked that it was interesting to know that koumiss could be retained by a stomach which refused all other food.

Dr. JAGIELSKI said his experience of koumiss was favourable to it as a food, when other substances fail. He considered the special value of the material to be in its permitting recovery of the digestive organs to take place during its use; and the subsequent resort to other diet when this has occurred. The literature of koumiss had much increased in the last fifteen years, but he considered Dr. Sutherland's a unique case, inasmuch as the patient seemed actually to have progressed. He thought it would be interesting to arrive at an accurate diagnosis respecting it, as an aid to future treatment. In those cases where disinclination to food, and especially to milk, existed, koumiss was an admirable substitute. In its preparation, the case undergoes a double fermentation, and thus its digestion and assimilation in the stomach are more readily secured. In his own practice, the most typical as illustrating the value of koumiss, was a phthisical patient.

Dr. BROADBENT, believing the case to be hysterical in nature, would look for an explanation of the details in the nervous condition of the patient, rather than in the food taken. This opinion, he considered, supported by the facts adduced. The nervousness, irregular menstruation, morning and evening vomiting, &c., pointing to the conclusion that it was an example of hysteria. It was an extraordinary case, and might take rank with the accounts of fasting girls, and similar cases.

Mr. LONGHURST inquired if any local treatment had been resorted to.

Dr. ROGERS suggested that the full significance of the case was not understood. His experience tended to convince him that there is an intricate association in such patients, between the various organs, depending on the nervous system.

Dr. O'CONNOR had found the application of nitrate of silver to the os of service in persistent vomiting. Prepared milk, and Valentin's extract of beef, in teaspoonful doses, he generally found well borne. He considered the prolonged expiratory murmur a peculiar symptom.

Mr. WILBERFORCE SMITH thought it important to know what diet had been employed before the koumiss was made trial of. He considered the patient's improvements as due to the physiological rest to the organs. Milk will not secure this, the effort at digestion being too severe (a strain; and in order to obtain perfect rest, all nitrogenous food needs to be abstained from. The vomiting might be nervous. Cream served as an admirable food; beef-extract was devoid of nitrogen, and non-nutritious. Injections of nutritive enemata were advisable.

Dr. STRETCH DOWSE desired to know how much koumiss had been given in the twenty-four hours. He considered this case to be similar in its details to others recorded, and recommended that fluids should be abstained from altogether for a day or two.

The PRESIDENT inquired if blistering the epigastrium had been tried.

Dr. SUTHERLAND said the koumiss used had been obtained from Chapman's, in Duke Street, Portland Place. Every other food tried on the patient had failed to be retained. She did no work. He did not believe her to be hysterical, though her voice somewhat resembled hysterical euphonia. She will not keep to her bed for any time, so that it is impossible to try such treatment with her. She was bad tempered at home, and sometime suicidally inclined. He had not applied silver nitrate to the os; the patient was over sensitive to examination. Physiological rest she had had in plenty; alone, it did not avail. Injections were equally useless to her. He had not tried the effect of blistering the epigastrium.

Mr. CHRISTOPHER HEATH on

A CASE OF GANGRENE OF THE ARM FROM A POISONED WOUND—AMPUTATION AT THE SHOULDER, AND RECOVERY.

The patient was a nurse, *æt.* 34, who, in laying out the body of a lady who had died of puerperal septicæmia, pricked her thumb with a pin. Notes of the puerperal case were given by the physician, who had attended her, and it appeared that she was a primipara in good health, and was the first patient attended by the accoucheur after his holiday, and that strict antiseptic precautions were employed. On the 4th day a rigor occurred, and the temperature was 105°, pulse 120. Subsequently the temperature went up to 107°, but was reduced to 102° by an ice-cap and water-bed. On the 7th day, however, the left pleura filled, and the patient sank. A nurse in attendance pricked her finger on the day of the rigor, and had a sharp attack of lymphangitis with recovery. The second nurse carried out the attendance till the patient's death. This nurse applied nitrate of silver to the puncture on the evening of the day she received it, and the next day the hand was swollen and painful. She had no further advice until the 4th day, when she was admitted to University College Hospital with the whole arm swollen and tense. Free incisions were made, but the next day the hand and fore-arm had gangrened. At first the gangrene seemed limited to the fore-arm, and the swelling of the upper arm decreased for a few hours, but a relapse taking place, Mr. Heath amputated at the shoulder-joint. The patient made a rapid recovery, and was discharged in a month. Mr. Heath remarked upon the virulence of the puerperal poison, and protested against the common practice of applying nitrate of silver to punctures received at post-mortem. He believed that the application of belladonna was most useful in cases of local inflammation, coupled with free incisions when necessary.

Mr. HARRISON CRIPPS recounted the history of the patient in St. Bartholomew's Hospital referred to by Mr. Heath. The man was scratched on the arm by a piece of iron gauze. When admitted the hand was black, and the arm above red. Free incisions were made into the back and palm; thick blood alone escaped. Inflammation spread to the upper arm and axilla, and Mr. Holden amputated the limb; the tissues at point of amputation seemed diseased. The pain was at once reduced in intensity; temperature fell from 103 deg. to 99 deg., and pulse to under 100. Rigid antiseptic precautions were observed, but six days after the operation gangrene reappeared, and spreading rapidly, the patient died on the tenth day. The interest of these two cases lay in the differing terminations; he believed death to be due in Mr. Holden's case to delay in am-

putating, and recovery in Mr. Heath's to early operative interference. It would be desirable to fix a definite rule for guiding procedure in cases demanding amputation.

The PRESIDENT.—These cases confirm the rule that in spreading gangrene amputation should be done at once. Pathology teaches that the gangrene is due to an organism, and in blood disease it is possible in some cases to speak definitely of it, e.g., *bacillus anthracis*. Dr. Cox has shown that progressive necrosis in spreading gangrene is due to a special organism by which the blood is unaffected, and Mr. Heath's case is especially interesting in this relation.

Mr. HEATH remarked that to the rule "amputate early" should be added "and high up."

Dr. J. WHIPHAM read a paper on

**SMALL ROUND-CELLED SARCOMA OF THE DURA MATER ENCROACHING ON THE LEFT TEMPORO-SPHENOIDAL LOBE OF THE BRAIN, AND PRODUCING EXTENSIVE SOFTENING IN ITS NEIGHBOURHOOD.**

A railway guard, *æt.* 35, was admitted into St. George's Hospital on January 25, 1880. He had served on board ship in former years, and when in foreign parts had suffered from ague, dysentery, and acute rheumatism. At the end of December, 1879, he caught cold, had rigors and pain in the chest, and dyspnoea, but continued his occupation as a railway guard. During the fortnight previous to his admission he had been laid up with headache in the frontal region. About thirteen days before he came under observation he felt unwell, and became languid, and on the day following he shivered and felt pain in the left frontal and temporal regions. The pain recurred in severe paroxysms, with intervals of entire cessation of pain. On admission, the patient was well nourished, but somewhat dull and stupid. His tongue was coated. Pulse, 72, small. He had severe headache, and said that he felt "stuffy in the head." The pain was referred to the left temporal region and to the left eye. There was a purulent discharge from the right ear, and Mr. Dalby reported a large perforation of the tympanic membrane. Shortly afterwards the patient became restless, and on the seventeenth day after his admission had passed into a comatose state, but still indicated, by gestures, that he was suffering pain on the left side of his head. Slight want of power in the right hand and leg was detected, but there was no real paralysis. The patient died on Feb. 21. He was a left-handed man. At the post-mortem examination a lobulated tumour was found attached firmly to the middle fossa of the skull on the left side, and extended into the substance of the left temporo-sphenoidal lobe of the brain, involving or causing softening of the anterior parts of the three temporo-sphenoidal convolutions, and the island of Reil. The softening extended to within 1-20th of an inch of the level of the upper surface of the corpus striatum, but did not involve that ganglion. The important feature in the case was its bearing on the question of localisation of the functions of the brain. Although none of the motor centres were actually involved in the disease, it seems more than probable that the pressure exerted by the growth must, to a certain extent, have interfered with the functions of those convolutions situated directly in the line of such pressure. Thus may be explained the partial loss of power which existed in the right arm and leg, seeing that the upward pressure of the tumour would more especially affect the posterior part of the left superior frontal convolution, the upper part of the ascending frontal, and probably part of the superior or posterior parietal lobule; those regions, that is to say, which Ferrier and others have shown to preside over the movements of the arm and leg. Further, the actual lesions which were demonstrated at the autopsy tend to show that the deafness in the right ear was the result rather of the injury to the brain than of the perforation of the tympanic membrane. Finally, the facts of the patient being a left-handed man, and the injury to the brain being on the left side, are interesting as bearing on the question of aphasia.

Dr. WILTSHIRE asked if an ophthalmoscopic examination had been made. He was reminded of a case said to be puerperal mania, in which perforation of the tympanum occurred. It was not puerperal mania, however, and on inquiry he found the patient had been subject to discharge from the ear for many years.

Dr. ALTHAUS—Were the special senses of taste and smell examined?

Dr. DOWSE said it would be interesting to know if the pain had been localised or extended generally over the cerebral

hemisphere, neck, and arms. He had seen cases of similar tumours in which the pain was thus distributed.

Dr. BROADBENT thought it interesting to notice the existence of a slowly growing tumour with acute symptoms, and also the effect on hearing. He attributed the effect produced to pressure set up by the tumour on the corona radiata, and not directly on the convolution. It was especially interesting, too, that the Island of Reil was diseased because of the localisation of speech in it by certain persons; the cutting off of the fibres passing between it, and the proper centre of the faculty would bring about such a result. He was struck by the absence of vomiting with the patient.

Dr. SILVER inquired how deep the injury must be before speech would be affected. He had seen a case in which during life speech gradually grew slower, and in which post-mortem examination showed that the Island of Reil was diseased.

The PRESIDENT said he did not quite understand whether Broca's convolution was affected in Dr. Whipham's case.

Dr. WHIPHAM replied that no ophthalmological examination had been made. Pain was confined to the frontal and left temporal regions; there was no vomiting from beginning to end; no lesion of Broca's convolution, the Island of Reil alone being complicated.

Mr. GODLEE showed a patient on whose case he and Dr. Sturge had read a paper, describing how the facial nerve had been stretched. Paralysis existed for thirteen weeks, and now the powers of motion were being slowly regained.

**SURGICAL SOCIETY OF IRELAND.**

A MEETING of the Surgical Society was held on Friday evening, January 21st, 1881, in the Albert Hall, Royal College of Surgeons, Dr. EDWARD HAMILTON, senior member of council of the Society present, in the chair.

Mr. TUFFNELL, Hon. Sec., read the minutes of the previous meeting, which were signed.

**SUPERIOR MAXILLARY BONE WITH TUMOUR ATTACHED.**

Dr. KILGARIFF exhibited a specimen of the superior maxillary bone and a tumour implicating it which he removed on the 13th inst. from a girl, *æt.* 13, a patient in the Mater Misericordiae Hospital. The growth had first made its appearance about eighteen months previous to her admission, appearing then as a slight protuberance in the facial aspect of the bone. It caused no pain, and but slight disfigurement. However, it continued to grow slowly, and latterly created such disfigurement and personal discomfort, owing to the difficulty of breathing, that she came to town and placed herself under his care. The disfigurement was very pronounced, the face on the right side presenting an appearance rather like that of a frog's cheek. He found that the growth extended from the last molar tooth but one to within a short distance of the symphysis. The tumour had caused depression of the horizontal plate of the superior maxillary bone, projecting downwards, and attaining the size of a sweet almond. As far as the tumour extended the alveolar arch was completely implicated, the swelling infringing on the right cavity of the nose, and completely blocking up that passage. There was no lymphatic gland implicated. After consultation, he determined to remove the superior maxillary bone, sparing if possible the orbital plate. He proceeded to do so after the method of Ferguson, and he removed the entire bone with the exception of the orbital plate, being fortunate in leaving the horizontal plate of the palate and avoiding injury to the velum. The tumour was exceedingly frail, and in the grasp of the powerful lion-forceps the alveolar and other borders were broken up into fragments, which he removed separately with his fingers. There was no cavity in the bone, the antrum being completely filled. Consequent on the absence from town of some of the histologists he had been unable to procure microscopic sections, but he himself leaned to the opinion that the tumour was not malignant.

Mr. W. THORNLEY STOKER read a communication  
ON A UTERINE TUMOUR

which he exhibited, with the uterus itself. The paper will be found at page 133.

Dr. HENRY KENNEDY, accounting for the kidney disease, said it appeared to him that the ureter had been involved as well as the urethra, and that the disease might have been

due to pressure on the ureter. The left kidney showed the greater extent of the disease, the author pointing out that the tumour occupied part of the middle of the abdomen, and extending mainly to the left side. Those tumours were apt to be numerous, and they took one direction, under the peritoneum, and again in the mucous membrane. In the College museum were beautiful specimens, showing the formation of the tumour in the centre of the uterus, then going down to the mucous membrane, and still further on, forming polypi. The case brought forward by Mr. Stoker was one of extraordinary interest, and particularly as regarded the double capacity in which the tumour showed itself; its mobility giving rise to great difficulty in the diagnosis.

Mr. STACK asked whether Mr. Stoker had traced the causes of the obstruction of the urine through the bladder to the urethra?

Dr. DOYLE asked was there hypertrophy of the bladder, which generally gave rise, by extension up the ureter, to dilatation at the pelvis of the kidney and pyelitis?

Mr. THORNLEY STOKER replied. In making a post-mortem examination he paid particular attention to the state of the lining of the membrane of the bladder as well as of the ureter and pelvis of the kidneys. The mucous membrane of the bladder was in itself healthy, and presented no appearance of suffering from the obstruction. However, that the obstruction existed was beyond question, and though it spared the bladder it attacked the more remote structure, the kidney. The ureters were not dilated, they were of normal size. Even though not affecting the bladder, the condition of the kidneys might be traced to a retention of urine. He held with the idea in reference to the passage of the tumour into the uterus to form polypi. There was no distinction between uterine fibroid and fibroid polypus of the uterus, though certain writers had endeavoured to make a distinction, characterising a tumour as being encapsuled and a polypus as not being encapsuled. That was explained by thinking back over the pathology of those growths. As long as the tumour remained a tumour, and not a polypus embedded in the wall, so long it had the so-called capsule of compressed muscular tissue; but as soon as it made its way out, the so-called capsule disappeared, and it became the polypus proper.

(To be continued.)

## Department of Lunacy.

### THE LIVERPOOL LUNATIC HOSPITAL.

No Annual Report of the Liverpool Lunatic Hospital is forwarded to us, nor can we ascertain that any official account of its condition and prospects is given to the public by its board of governors and medical superintendent. From the Report of the Commissioners of Lunacy, however, we obtain some information about it, and that is of so unsatisfactory a character that we feel called on to direct special attention to the state of the institution, and to the necessity which exists for reforms in it of a very sweeping description. The city of Liverpool is justly proud of her medical charities, and nothing but ignorance of the real state of the case can account for the fact that she tolerates in her midst a lunatic hospital that is anything but a model, that is condemned by all competent authorities, and that compares most unfavourably with similar institutions in other cities and towns. The public spirit and benevolence of Liverpool, when once awakened to the existence of a blot on her fair fame, will not, we are assured, sanction its retention, but will insist on changes, which will place the treatment of the insane in Liverpool on a level with the treatment of the mentally afflicted in other parts of the kingdom. Under present circumstances, the Liverpool Lunatic Hospital is a drag financially on the Royal Infirmary, with which it is connected, and altogether fails to fulfil the duty with a view to which it was established. While other lunatic hos-

pitals, designed to supply treatment to insane persons, who, although not paupers, are still unable to pay the charges usually demanded in licensed houses, are overflowing, and extending their accommodation yearly, out of their profits, the Liverpool Lunatic Asylum stands half empty, and is dependent for its working expenses on subsidies, drawn from a sister charity. While throughout the country there is heard on every hand, a demand for asylum accommodation for lunatics of the lower middle class, the Liverpool Lunatic Hospital, which stands in the centre of a populous district, in which the lower middle-class and insanity abound, has nearly one-half of its total number of beds unoccupied. It is clear that this institution has ceased to command public and professional confidence, and to attract patients of the class for which it was intended. And it is scarcely to be wondered at that it has done so. Placed in the heart of Liverpool, accessible to its dust and din, surrounded by prison-like walls, of a sombre and forbidding style of architecture, destitute of gardens and recreation grounds, meanly furnished, and lacking that organisation and those appliances that are now regarded as essential to the proper treatment of the victims of mental disease, it is uninviting, whether viewed from without or within. The clerk or warehouseman, or indigent professional man, whose wife or child has gone mad, may well be pardoned if he shrinks from consigning his loved one to such a gloomy receptacle, and accepts rather the degradation of an arrangement with the Board of Guardians by which admission is secured into the bright, cheerful, and thoroughly well-equipped county asylum at Rainhill. Pauper associations are painful, it is true, but these must be endured if the best chances of recovery from a terrible and crippling malady are inseparably connected with them. And thus it is that the present deplorable state of the Liverpool Lunatic Hospital works mischief in a variety of ways. It repels those whom it was meant to benefit; it tends to pauperise those in whom it might have helped to maintain a worthy spirit of independent pride, and it deprives the afflicted beings, for whom it fails to supply suitable treatment, of some of their prospects of recovery, for it cannot be doubted that lunatics of some education and refinement, will be less likely to recover rapidly and completely when compelled to mingle with the lowest and coarsest human off-scourings of a large sea-port, than they would be if sheltered from such ungenial contact.

The one and all-embracing evil of the Liverpool Lunatic Hospital is its position. Nothing can be made of it while it remains where it is, and no real improvements are practicable in the existing structure. The hospital ought to be removed into some country district, in the neighbourhood of Liverpool, and there re-constructed and re-organised on a thoroughly new basis. The necessity of this removal has been repeatedly and earnestly urged upon the governors by the Commissioners in Lunacy, and it does not certainly redound to the honour of the governors that they have altogether disregarded the representations thus authoritatively made to them. "We have only to repeat," say the Commissioners in their last Report, "the conviction which has been expressed by our colleagues with more or less persistency for the last fifteen years, that the best policy would be to dispose of the present land and premises, and remove into the country, and we feel sure that this Hospital would then be a boon to many, and not as it now is, of use but to a few." As the governors, after fifteen years indoctrination, have still failed to grasp an obvious truth, and by their dulness and inactivity, continue to cripple the usefulness of a

public institution, it would seem time to inquire into the constitution of the Board of Governors, and to ascertain whether an infusion of new blood amongst them might not quicken their apprehension of the fitness of things. The credit of the city of Liverpool is concerned in this matter, and we cannot doubt that when it is once brought before the citizens, fifteen months will suffice to give effect to the recommendations of the Commissioners, and to render the Liverpool Lunatic Hospital an attractive institution, for the care and treatment of a large class of the insane, now practically destitute of proper provision,—those of small means, but not paupers. Let a committee of philanthropic Liverpool men first inspect their own Lunatic Hospital, and then visit a few similar establishments, like the Manchester Lunatic Hospital at Cheadle, the Northampton Lunatic Hospital, the Barnwood Asylum at Gloucester, or Wonford House, at Exeter, and the necessary changes will not be long delayed. The wealth of Liverpool ought to provide freely and readily, whatever funds may be necessary for these changes, and perhaps the funds required to be raised by subscription might be small in amount. The present site of the Hospital must be very valuable, and it has been hinted that it affords the best possible position for the new Cathedral, which Liverpool is certain one of these days to erect. Whether sold for this or any other purpose, it would, probably, bring in a sum that would go far towards providing a new Hospital, not in the streets, but in the green-fields.

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, FEBRUARY 16, 1881.

### THE DENTAL ACHIEVEMENTS OF THE MEDICAL COUNCIL.

THE one-day meeting of the General Medical Council which assembled on the 3rd inst. was, we venture to assert, one of its most satisfactory deliberative sessions, and, in

the brief period of its assembly, it served the medical profession more efficiently than on any previous occasion.

The very fact that it was a one-day meeting was sufficient to commend the sitting to special approval with those who are conversant with the dreary and unproductive wrangles of past times; but the peculiar success of the recent assembly arose from the fact that the Council in a few hours made itself as ridiculous, and displayed as clearly its disposition to shirk its duty as if it had employed its collective wisdom for a fortnight for that purpose.

The object of this meeting was to cobble up the dental business, which the Council had reduced to an almost hopeless muddle. Firstly, it had given its official consent to the passing of the Dentists' Act apparently without reading it; certainly without realising the fact that it was full of errors and imperfections, which would make its working as law an impossibility, and utterly unconcerned as to the fact that the status of registered medical practitioners was seriously threatened thereby. Secondly, the Council, without taking an adequate legal opinion as to its powers and responsibilities under an Act which placed upon it duties altogether different from those which it had previously been supposed to discharge, proceeded to register as legally qualified dentists whole regiments of persons of whom the only thing which could be possibly known was that they were *not* dentists in any true sense of the word. Thirdly, being pressed with remonstrances against this wholesale licensing of absolutely ignorant persons to practise a surgical speciality at the expense of the deceived public, the Executive Council became involved in a floundering effort to extricate themselves from the dilemma. First, they erased a number of names from the Register for misrepresentation; then they restored some; then they agreed to condone the misrepresentation and correct the entry; then they concluded to take legal advice, and then, brought to a helpless standstill in the focus of a muddle of their own creation, they decided to summon the full Council, and throw over the responsibility of the mess on them.

Hence the recent meeting. The work to be done at this meeting was to decide two questions in dispute:—

a. Whether a person who declared himself to be practising dentistry “in conjunction with medicine, or with surgery, or with pharmacy,” should or should not be removed from the Register upon proof that he was, in a legal sense, neither a physician, surgeon, or pharmacist.

b. Whether a person who obtained registration by declaring that he was “*bonâ fide* in the practice of dentistry” should be removed if it could be shown that his practice consisted in the drawing (or breaking) of an occasional tooth, and that his actual means of livelihood was some totally different trade, such as hair-dressing, or farming.

The necessary proofs on these points were supplied by the British Dental Association in several hundred cases, and that organisation demanded that the Council would do its duty, and expurgate the Register from persons thus fraudulently or erroneously entered therein; and the Association furthermore submitted the opinion of very eminent counsel that these persons were improperly registered, and that it was the duty of the Medical Council to

remove them. Here were two plain questions to answer, and, with characteristic left-handedness, the Medical Council answered neither. On the contrary, they obtained the opinion of counsel (eminent but not the least more reliable than those consulted by the British Dental Association), *not* upon the points which required to be decided, but upon an entirely different matter, *i.e.*, the legal propriety of a course which the Council had made up its mind to follow.

It is to the course thus determined upon that we wish to direct special attention, as a clear manifestation, not only of the incapacity of the Council to do its duty, but of the firm determination of that body not to touch any responsibility whatever—duty or no duty—which can be escaped from by any legal quibble, or by any sacrifice, however grievous, of professional interest. The Council had enrolled a great variety of persons as dentists—some with full medical and surgical degrees; some with special dental degrees; some with a recognised position as dental practitioners; some who practised dentistry in connection with the legal dispensing of medicines; a host who called themselves dentists on the strength of a brass name-plate of a few months' maturity; and a legion of chemists' boys, hairdressers, and other persons of a surgical calibre which needeth not to be defined. Did the Medical Council set to work honestly to find out who of their registrées had any right to be on the Register, or had any, even the remotest, claim to call themselves dentists? Not at all. They serenely decided not to enter on any such vulgar function, but to return the whole number, jewellers, hair-dressers, druggists porters, *et hoc genus omne*, as legally recognised practitioners in dental surgery. But they did worse than this. Determined that no inequalities of dental education should ever exist in the future, they declared their intention of levelling down all the well-educated dental surgeons to the level of these persons, by striking out of the register and ignoring altogether the degrees in medicine or surgery possessed by the more respectable registrées, and by striking out all words implying a higher walk in the profession, so that no person might, in future, be able to differentiate a surgeon practising dentistry from a hair-dresser who pulls teeth and shaves.

We leave it to the judgment of the profession whether these acts of the Medical Council do not justify us in thanking that conclave, in the name of those who look with longing to its reconstruction, for having done what even the late Dr. Andrew Wood could not find it in him to apologise for—for having displayed with audacity so open—its insolent contempt for its duty, and for both public and professional opinion.

There was, of course, the inevitable opinion of counsel upon which to hang the excuse for adopting such a course; but there was also the equally strong and equally reliable opinion to the diametric contrary. The real motive was that naively put into words by Prof. Humphry who, in moving the Council to act thus, said it seemed very important that they should strike out all superior qualifications or designations, for it would put an end to all questions which had arisen in such a large number of cases as to whether persons were properly entered upon the Register, or whether they had by misconception or by fraud added the words "in pharmacy," "in medicine and surgery;"

*and it would clear away at once the necessity for entering upon the consideration of the large number of cases mentioned in the Report.*

Certain members of the Council, indeed, seem to entertain a strange view of their duty under the Act. The 13th section says: "The Council *shall* cause to be erased . . . any entry . . . incorrectly or fraudulently made." And again, sec. 35 says: "Any person who wilfully procures . . . himself to be registered . . . by making . . . any false or fraudulent representation . . . shall be guilty of misdemeanour."

These clauses seem sufficiently plain, and yet we find the following pronouncements of speakers on this subject:

Dr. Aquilla Smith "assumed that some of these men had acted fraudulently in stating their qualifications, but the Council had nothing to do with that."

The President (Dr. Acland) said "they were not discussing whether persons were guilty of fraud, because that was entirely beyond the province of the Council."

We conceive that it is unnecessary for us to say another word. But detraction could not equal in effect the detraction of the Council itself by its own acts, but—being thus forced to give expression to our disgust and indignation in terms which we should not employ under less flagrant circumstances—we feel it our duty to offer our acknowledgements to Professor Turner and Mr. Macnamara, the only members of the Council who seemed to appreciate even remotely the principle that public and professional interest should be superior to legal quirks, and the performance of a solemn duty of trust of greater importance than all the discomforts which the responsibility of performing such duty might entail upon the executive committee. To the Council we say with all earnestness *macte virtute*. On no account take warning from the fate of obstruction in "another place," but fulfil the noble destiny selected by yourselves of working out the "problem" how not to do it. What does it matter that by this single day's proceedings you have estranged the confiding trust of the dental surgeons, and taught them the lesson of your incapacity which the medical profession has long since learned?

Thus you will confirm the character for ingenious incompetency already so well earned, and—let us hope—will continue to devote yourselves to the task of removing from the public mind the last lingering idea that a Council constituted as at present can have a shred of reason for its continued existence.

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#### TOBACCO.

THE delights of tobacco have been sung by poets; essayists have extolled its praise; fanatics have sweepingly condemned, enthusiasts have extravagantly lauded it; but it yet remains either for the world to become the universal slave of tobacco-idolatry, or to unite in one crusade against the defenders of its excellence. No subject is more generally interesting; none more capable of exciting opinionated controversy; none more capable of meeting the sympathies of its partisans; scarce any so capable of evoking heated opposition from those who see in the increasing consumption of tobacco among civilised peoples, the most invincible proof of moral degeneracy and national ruin.

It is a misfortune that the advocates of any system of rigid ethics, must of necessity be of the ultra-prejudiced type; their system admits of no adjustments, it is hard, fixed, unalterable; whatever exists not in accordance with it, exists, in the sight of these good people, for evil only, and "evil is its good." They do not credit that natural differences, individual or general, can in any way influence the result of non-observance of their code; whatever is not in accordance with it is, in itself, unalterably wrong. In this way do the anti-tobacconists regard the consumption of the drug they so cordially detest; in this way do they elect themselves judges of mankind, and by their adjudication every smoker is a beast, and a miserable victim of certain destruction. By word of mouth, and by printed invective, scattered broadcast throughout the country, these champions of deprivation seek to prosecute their labour of recruiting the ranks of tobacco-rejectors; their plan of campaign, however, is not always to be defended from the suggestion of being conducted with a keener regard for success in their endeavour, than for the *causa sancta veri*. This is most clearly seen in the emotional pamphlets so familiar in connection with the anti-nicotine army. In them use is made of misunderstood quotations from manuals on *materia medica*, wherein the symptoms of poisoning by the tobacco alkaloid are detailed, and which in all their naked dreadfulness are displayed in leaded type before the mind of the unfortunate and terrified reader. Another favourite mode of procedure with the same tacticians is to obtain from some source the expression of a leading authority against the abuse of tobacco; armed with this, which they carefully strip of its modifying companion sentences, they then hurry before the world, and proceed to terrify afresh, with the increased force lent by the name they are able to attach to their fulmination.

We do not for a moment pretend that the excessive employment of tobacco is not an injurious practice, likely to carry with it, if long continued, a succession of physical ills that will seriously affect the bodily health; neither do we accuse the anti-tobacconist army of improperly stating these consequences. Nicotine does undoubtedly paralyse the terminal plates of motor nerves; and it leads, there can be no doubt, to degenerative changes in the great nervous centres, mainly through the disturbance of nutritional functions exerted through the circulatory apparatus. In other ways, too, it reacts injuriously on the human organism, and oftentimes the primary cause of persistent dyspepsia is to be sought in the tobacco habit. But the same series of charges may be laid against other articles in common use, and particularly can it be said of tea that its excessive use is attended with consequences in the highest degree inimical to the devotees of this beverage. But no one, on this account, would care to suggest that henceforth, every food found to create bad consequences when improperly or too frequently employed, should be totally rejected as a desirable or permissible addition to the diet. And yet in a sense, this is exactly the course marked out by the anti-tobacconists. They postulate the indefensible dogma, that tobacco is universally an evil, and seek to coerce, as far as they are able, the whole civilised world into an acceptance of the fact they have thus gratuitously erected into importance. To some men tobacco is pre-

eminently serviceable; it enables them to achieve work which, without the aid it renders, would be impossible to them, and would remain unperformed. It is idle to pretend that work done under such circumstances is of little merit; every reader of these lines will easily recall, not one but several, instances of men who, smokers by habit, rely on the habit to enable them to accomplish labour of intellectual greatness, and of inestimable value in advancing the progress of medical science. It would be an impertinence to mention them by name; but the eminence and authority attaching to them would, at any rate, be equally considerable with any that could be advanced in opposition to the testimony they could tender in defence of tobacco, or rather, it should be said, in vindication of what merit it possesses.

It remains to be said, and this the most inveterate smoker will concede, that for young persons the habit is unmistakably a bad one. During the period in which the physiological activity of the body is at its highest, it is simply injurious to so interfere with its functions as shall in any way disturb the harmony existing between them. Tobacco smoking achieves the disturbance of interference with the digestive functions first, and subsequently by complicated nervous changes depending on retarded nutrition of the tissues; and at a time when the growing organism is specially in need of every assistance, to meet the needs of its development, it cannot be but intensely injurious to it that any portion of its force shall be alienated from its legitimate office. The system suffers, and the boy degenerates until his condition becomes altered and attuned to the life-long exhibition of the evils of premature and continued indulgence in tobacco smoking. The anti-tobacconist, however, is by no means thereby justified, in assuming that the same cause is productive of the same results in every case. This he does unwarrantably. The physiologically perfect man, in whom the exchanges are periodically balanced, is in a wholly different position to that of the boy; the former is in a state to profit by the aid in procuring repose, which tobacco affords; and the first effects of the drug overcome, and the system accustomed to its influence, it exerts a beneficial effect rather than other. Here again, excessive indulgence, as with any other thing good in itself, is bad in the extremis;—but avoiding the objectionable term, "moderation"—inade of incipient toxic effects, it will do no harm.

#### THE THREATENED SMALL-POX EPIDEMIC.

In the House of Commons on the 10th inst., Mr. Dodson, President of the Local Government Board, replying to Mr. Torrens, said it had been alleged that the aggregation of small-pox patients in the hospitals of metropolitan asylums had been attended with an outbreak of small-pox in the surrounding houses, and he had recently directed an inquiry to be made to ascertain whether that allegation was well founded. Until that inquiry had been completed it would be premature for him to express any opinion on the subject. There was no doubt that the average number of deaths from small-pox in the interval since 1870 had been largely in excess of that of the previous 11 years; but that arose from the fact that the latter

period included the very exceptional year 1871. The deaths since 1870 amounted to 15,533, of which 7,878, or more than one-half, occurred in 1871. If, however, the twelve years from 1860 to 1871 were compared with the nine years from 1872 to 1880, it would be found that in the latter period the average number of deaths was only 850 against 1,425 in the former period. As regarded the steps taken to prevent the disease, he had recently caused circulars to be addressed to the various sanitary authorities and boards of guardians, pointing out the measures to be adopted with a view of securing vaccination and re-vaccination, as far as practicable; and he was glad to be able to state that the local authorities generally had made a ready response to that appeal. Within a fortnight 330 acute cases of the disease were received into the hospitals of the Metropolitan Asylums Board. It is accordingly feared that should the number of admissions continue at the same rate, all the accommodation the managers have, or can provide, pending the decision of the House of Lords in the Hampstead Hospital case, will speedily be exhausted. The necessity is, therefore, pointed out for the various sanitary authorities and boards of guardians to supplement the action of the Board by making provision for the accommodation of any additional cases of small-pox that may arise in their respective districts.

The Metropolitan Asylums Board, with a view as far as possible to meet the immediate requirements of the metropolis under this sudden increase of small-pox, proposed to increase by sixty the number of beds devoted to patients affected with that disease in the Fulham Hospital. Against that measure a protest has been raised by the ratepayers of Chelsea, chiefly on the ground that although such hospitals are inevitable, yet cases from the whole metropolis should not be conveyed through miles of thoroughfares to a few districts; and they have proposed that instead of such a system each district should provide accommodation for its own sick. A deputation has been appointed to confer on these subjects with the Metropolitan Asylums Board and the Local Government Board. The question having been raised whether or not more cases of small-pox are contributed from small areas around the hospitals than there are from other and very much larger areas, a definite answer to this query would go far to decide the relative advantages of the few large hospitals for small-pox such as exist at present, and the numerous smaller hospitals in individual districts, such as are proposed.

## Notes on Current Topics.

### Competitive Examinations for the Services.

For the competitive examination for medical appointments in the Public Services held at Burlington House on the 14th inst., the number of names given in were, for the army 66, India 40, and navy only 8. The candidates for the first-named service contained among them a considerable number of high-class students; with regard to those for the second, it has been stated that among their names there are several which betoken Eastern nationality; and with reference to the last-named service, the result shown justifies the remark we recently made, that the delay in

propagating the expected Warrant has prevented candidates from coming forward. It is said that, instead of going to Netley, there to undergo a course of probation, the successful candidates for the navy will proceed at once to one or other of the large naval hospitals, there to be trained as heretofore in the actual duties pertaining to their position. Does this mean that a similar course will bye-and-bye be followed with regard to those for the two other services named? No doubt a considerable money saving would be the result, and, in other respects, advantages might be looked for in due time.

### The Spirit Ration in the Navy.

A DEPUTATION from the National Temperance League waited, last week, upon Lord Northbrook at the Admiralty with regard to the spirit ration in the navy. His lordship informed the deputation that the Admiralty Board intended to stop the issue of the rum ration altogether to the officers, but give them some compensation, so as not to make money out of it. They were going to stop the rum ration to the boys up to the age of 20, and to give further inducements to the men to give up their rum rations by giving them, besides the tea and sugar they were now allowed, a ration of soluble chocolate in the middle night watch. We shall watch with interest the results in regard to health that follow this measure. When, in the first quarter of the present century, tea, cocoa, and coffee were introduced into the dietary of the British sailor, the innovation was opposed on the grounds that the use of those beverages was effeminate. Notwithstanding much opposition, however, Captains Bowen and Forrest persevered in their endeavours thus to mitigate drunkenness in the fleet. Half a century has elapsed since then, and now their plan receives this further development.

### The Netley Medical School.

THE Winter Session of the Army Medical School came to an end on Monday week, the Herbert Medal and other prizes being presented to the winners of them by the War Secretary. In connection with this event we take occasion to notice a recent innovation in the system of competition for admission to the Army Medical Department, which seems to us well calculated to discourage work and make idlers and bad officers of the majority of the medical cadets who pass through that School. Heretofore a competitor ranked for an appointment, and for seniority amongst his fellows, according to the position which he gained by the combined marks of his examination at Burlington House when entering the school, and at Netley when leaving it. This was an excellent arrangement, because it encouraged the student to devote himself with ardour not only to his first examination in general professional subjects, but to the specialities of his military profession, in which he was instructed at Netley, and thus the service secured a good practitioner and also officer, specially competent for the needs of the soldier. We regret to say that, by a recent regulation, this system has, as regards the Home service, been changed. The cadet intended for the British Service ranks in the department solely upon the marks which he wins at the first examination at Burlington House, and having once put that ordeal over his head, has no inducement to



trouble himself with special work at Netley unless he be one of those rarely assiduous students who goes for the Herbert Medal or some other prize.

We would not for the world suggest that Netley cadets for the Home Service have been, by this change of rule, induced to idle. Such a statement would, of course, be calumnious; but as students are but men, it is pretty clear that they will not work if the stimulus to labour is withdrawn. Why it should be that a cadet intended for India should be exempted from this new rule, and should take his rank on the combined answering of his two examinations, whilst his *confrère*, who is to stay at home, is to be placed by his success at one only, is one of those mysteries of departmental management which the un instructed intellect is not permitted to understand. We would be well pleased if an explanation can be given of the existence of an anomaly so hurtful to the *prestige* of the British Army Medical Department of the future.

#### The "Indian Medical Gazette," and the Allahabad Libel Case.

SOME months ago certain criticisms with regard to an advertisement, signed by an officer of the Indian Medical Service, stationed at Allahabad, appeared in the *Medical Gazette*, published in Calcutta. The medical officer referred to considered that the comments contained therein exceeded the limits of fair public criticism; he accordingly raised an action for libel against the editor and the publisher of that paper, and, in the first instance, obtained a verdict against the former. But this victory was not of long duration; the action, on appeal, was brought before the High Court of Allahabad, with the result that the conviction first obtained was reversed, and thus the freedom of honest public criticism vindicated.

In a Supplement to a recent number of this *Gazette*, the editor gives what appears to be a fair, manly, and straightforward summary of the circumstances which led up to the unfortunate episode alluded to. He states very clearly, and he deserves every credit for what he says, "that we never meant to cast the shadow of an aspersion on the general character" of the surgeon referred to. "Nor did we intend to disparage in any way his philanthropy and professional zeal;" moreover, "we are prepared to go farther, and to declare our sincere and unfeigned regret that any remarks, which we found it necessary to make," "hurt his feelings." The only question which appears to have presented itself to the editor, was whether a separate hospital for diseases of the eye was required at Allahabad, considering that an institution, already existed at that station, where cases of those affections, as of all other forms of disease, were fully attended to. With reference to the expense and annoyance connected with defence in the action "now emphatically quashed," the editor reminds his readers, and all who have served in India will sympathise with him, that medical journalism in India is a labour of love rather than a business; "we snatch a few hours from a busy life to co-operate with others in keeping the lamp of medical science alight in this country;" "we strive to fulfil the function of being an organ of medical opinion." He further adds, and the statement does credit to his liberality of spirit, "if the facts and opinions which we promulgate are erroneous, we invite and welcome cor-

rection, and do our utmost to amend them;" but he remarks, if all our lapses or fancied lapses are to be visited by the rude rod of the law, "medical journalism will become, instead of a pleasure and enlightenment, a painful task which few, indeed, will care to undertake."

Our own opinion is that this case ought really never to have been brought before the public at all; that there was, in itself, nothing whatever to justify the prominence it attained in India; and that now, the sooner it is relegated to oblivion, the better it will be for all parties concerned.

#### The Sheffield Case.

THERE are several details connected with the revelations made at the trial of a nurse recently at Sheffield, on a charge of poisoning her charge, that carry an instructive lesson with them. Chief among them is the evidence afforded that the nurse of the present time is oftentimes disposed to assume an authority to which no claim can rightly be laid by her, and which may possibly be exercised to the disadvantage of the patient. In one sense it would seem to be a natural outcome of the publicity given to the nursing scandal at Guy's Hospital, that nursing attendants generally, should be led to attach exaggerated importance to their office, and regard themselves as the deputy, rather than the assistant, of the medical attendant. In the absence of the doctor, they frequently now undertake the duties proper only to him; and in some cases do not hesitate to resort to direct treatment of the kind which they consider to be adapted to the case under their care. For this the education they receive is primarily to blame. In certain of the institutions from whence nurses proceed, these latter are not infrequently taught that they are to look upon themselves as in some sort responsible for the progress of the patient; and, inflated with an undue sense of their importance they hasten, when opportunity offers, to put into requisition the smattering of professional knowledge they have been able to acquire during their hospital career. That this is calculated to do considerable harm is evident; and, as was suggested in a daily contemporary, it is possible that the Sheffield nurse, under the impression that her charge required sedative treatment, may have resorted to it, on her own authority, without special orders from the medical attendant. We are prepared to imagine that there are many nurses of the new school who would pursue such a course; and we assert that the system under which they were educated is to blame for the evil consequences resulting from it. It is high time a definite line was drawn between the duties a nurse may discharge, and those which, under no circumstances, she is to undertake. This is a matter of general professional interest; the profession ought to be speedy in seeing to it.

#### Another Nursing Difficulty.

THE Rugby Hospital is at present the scene of one of those troublous occurrences, the repetition of which is frequent enough to create serious apprehension. In consequence of grave interference with the execution of their duties, and a disregard of the orders given by them for the welfare of patients under their control, the whole of the physicians at this hospital, with one exception, have felt it necessary to resign their positions on the staff. This proceeding will be generally commended as a fitting

vindication of the dignity of the profession ; and, though it will probably tell severely at first on the gentlemen who have thus acted, it must be felt that they are fully justified in thus protesting against any infringement of their absolute authority in the wards of the hospital. It is said that the matter is to be brought before the Birmingham and Midland Counties Board of the British Medical Association ; but it may well be asked in what way this is likely to affect the question at issue. In the way of ventilating the grievance it may do good, but beyond this there is little likely to follow from any consideration the Association can give it. As possessing any power of enforcing redress, the body is useless ; it might be otherwise, but the powerful influence possible to a great union like the British Medical Association, is wholly wanting to it, as events have proved in the past, and are likely, we fear, to prove in the future.

### The University of Durham.

THE action of the Royal College of Surgeons in abolishing a special preliminary fellowship examination, threatens to be productive of evil consequences to those students who intended by aid of it to graduate in medicine at the Durham University. This latter body has, in recent years, permitted candidates for its degrees, to substitute the college fellowship preliminary, in lieu of its own Arts examination, and thereby opened its doors to a large number of young men, who had else been unable to proceed to it, by reason of the time required to prepare for a rigid examination in the arts subjects. It now, however, declares its intention of requiring future aspirants to the distinction of the Durham degree to undergo a slightly modified B.A. examination, that, viz., arranged some time ago for medical students ; but for which, subsequently, it was agreed to accept the college test. It is sincerely to be hoped that the senate of the university will reconsider the determination, and consent to a less comprehensive scheme than that they propose to reinstate. Unless they do so, a very material injury will be done to the rapidly growing favour into which Durham has recently sprung, among medical students, and those senior qualified men who seek to add a university distinction to such as they already possess. The vast improvements made in connection with the medical school at Newcastle, too, will be materially less productive than they might be made, if the decision be adhered to ; and on every ground there is the strongest reason for making any new examination, while being a fair test of general education, at the same time of a kind that a student of intelligence and industry would not find it too serious a matter to undergo.

### The Registrar-General's Quarterly Return.

THE return of the Registrar-General for the quarter ending December 31st, records the births of 264,562 children, and 166,640 deaths, the natural increase of population being thus 97,922. The annual death-rate for the whole kingdom was 19.2. The prevalent zymotic diseases in England were scarlet fever and diarrhoea ; small-pox, fatal cases, numbered 208. Salford and Sunderland possessed the highest death-rate. We shall refer again to the record for the year 1880.

### Sentence of Hard Labour on a Surgeon.

WITH much pain we have to record a serious case of unprovoked assault by, and conviction of, a Manchester surgeon. The most charitable construction we can place upon the case is that pleaded by the prisoner's counsel, viz., drink, under the influence of which his client lost all control of himself, and became more like a madman than one sane. The action was tried on Friday last, although the assault took place nearly a month since, the plaintiff being Mr. Thos. Crofton, a solicitor, and the defendant, Mr. W. B. F. Eames, L.R.C.P. Ed., L.R.C.S.I., both residing in Manchester. At the opening of the case Mr. Nash, for the prosecutor, said that as the prisoner had pleaded guilty he did not wish to make any comment on the case. On the 20th January Mr. Crofton was returning home in the evening. When he got to his own door he saw that a person was making a disturbance next door. He went inside, and shortly afterwards heard the prisoner at his own door calling on him to come outside. He asked him to go away, when the prisoner pulled him off the step and threw him down. Mr. Crofton put out his arm to break the fall, and it was dislocated at the elbow. The prisoner then kicked him several times. Mr. Blair, for the defence, said that the prisoner was excited by drink. He expressed deep contrition, and was willing to either give Mr. Crofton some compensation, or to pay a fine to the Crown. The Recorder said that the assault was entirely unprovoked, and he could not make any exception in the prisoner's case, because he was of a higher social standing than the majority of persons who committed assaults. The sentence of the Court was that he should be imprisoned for three months with hard labour.

The sentence is, of course, a severe one to a man like the prisoner ; but we cannot cavil at the Recorder's view of the case. Drink would be but a small excuse for an uneducated vagabond ; it should be none for one who occupies the position of a gentleman.

### The Wounded in South Africa.

ACCORDING to published reports an ambulance train fell into the hands of the Boers shortly after the affair at Lang's Nek. As a result of that serious loss, the reports regarding sufferings of the wounded upon the field which reach us seems very much as a matter of course. After the severe action of the 8th inst. it is said that the surgeons remained on the field all night tending the wounded ; that of the conveyances sent with wounded in them towards Newcastle six were disabled, that the injured men in them were exposed to heavy rain all night, and to other causes of suffering incidental to their unfortunate position. It is further stated that Dr. Macgahan had arrived at Fort Aimee with thirty-five of the less seriously wounded ; that forty remained on the field, but that waggons were being sent whereon to remove them, and, it is gratifying to learn that the Boers were behaving towards them with great kindness. Notwithstanding all that, the sufferings of those left upon the field were very great ; they had no water to drink ; wind and rain continued all night ; in fact, their lot was such as is to be looked for on occasions of battles against an European or other resolute enemy. It was ostensibly with a view to meet all the requirements of war

that the recent changes were introduced into the Army Medical Service. When the establishments suffer by capture, as on the late occasion, what is left of them must necessarily be insufficient; but it is matter of serious doubt whether, even in their complete state, according to "regulations," they are equal to requirements in a war such as is now in progress in South Africa.

### Metropolitan Hospital Sunday Fund.

A MEETING of the Council of the Metropolitan Hospital Sunday Fund was held at the Mansion House on Monday last, the President, the Right Hon. the Lord Mayor, occupying the chair. The proceedings were for the most part of a formal character, as the re-appointment of the hon. secretaries, Sir Edward Currie and R. B. Martin, Esq., M.P., the General Purposes Committee, and the Committee of Distribution for the year, Mr. Custance being unanimously re-elected to the office of Secretary. A second donation of a hundred guineas towards the Fund, was announced from the trustees of the late Mr. James Drew. We observe that a contemporary has fallen into the error of supposing the Council intend to invest such sums and others which may from time to time be devised or bequeathed to them. This is an entire misconception, for as we understand the matter, all monies as those above-mentioned will be added to the current year's collection, and, as a matter of course, form a part of the Hospital Sunday Fund of June next. Donations have hitherto formed no inconsiderable portion of the general collection, as may be seen from an analysis of that of the past year, 1880. Of the £30,000 received, the Church of England congregations contributed about £22,000, the Independents £2,000, the Baptists, £1,100, the Roman Catholics £500, whilst the rest was made up of the contributions of other religious denominations, and to donations sent direct to the Mansion House.

### The Health of Ireland.

THE average annual death-rate per 1,000 for the week ending Saturday, February 5, 1881, represented by the deaths registered last week in the sixteen principal town districts of Ireland was 45.0, the respective rates for the several districts being as follow, ranging in order from Wexford, 25.8, to Limerick, 74.0.

The deaths from the seven principal zymotic diseases in the 16 districts were equal to an annual rate of 4.3 per 1,000. Six more deaths from whooping-cough were registered in Belfast, and 3 more from scarlatina in Limerick. Three deaths from measles were registered in Kilkenny, and 2 from typhoid or enteric fever in Queenstown.

Seventy-three of the 154 deaths from all cases registered in Belfast were ascribed to diseases of the respiratory organs other than phthisis, and 19 to that disease.

The mortality, last week, in 20 large English towns, including London (in which the rate was 27.1) was equal to an average annual death-rate of 28.0; in Glasgow, 33.9; and in Edinburgh 18.9.

In the Dublin District the deaths represent an annual rate of mortality of 46.3. Forty-four deaths from zymotic diseases were registered, being 2 under the number for the preceding week, but 3 over the average for the fifth week of the last ten years; they comprise one from small-pox,

3 from scarlatina, 3 from diphtheria, 5 from croup, 6 from whooping cough, 15 from fever (10 typhus and 4 typhoid or enteric, and 3 simple continued fever), 1 from erysipelas 1 from diarrhoea, &c.

The registered deaths (10) from typhus, are 3 in excess of the average for the preceding five weeks, and also 3 over the number for the week ending the 29th ult. Forty-one new cases of this disease were admitted into the principal hospitals, being 11 under the admissions for the preceding week, but 4 over the number for the week ending 22nd ult. Forty-two typhus patients were discharged during the week, 8 died, and 155 remained under treatment on Saturday last, being 9 under the number in hospital at the close of the previous week. The registered deaths (4) from typhoid are equal to the average for the preceding week, but 4 under the number for the week ending 29th ult. Only 4 new typical cases were admitted into the principal hospitals during the week.

THE Hunterian Oration of the present year was delivered in the theatre of the Royal College of Surgeons, on Monday afternoon last, by Mr. Luther Holden.

AT the Annual Dinner of the French Hospital on Saturday last, the chair was taken by the French Ambassador, M. Challemeil-Lacour. Several other ambassadors and a distinguished company were present. £2,000 was subscribed in the room.

AT the Annual General Court held of the Governors of Charing Cross Hospital, Mr. J. Astley Bloxam, F.R.C.S., was unanimously elected Surgeon, vice Mr. Francis Hird, F.R.C.S., who retires from active duties in connection with the Hospital, to become Consulting Surgeon thereto.

ON Saturday evening Dr. Richardson, F.R.S., delivered the first of a course of nine lectures in the theatre of the Society of Arts, under the auspices of the Ladies' Sanitary Association. At the close of the series Mr. Edwin Chadwick has promised two prizes of ten and five guineas respectively to the two best informed competitors of the subjects of the lectures.

WE record with much regret the very alarming illness from typhus, caught in the discharge of his duty, of Dr. Edward Peele, of Dublin. He was first taken ill on last Thursday week, and though his symptoms at first were such as to cause the greatest apprehensions, his progress during the last three days has been most favourable.

WE wonder if a little common sense will be developed now that Sir Richard Cross, Home Secretary under the Conservative administration, has been elected on the Board of Governors of Guy's Hospital. A few such clear-headed thinkers among the body would soon put matters straight at that unfortunate institution.

THE regulations for the International Medical and Sanitary Exhibition, which is to be held by the Council of the Parkes Museum of Hygiene at South Kensington, from July 16th to August 13th this year, were finally decided upon at a meeting of the committee last Wednesday, Feb.

9th, and the full prospectus with forms of application for space is now ready for intending exhibitors.

In the principal large towns of the United Kingdom, the rates of mortality last week were Edinburgh 19, Newcastle-on-Tyne 20, Leicester 21, Sheffield 22, Bradford 23, Portsmouth 24, Birmingham 25, London 27, Nottingham 27, Hull 27, Salford 27, Plymouth 28, Wolverhampton 28, Leeds 28, Brighton 30, Sunderland 30, Bristol 30, Norwich 30, Oldham 33, Glasgow 34, Liverpool 36, Manchester 37, and Dublin 46.

SCARLET fever showed the largest proportional fatality in Glasgow, Norwich, Sunderland, and Oldham; and whooping-cough in Edinburgh, Leeds, and Liverpool. Of the 31 deaths referred to diphtheria, 12 occurred in London, 3 each in Edinburgh, Dublin, and Bradford, 2 in Liverpool, and 2 in Birmingham. The death-rate from fever, principally enteric, was highest in Dublin, Nottingham, and Sunderland. Small-pox caused 58 more deaths in London and its suburban districts, one only in Dublin, but not one in any of the other large towns.

At St. Vincent's Hospital Dr. John A. Byrne removed an ovarian cyst from a young woman, æt. 23, on February 4. It had been growing for about fifteen months, and at the time of operation the umbilical measurement was 43 inches. The cyst was unilocular, contained 16 pints of fluid, and was completely free from adhesions, although from some symptoms previous to the operation it appeared likely that adhesion existed. The pedicle was secured by ligature, thermo-cauterised, and replaced. No bad symptoms set in from the time of operation, and the patient is convalescing, being in her ninth day; bichloride of methylene being the anæsthetic employed. This is another addition to the list of recoveries after this formidable but useful operation performed in the Dublin hospitals.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW MEDICAL JOURNALISM.—A blow has fallen on the *Medical Press and Circular*, we have actually been "boycotted" by the *Glasgow Medical Journal*! We are informed by its sub-editor, to whom the doubtless disagreeable duty of the execution of justice seems delegated, that he regrets to have to intimate that "we find it impossible to continue our exchange with the *Medical Press and Circular*. Our publisher has accordingly received instructions to remove the name of your publication from our list of exchanges." The veil of our literary Temple may well be rent, when the benignant face of Joseph Coats is averted from its porch! "Les petits esprits sont trop blessés des petits choses; les grands esprits less voient toutes, et n'en sont point blessés."

THE DEATH-RATE OF GLASGOW.—Nothing can be more striking than the fluctuation of the death-rate of a large community with changes of temperature. During the intensely cold weather recently experienced in Glasgow, the death-rate rose, with a sudden bound, to 39 per 1,000 or

more; now that milder weather has set in, it is materially reducing, though still it is at the unusually high-rate of 34 per 1,000 (Feb. 6), as against 39 per 1,000 for the previous week. For the corresponding weeks of 1878, 1879, and 1880, the figures were 30, 27, and 25 respectively. What have our enlightened sanitarians to say to this? We thought the medical milk company would have stamped out disease altogether!

THE HEALTH OF EDINBURGH.—A meeting of the Public Health Committee of Edinburgh was held on the 8th inst. The report of the medical officer for the month of January showed that the number of deaths was 457, equal to a death-rate of 24·10 per 1,000, while the death-rate for the same period of the preceding five years was 24·06. During the month 195 cases of scarlatina had been reported, of which 87 were in the new town, 88 in the old town, and 20 in the southern suburbs. The medical officer stated that during the past few months the epidemic of scarlatina had been steadily decreasing, and during the past few days it has almost entirely disappeared. Several cases of insanitary houses in the old and new towns were reported and ordered to be summarily dealt with, the parties interested being called upon either to put the premises into a proper state of repair, or to shut them up. A marked improvement was reported to have been effected in connection with the smoke nuisance at the Royal Infirmary. By the members of committee present at the meeting an opinion was expressed in favour of the purchase by the Corporation of the whole of the Old Infirmary buildings, and the utilising of a portion of them for the treatment of cases of infectious diseases. A representation having been made to the committee regarding the alarming increase of small-pox, which has recently taken place in London, the medical officer was instructed to have a ward prepared in the Canongate Hospital for the reception of such patients in the event of an outbreak of the disease in Edinburgh. Dr. Littlejohn stated, however, that it was gratifying to know that no cases of small-pox had yet been reported in the city.

EDINBURGH ROYAL HOSPITAL FOR SICK CHILDREN.—The number of patients treated at this Hospital during January last was 381. Of these 63 were in the Hospital on 1st January, and 38 were admitted during the month; while 261 were treated at the dispensary, and 19 were vaccinated.

ABERDEEN—MEDICAL OFFICER OF HEALTH.—We have much pleasure in recording that the municipal authorities of Aberdeen have resolved upon the enlightened course in this matter, which we recently indicated. At a joint meeting of the Public Health, and Watching Committee of the Town Council, held on the 8th inst., it was unanimously resolved to recommend that the offices of medical officer, police-surgeon, medical attendant at the gas works, analyst of the quality of gas, and inspection of byres, under the conditions of the Contagious Diseases (Animals) Act, should be conjoined, and the person appointed to perform the whole duties at present devolving upon the various officials named. It was resolved to recommend that in the meantime, at any rate, the office of public analyst should not be interfered with. The Committee further recommended that a salary of £300 per annum should be attached to the appointment, the person appointed to give his whole time to the discharge of the duties of his office. The proposed salary is about £80 in excess of the total sum at present paid in connection with all the offices.

VITAL STATISTICS OF LARGE TOWNS.—From the Registrar-General's weekly returns for the eight principal towns of Scotland for the week ending Saturday, February 5, we

learn that the death-rate was 28·9 per 1,000 of estimated population. This rate is 2·1 above that for the corresponding week of last year, but 5·8 below that for the previous week of the present year. The lowest mortality was recorded in Greenock, viz., 18·4 per 1,000; and the highest in Perth, viz., 35·1 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3·7 per 1,000, being 1·2 less than the rate for last week. Acute diseases of the chest caused 261 deaths, being 87 less than the number for the previous week. The mean temperature was 38·2, being 9·9 above that for the week immediately preceding, and 2·1 below that for the corresponding week of 1880.

**HEALTH LECTURES FOR THE PEOPLE.**—On Saturday evening, the 5th inst., the concluding lecture of the first series of "Health Lectures for the People," was delivered in the Free Church Assembly Hall, Edinburgh, by Dr. Smart, on "Preventable Diseases and their Causes," before a crowded audience. Dr. Smart began by explaining that under the title of his lecture, were included for the present, only such as came under the head of what were called "zymotic diseases;" that group of diseases which were more directly amenable to, and affected by public measures of prevention, and the conditions which obtained in large communities. A preventable disease might be described as one which arose or spread in consequence of the wilful, careless, or ignorant violation of those laws, the proper observance of which we know to be necessary to insure the preservation of health, and avert the spread of disease. The chief of the zymotic diseases were small-pox, typhus fever, typhoid fever, scarlet fever, diphtheria, measles, and Asiatic cholera. He then went on to consider them from the following points of view:—First, the injury they inflicted; secondly, how they originated; thirdly, their distinctive characters; fourthly, the conditions under which they spread; and fifthly, the means necessary for their control and prevention. In the course of the lecture, Dr. Smart adduced the figures of Mr. Simon, to prove the necessity for the rules he wished to enforce, from which it would be seen that 120,000 deaths from these diseases resulted annually in England and Wales alone. If they added those from Scotland and Ireland from the same causes, the total mortality was over 150,000, every one of which was a needless death.

#### FEVER CERTIFICATES.—THE IRISH COLLEGE OF PHYSICIANS.

THIS College has modified its previous arrangements with reference to certificates of attendance on fever. It had been ordered that for the future—

"On and after January 1st, 1881, every candidate for the license in medicine shall be required to produce evidence that he has, for not less than three months, studied fever in a recognised clinical hospital, containing fever wards, and recorded from daily personal observation, at least five cases of fever, to the satisfaction of the attending clinical physician, as attested by his signature."

The modification now decreed by resolution adopted on the 11th inst. is that the foregoing bye-law be not compulsory in the case of students who had commenced their necessary hospital attendances before October, 1879.

#### ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—BELFAST BRANCH.

THE thirty-eighth annual meeting of this most excellent society was held on the 2nd inst. The attendance was very influential.

Dr. T. H. Purdon, permanent president, occupied the chair.

Dr. Arnold, hon. secretary, read the minutes of last meeting, which were confirmed.

It was intimated that several letters of apology had been received.

Dr. Browne, R.N., J.P., presented the financial statement, duly audited, for the past year, which was passed; and the thanks of the meeting were tendered to the auditors. Dr. Browne observed that, in addition to subscriptions, he had received a bequest of £25 from the late Miss Patrick, of Ballymena, who had been for many years a subscriber to the society.

It was resolved that Dr. Cuming be requested to address the students of the Royal Hospital on behalf of the society.

Dr. Drennan moved, and Dr. Esler seconded, "That the marked thanks of the society are due and are hereby tendered to the president (Dr. T. H. Purdon), the honorary treasurer (Dr. Browne, J.P., R.N.), and to their honorary secretary (Dr. Arnold), for their very valuable services.

These gentlemen were re-appointed.

The following were elected, on the motion of Dr. Spedding, seconded by Dr. Browne, as a committee of management for the ensuing year:—Dr. T. H. Purdon, sen. (president), Dr. Browne, R.N.; Dr. Arnold, Dr. Ferguson, Dr. Drennan, Dr. C. D. Purdon, Dr. Murney, J.P.; Dr. Cuming, Dr. M. Cleery, Dr. Harkin, J.P.; Dr. Moore, Dr. M'Gee, Dr. Alderman Whitaker, Dr. J. T. W. Smith, Dr. Bryce Smyth, Dr. John Moore, Dr. Spedding, with Dr. Musgrave, Lisburn; Dr. Ross, Ballymena; Dr. R. B. M'Clelland, Banbridge; Dr. Filson, Portaferry; Dr. Gray, Castlewellan; Dr. Higginson, Bangor, as country members.

After some further routine business the meeting separated.

## Literature.

### SHORT NOTICES.

(1) "Cottage Hospitals; General, Fever, and Convalescent." By Henry C. Burdett. Second Edition. London: J. & A. Churchill.

(2) "The History and Therapeutical Value of Arsenic in Skin Diseases." By Malcolm Morris, F.R.C.S.Ed. Macmillan.

(3) "On Some of the Terms in Common Use among Medical Men." By A. Rabagliati, M.D. Bradford: W. Byles & Son.

(4) "The Treatment of Chronic Rheumatoid Arthritis." By J. Fletcher Little. Leeds: Jackson.

1. The name of Mr. H. C. Burdett is now intimately associated with the development of cottage hospitals, a movement which has now taken a firm hold in this country, and which has been attended with the most beneficial results. In this work he has given the history of its rise, and still more, he has written a handbook, in which everything may be found relating to cottage hospitals, so that any charitable person disposed to erect one, need only purchase the work, and proceed upon the lines indicated, and he will be able to carry his scheme to a satisfactory conclusion. This work has now reached a second edition, and this is a sufficient test that the work has been appreciated. We have no doubt it will have the result which is the author's highest aim, viz., of improving the management, increasing the popularity, and extending the usefulness of cottage hospitals in all parts of the world.

2. This is a very interesting paper by M. Morris, on the employment of arsenic for skin diseases, and the cases given by the author corroborate our own experience of the great value of this agent, when skillfully employed. We can commend the pamphlet to those dealing with cutaneous diseases.

3. In an Inaugural Address, delivered to the Bradford Medical Chirurgical Society, at the opening of the Session 1880-81, Dr. Rabagliati, departed from the beaten track characteristic of such addresses, and opened out a newer theme, which he has treated, not only in a learned, but logical manner. The terms in use amongst men are open to the grave

objection that they are too wide, too free in application, and too frequently used in a synonymous manner, and the object of the paper is to show that greater accuracy is necessary, especially in scientific medicine. He shows how such terms as the nature of disease, diathesis, constitution, are used and interpreted, and points out how often individual names have to do duty for general ones. After a brief survey of such names as tonic, stimulant, atonic, relaxant, astrigent, and such terms as acute and chronic, in which the writer shows his evident acquaintance with our old Greek and Latin authors, he makes this true but grave impeachment. "If you look at old writers, you will find them often mixed up, and to-day there is no definition of either in the official classification of diseases, published by the authority of the Royal College of Physicians and Surgeons of England, and adopted by the Registrar-General. As to the names of diseases, the subject is in simple and absolute chaos. We have hardly a single leading principle laid down for choosing them (unless it be that genera should be named after the part affected, and a suggestion recently made by Dr. Gowers, that diseases should no longer be named after their discoverers)." The remedy is far from being simple, for time has consecrated so many of the common terms used in medicine that it would be difficult to uproot them. It is, however, none the less the duty of the scientific physician to attempt reform, and we, therefore, welcome this communication.

4. This is a small but important paper, by the physician to the well-known hydropathic establishment at Ben Rhydding, on a disease which has hitherto been one of the *opprobria* of medicine. To the osteo-arthritis patient, life has been, in almost all severe cases, a burden. Dr. Little, in this pamphlet, the substance of which was read before the Yorkshire Branch of the British Medical Association, has adduced some striking facts to show that chronic rheumatoid arthritis need not any longer be entered in the category of incurable complaints. He conceives it to be rational, scientific, as well as successful. It does not resolve itself into the formula, come to Ben Rhydding! We have, therefore, all the more confidence in drawing attention to his method of treatment, which has the merit of practical common sense to commend it. Had we the space at our disposal, we should be happy to accord that space to a recapitulation of some of the cases put forward by the author, the pamphlet being chiefly valuable for its many clinical records. As we are unable to do this, we invite the attention of the profession to the narrative, and would ask all who have cases of this nature, to test Dr. Little's plan. It is simple, and in a disease of this nature, every rational proposal should be received with favour.

## Correspondence.

### POLLUTION OF THE SOIL BY INTERMENTS. TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a sanitary sense burial in the ground contiguous to densely-crowded populations is admitted by scientific authorities to be pernicious to the public health. When the yellow fever visited New York in 1822, the attacks of the disease were most frequent and persistent in the vicinity of Trinity Church-yard, situated in the lower part of the Broadway. It then became known that the burial-ground was overcrowded with bodies, some of which were only covered with eighteen inches of earth. Then, again, it is stated in a report of the French Academy of Medicine, that diphtheritic diseases have raged in the vicinity of such cemeteries as Père-la-Chaise, Montmartre, and Mont Parnasse, the epidemics being attributable to putrid emanations from these places. It can scarcely be questioned that, at periods of calm especially, organisms exist in the air that surrounds cemeteries, and that such organisms vitiate the atmosphere, and consequently imperil life.

For the second time a Government inquiry has been made with reference to the condition of the Battersea Cemetery. This burial-ground has a circumscribed area of but eight acres. Nevertheless, some 21,000 bodies have already been buried therein. One ratepayer stated that owing to constant illness in his family, he had been necessitated to quit the house he occupied near the cemetery, and that since he had done so, the physical condition of his family had much improved. The result of the inquiry ordered by the Home Office is unsatisfactory, so far that, although it is resolved to close the "common" ground to all interments, nevertheless, permission has been

given to still use the higher class portion of the cemetery "as long as it would last." And this conclusion has been arrived at when fever and small-pox have invaded the metropolis in so formidable a manner as to create consternation amongst official bodies.

It would, Sir, be a most desirable consummation were all the suburban cemeteries compulsorily closed. This step your contemporary, the *Lancet*, some time since suggested, and not only so, but urged upon the Home Secretary to take action in the matter. It strikes me forcibly that if the public health be considered worth preserving, or that some fearful visitation does not overtake us, we must have recourse to the earth-to-earth system of sepulture as long since recommended by Mr. Seymour Haden in his graphic letters to the *Times*. We must also cease to suffer the dead to be buried amongst the living. Woking Cemetery is, it seems to me, as to Mr. Haden, a most desirable and quiet depository for the departed. No other burial ground can compare with it, while its situation is one of the most desirable, being a proper distance from this densely-populated metropolis, daily augmenting in numbers. In this sanctuary of the dead, to use Mr. Haden's language, there are "a thousand acres of excellent land for all the purposes of a cemetery, and capable (upon the primary condition I insist upon of insuring the resolution of the body,) of effecting 100,000 interments per annum for ever, the Act of Incorporation of that cemetery providing also a separate grave for each body. The Woking Cemetery (he continues) is also the only existing cemetery in which the burial of a body can be effected with the present certainty that it will not be disturbed for ten years." The "pit" system so much in vogue is highly revolting to moral, to say nothing of Christian, sentiment. One cannot wonder that when reverence ceases to be paid to the dead that some thoughtful people should recommend cremation, in order that a step may be put to worse than heathenish practices in our mortuary arrangements.

I am, Sir, yours very truly,

MEDICUS.

British Army Medical Service.—The following is a list of surgeons on probation who were successful at both the London and Netley examinations held last week. The position in list indicates the order of merit:—

S. A. Crick	W. J. Baker	C. A. P. Mitchell
J. B. Dodd	A. T. Sloggett	G. J. Coates
A. J. Struthers	R. R. K. Elmes	G. W. H. Cook
G. E. Twiss	H. K. Allport	T. B. A. Tuckey
R. F. Adams	E. Butt	F. A. Harris
C. G. D. Mosse	S. Townsland	C. B. Lewis
A. B. Cottell	T. H. P. Woodhouse	T. H. Parke
T. Archer	J. Gibson	F. A. B. Daly
S. G. Hamilton	J. H. A. Rhodes	A. S. Rose
H. J. B. Moberly	A. Hickman	D. L. Porter
A. P. Hart	T. C. Nugent	J. Battersby
H. J. Barnes	G. S. Lewis	J. Maconachie
R. H. S. Sawyer	L. W. Swabey	A. H. Morgan
W. G. A. Bedford	R. Haselden	C. H. Dixon
R. Jennings	R. E. Ricketts-Morse	T. Moynihan
S. C. B. Robinson	W. J. B. Lyons	M. W. O'Keefe
H. S. Parker	W. Rowney	T. J. O'Donnell
T. F. W. Fogarty	T. J. R. Lucas	J. Osborn
R. W. Ford	C. J. Addison	H. E. R. Wolrige
C. J. Coultas	A. G. Kay	R. P. Hetherington
A. Sharpe	A. W. Pope	R. C. Johnston
C. L. Young	R. Porter	T. A. Dixon
C. Reid	B. C. K. Laffan	W. C. T. Poole

Indian Medical Service.—The following is a list of candidates for commissions as surgeons who were successful at both the London and Netley examinations held last week. The position indicates order of merit gained by them at both the London and Netley examinations:—

*G. M. J. Giles	H. N. V. Harington	K. C. Sanjana
A. R. W. Sedgfield	S. C. Nandi	J. W. T. Anderson
J. L. Vangeysal	G. M. E. McKee	H. M. Hakim
A. F. Ferguson	A. H. Pierson	J. A. Burton
E. F. H. Dobson	F. S. Peck	E. J. Doyle
†J. Shearer	K. H. Mistri	M. J. Kalawala
S. Hassan	W. Deane	F. H. W. Boon
R. J. Polden	P. De Conceicao	M. P. Kharegat
H. C. Banerji	G. E. Pooks	

\*Gained the Herbert Prize and the Parkes Memorial Bronze Medal.

†Gained the Maclaine Prize in Military Surgery.

Naval Medical Service.—The following is a list of candidates for commissions as surgeons who were successful at both the London and Netley examinations, held last week, in the order of merit:—

W. J. Christie	J. J. Dials	G. F. Wales	M. V. Stace
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## NOTICES TO CORRESPONDENTS.

**SPECIAL NOTICE TO SUBSCRIBERS.**—The Publishers respectfully remind Subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

**QUESTIONS.**—We gave a list in our issue for January 12th; your question is fully answered therein.

**A HOUSE SURGEON.**—Yes, they retire at the age of 60.

**DOWN.**—Our correspondent need only place himself in the hands of a duly qualified practitioner, his case needs no special knowledge. Before all things he must read himself from the quack Hunter; he need not fear exposure by so doing, daylight not being the particular fancy of his fraternity.

**DISPENSARY APOTHECARIES.**—A correspondent asks: 1. "Is the apothecary to one of the Dublin city dispensaries prohibited by law or otherwise from keeping, or having any connection with, a private medical establishment in another part of the city? 2. Is he obliged to reside on the dispensary premises? 3. And can he attend private patients for fees?"

[1. Certainly not, as long as he does not neglect his dispensary duty. 2. He is usually required to reside. 3. Yes, if his doing so does not interfere with duty.—Ed. M. P. & C.]

## THE CONVEYANCE OF SEA-WATER TO LONDON.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of Feb. 2nd I notice an annotation on the supply of sea-water to London. Allow me to draw the attention of your readers to the idea started by Mr. John Hayes, of 27 Leadenhall Street, which seems to possess the merits of practicability and cheapness, and that gentleman promises to be able to bring sea-water to London for less than half the price which is at present charged for it by the railway companies. Mr. Hayes's plan is to send out, attached to a tug-boat, two wrought-iron vessels of 60 feet in length and 10 feet in diameter, an air-tight, which can be filled up to a point which renders them still able to float. These are to be lashed to the side of the steamer, filled in the North Sea, and then taken up the Thames to London, when their contents can be conveyed into tanks, &c., by means of flexible tubes.

17 Woburn Place, W.C.,  
Feb. 8, 1881.

Yours obediently,  
C. R. DRYSDALE, M.D.

**MR. COLE.**—Sclerotic acid and scleromucin are active principles that have been obtained from ergot. Given together, in the proportion of gr. j. of the acid to gr. ij. of scleromucin, they act very well.

**MR. B. S. THANKS.**—Your communication, however, is more suitable for the *Students' Journal* than for the pages of the *Medical Press*.

**AUTHOR.**—The subject will be referred to in our next; it is still in a most unsatisfactory condition.

**TARPOLITE.**—This article is said to be superior to plaster of Paris, for fixative dressings, spinal supports, and the like; we have, as yet, no personal experience of it.

**A MEMBER.**—We understand that Dr. Broadbent will be elected to the Presidential chair of the Society.

**ST. GILES.**—A legally-qualified practitioner, who has passed an examination in pharmacy, not affected by the first 15 sections of the Pharmacy Act; that is, he may dispense or sell poisons, and keep open a shop as chemist and druggist. He must, however, observe the same regulations in regard to the sale of poisons as chemists.

**ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.**—This (Wednesday) evening, at 7.45, Council meeting.—8.30. Casual Communications.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—This afternoon, and on Friday, at 4, Prof. W. K. Parker, "On the Structure of the Skeleton in the Sauroptera."

**NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.**—Thursday, Feb. 17, at 5 p.m., Dr. J. Hughlings Jackson, "On Clinical Varieties of Hemiplegia."

**ROYAL INSTITUTION.**—Friday, Feb. 18, at 8 p.m., Sir John Lubbock, "On Fruits and Seeds."

**ROYAL INSTITUTION.**—Saturday, Feb. 19, at 3 p.m., Mr. E. S. Poole, "On Ancient Egypt."

## VACANCIES.

Brighton and Hove Lying-in Hospital.—Surgeon. Honorary. Applications to the Secretary, 76 West Street, Brighton, before March 1. Durham Union.—Medical Officer for the Southern District. Salary, £20. Applications to the Clerk of the Guardians before Feb. 18. Glasgow University.—Examinations in Medicine: 1. Physiology. 2. Clinical Medicine. 3. Clinical Surgery. Fee attached to each office, £40. Applications to Dr. Kirkwood, 145 West George Street, before March 15.

Liverpool Royal Southern Hospital.—Junior House Surgeon. Salary, £68, with board. Immediate applications to the Treasurer. Suffolk County Lunatic Asylum.—Assistant Medical Officer. Salary commencing at £100, with board. Applications to the Physician-Superintendent at the Asylum, Melton, Woodbridge.

## APPOINTMENTS.

ABBOTT, C. E., M.R.C.S.E., L.K.Q.C.P.I., Medical Officer of Health to the Braintree Union Rural Sanitary Authority.  
BATTERHAM, J. W., M.R.C.S.E., House Physician to the Royal Hospital for Diseases of the Chest, City Road, London.  
BEALY, E. O., M.A., M.B., M.R.C.P., a Physician to Out-patients at the Great Northern Hospital.  
BUTT, H. F., M.R.C.S.E., a House Surgeon to the Manchester Royal Infirmary.

CADMAN, A. W., M.R.C.S.E., a House Surgeon to the Manchester Royal Infirmary.  
CARTER, D'ARCY B., M.R.C.S.E., L.R.C.P.E.I., House Surgeon to the Clayton Hospital and Wakefield General Dispensary.  
CLARK, W. B., F.R.C.S., Surgeon to the West London Hospital, Hammermith.  
DALY, F., M.B., L.R.C.P.L., M.R.C.S.E., a House Surgeon to the Manchester Royal Infirmary.  
DUKE, A., M.D., M.R.C.S.E., Medical Officer to the Folkestone Infirmary and Dispensary.  
FROST, W. A., F.R.C.S., Assistant Ophthalmic Surgeon to St. George's Hospital.  
GRAY, J. A., M.A., M.D., M.R.C.P.E.I., a Visiting Medical Officer to the Leith Hospital, Edinburgh.  
PAYNE, H., L.R.C.P.Ed., M.R.C.S.E., a House Physician to the Manchester Royal Infirmary.  
PICKFORD, J. K., L.R.C.P.L., M.R.C.S.E., Assistant House Surgeon to the Liverpool Dispensaries.  
RICHARDSON, C. S., L.K.Q.C.P.I., L.R.C.S.Ed., Medical Officer for the Austrey District of the Tamworth Union.  
STRELL, G., M.D., M.R.C.P.L., re-appointed Resident Medical Officer to the Manchester Royal Infirmary.  
STREET, A. F., M.A., M.B., Junior Resident Medical Officer to the Hospital for Sick Children, Pond'sbury, Manchester.  
WATSON, F. S., M.R.C.S.E., Resident Obstetrical Officer to Charing Cross Hospital.  
WILKINGTON, G. H., M.R.C.S.E., a House Surgeon to the Manchester Royal Infirmary.

**ARMY AND NAVY ITEMS.**—The following were gazetted on Feb. 8th as Surgeons in her Majesty's Fleet, with seniority of Oct. 2nd, 1880:—W. J. Christie, M.B.; J. J. Dinns, M.D.; G. F. Wales, M.V. Stace.—Surgeon W. Algeo has been promoted to the rank of Staff Surgeon in her Majesty's Fleet, with seniority Feb. 7th, 1881.

## Births.

BOND.—Feb. 10, at 17 Delahay Street, St. James's Park, S.W., the wife of Thomas Bond, F.R.C.S., of a son.  
COCKROFT.—Feb. 10, at Manor Lodge, Chislehurst, Kent, the wife of T. H. Cockcroft, M.D., of a daughter.  
VISE.—Feb. 8, at Hobbach, the wife of Ambrose Blithe Vise, M.R.C.S., of a daughter.  
WESTLAND.—Feb. 10, at 16 Belize Crescent, London, N.W., the wife of Alfred Westland, M.D., of a daughter.  
WILKINS.—Jan. 18, at Trichinopoly, Madras, the wife of Surgeon T. J. Hackett Wilkins, Madras Army, of a daughter.  
WINSLOW.—Feb. 8, at Hayes Park, Middlesex, the wife of Henry F. Winslow, M.D., of a daughter.

## Marriages.

SANDWELL-LLOYD.—Feb. 9, at the Parish Church, Thurles, on Tipperary, Edward Sandwell, L.R.C.P., M.R.C.S.Eng., of Charlotte Street, Soho Square, W., to Eliza, second daughter of C. H. Lloyd, J.P., of Lisheen Castle, Templemore.

## Deaths.

AITCHISON.—Feb. 3, at 8 George Square, Edinburgh, George Aitchison, M.A., M.D., F.R.C.P.E.  
ALTY.—Feb. 8, at Birkdale, Southport, Lancashire, John Daniel Alty, M.R.C.S.E., late of Demerara, aged 69.  
CAHILL.—Feb. 6, at 26 Albert Gate, Hyde Park, London, after a protracted illness, Thomas Cahill, M.D.  
DERMOTT.—Feb. 8, at Uliceby, Lincolnshire, Pleasance, widow of Christopher Dermott, F.R.C.S., aged 76.  
HARLAND.—Feb. 9, at Tixall Lodge, Stafford, John Thomas Harland, M.D., J.P.  
HAYDEN.—Feb. 2, at Frogmore House, High Wycombe, William Henry Hayden, M.R.C.S.E., aged 68.  
OLDHAM.—Feb. 5, at West Hartlepool, B. Oldham, F.R.C.P.E.

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# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 23, 1881.

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## Original Communications.

### CLINICAL LECTURES

OR

#### INFANTILE PARALYSIS, AND ACUTE ANTERIOR POLIO-MYEELITIS IN ADULTS. (a)

By THOMAS BUZZARD, M.D., F.R.C.P.,  
Physician to the Hospital for the Paralyzed and Epileptic.

LECTURE II.

(Corrected from a Shorthand Report.)

THE patient whom I present to you illustrates an important point in the pathology of the disease, upon which as it is novel, I shall have to dwell a little.

Arthur D., æt. 17, applied here in October, 1879, on account of attacks of numbness. It seemed that for five months past he had been liable to have several times a day a feeling of numbness, which would pass all over him, but affected most the arms and hands. He had never lost consciousness. The attacks, which at first lasted but a few minutes, had become more lengthy, so that the numbness would now continue for an hour or so. He also complained of suffering from dizziness in his head, occurring sometimes along with, at other times irrespective of the numbness; and of occasional twitchings of the legs. I may say here, at once, that under the influence of bromide and belladonna these symptoms, which are of an epileptic character, have disappeared. It is not my purpose to dwell further upon them.

The point of interest to which I am anxious to draw attention on the present occasion is the condition of his face and certain of his limbs resulting from a paralytic attack which occurred in infancy. Details of the attack are not now forthcoming, but we learn that he was rapidly paralysed in the left leg, right arm, and right side of face, when he was about one year old.

If you look at his face you will see that the left angle

of the mouth is higher than the right. The right cheek looks flatter than the left, and the nasal fold on this side is absent. A like want of symmetry is not to be noted in the upper part of the face. The eyes are closed with equal facility, and he can frown with both brows. In endeavouring to show his teeth there is an absence of the natural upward movement of the right half of the upper lip. He tells us that at times food collects in the right cheek.

There is no impairment of sensation. The pupils are equal, there is no deviation of the tongue, the movements of the eyeballs, vision, taste, smell, articulation, and swallowing, are all normal. He hears somewhat better, according to his account, on the right than the left side.

Now the paralysis of the face which remains in this case looks much more like that which occurs in an ordinary hemiplegic seizure, than that which is produced by a lesion of the trunk or the nucleus of the portio dura. It is, as you see, confined to the lower half of the face, and affects especially the buccinator and those muscles of the cheek which pass more or less obliquely to the angle of the mouth. The situation indeed is precisely that which is observed in hemiplegia, but at the same time the completeness of the paralysis sixteen years after the attack is greater than that which is commonly seen in the early days of a hemiplegia. When I say commonly, I refer to the hemiplegia dependent upon lesion of the higher portions of the cerebro-spinal axis—especially the corpus striatum. You do see this amount of facial paralysis, however, where the lesion is situated in the lowest part of the pons varolii, and it is then usually accompanied by paralysis of the limbs of the opposite of the body. To this condition the term "alternate hemiplegia" is applied.

Has this been a case of alternate hemiplegia, then, from lesion of—say hæmorrhage into—the pons varolii? Let us see what is the state of the limbs. The lad stands and walks without apparent difficulty. If he attempts to run, however, he is lame, and he complains that he is always somewhat unsteady on his legs, and easily knocked over. His lower limbs are of the same length, but there is an important difference in their circumference. The right thigh, seven inches above the patella measures

(a) Delivered at the National Hospital for the Paralyzed and Epileptic.

three inches more in circumference than the left. In the calf the same amount of disparity is not seen, the left being only a quarter inch smaller than the right.

Turning now to the upper extremities, we find that the lad's grasp with the right hand is far inferior to that with the left; by the dynamometer,  $30^\circ$  as against  $48^\circ$ . The right arm is three-quarters of an inch smaller in circumference than the left; and the right forearm one inch smaller than the left. The length of the upper extremities is the same. The right deltoid is very much wasted, and in consequence of this the patient has great difficulty in raising his arm to the level of the shoulder unless he brings it in front of him, when the help of the pectoralis major is called in. In this deltoid the amount of contraction to the induced current is small. In the other muscles of the arm, and in the face, it appears to be normal; or at least not materially lessened.

Here we have, then, evidence of paralysis in the *right* side of the face, the *right* arm, and the *left* leg. This is clearly, therefore, not a case simply of alternate hemiplegia: and it is evident that the existence of one lesion will not account for the paralysis observed. On the other hand, it seems certain, from the history, that the paralysis of these various quarters took place at the same time. What is the nature of this case?

There are two points which will afford us help in arriving at a conclusion. You have observed that in the left lower extremity whereas the thigh measured three inches less than its fellow of the opposite side, the leg is only a quarter of an inch smaller than the other. The wasting of the left thigh is therefore quite out of proportion to the wasting of the left leg. Now, were this a case simply of emaciation of a hemiplegic limb from disease and impaired nutrition of muscles, there would be a strictly proportional diminution in size in the thigh and leg. In the present case it is evident that certain muscles of the thigh have wasted, whilst those of the leg have almost entirely escaped damage. If now we test the two legs, we find that the patellar tendon reflex is absent in the left, but is present in the right limb. This tendon-reflex, I may tell you, is never absent as a result of hemiplegia of cerebral origin. Its absence signifies that there is a break in the arc of nervous communication between the tendon and the muscle belonging to it. That arc includes nerve fibres going from the tendon (along with the posterior roots) into the cord, the grey matter of the cord at this level, with the large motor cells in the anterior cornu, and the anterior roots forming the motor nerve to the muscle.

It remains to be considered at what point there is a break in the arc. In tabes, as you are aware, the patellar tendon-reflex is also absent. In that disease, however, the condition of the quadriceps extensor muscle is normal. It is not (or rather need not be) wasted, and it contracts readily to voluntary impulses, to faradaic currents, and to direct percussion of the muscular substance. The motor part of the arc being thereby proved to be intact, we can readily refer the break to some point in the sensory portion, and in fact it occurs in the posterior root zone, which, as you know, is the seat of sclerosis in tabes dorsalis. But in this lad the muscular atrophy and the defective faradaic excitability, show that the lesion is on the motor side of the arc, and a consideration of the symptoms easily relegates it to the anterior cornu. This is doubtlessly wasted, and there is atrophy of large ganglionic cells.

Again, the muscles of the thigh are not atrophied in the district of a particular nerve. As you will observe, the posterior muscles supplied by the sciatic nerve are quite as much involved as those in the district of the anterior crural nerve. On the other hand, the muscles below the knee, which owe their nerve supply entirely to the great sciatic trunk, are scarcely affected. Were there a lesion of the trunk of the sciatic nerve, all the muscles supplied by it would atrophy. We must, therefore, as I have said before, go still further back for the lesion, and we

can localise it also from this point of view in the anterior cornu.

The case is evidently therefore one of anterior poliomyelitis. But how are we to explain the facial paralysis? According to my experience this is a very rare complication of infantile paralysis. Systematic works treating of the subject, either fail to mention it or expressly exclude this symptom from the category of those indicative of infantile paralysis. I have no doubt that in the case before us the facial paralysis has been caused by an extension upwards into the medulla oblongata of the process, which, when it affects only the anterior cornua of the spinal cord, occasions paralysis and wasting of the muscles of the extremities. You are aware that the medulla oblongata contains collections of grey matter which give origin to various nerves, and are homologous with the anterior cornua of the cord. In lateral sclerosis with muscular atrophy—a chronic disease—the lesion which at first causes paralysis with wasting of the extremities is apt to invade these nuclei which are contained in the medulla oblongata, and then we see paralysis of the lower part of the face, of the tongue, and the pharynx—the condition known as glosso-labio-pharyngeal paralysis. Sooner or later the adjacent nuclei of the vagus become invaded, and death is thereby caused. Now in such a case as this before us it is, I think, quite evident that the acute myelitis has invaded, along with the anterior cornua of the cord, the nucleus of the portio-dura, and produced facial paralysis.

The reason why facial paralysis is not more common in infantile paralysis I believe to be this: should the acute affection invade the bulb it is unlikely to spare the nuclei of nerves which are essential to life. It is evident that a disease which produces sudden and complete paralysis of limbs when it affects the anterior grey matter of the cord, would cause rapid death if it attacked in a similar manner the nuclei of the vagus.

And here let me say that I cannot help thinking that many cases of sudden or very rapid death which occur in children, and the cause of which is left to conjecture, may really depend upon this disease striking the medulla oblongata with the same kind of suddenness with which it ordinarily attacks the anterior grey matter of the spinal cord.

In infantile paralysis of many years standing you will sometimes find that, whereas the patient says that he is only defective in one leg, the difference between that limb and the supposed sound one is not nearly so great as you might expect. There was a young man here the other day who said that his left leg had been paralysed since he was a year old. All four limbs, he added, were paralysed at first, but the other three recovered somewhat rapidly, leaving him with this useless limb. He thought it was no shorter than the other, but we found a difference of an inch or more. Considering that the paralytic seizure had occurred when he was a year old, this was little enough—far less, indeed, than might have been anticipated, for we know that the disease often affects the growth of the bones very seriously, and it is not uncommon to find a difference of several inches between the two limbs. On coming to examine him, I found the patellar tendon reflex absent, not alone in the leg complained of, but in the other also, and, this circumstance leading to a further observation of the supposed sound leg, it was discovered that this was far from being healthy. There was but little response to faradaic currents in its muscles, which felt of a flabby and brawny character, and were evidently only less extensively degenerated than those of the left limb, which showed no response at all to either form of electric current. This explained at once the reason why there was so little difference in size between the two limbs. From what I have seen in other cases, I am disposed to think that the condition described is not at all unfrequent, indeed that it is more common than not.

There is a young man in attendance, a patient of Dr. Ormerod, who came to the hospital the other day on

account of fits, but incidentally mentioned that he had lost the use of the left leg in infancy. I have not yet examined him, but will do so now before you. (The patient was here introduced, and the lower extremities stripped.) In answer to my inquiry he says that there has been nothing whatever wrong with any limb except the left leg. You see, however, that the right leg is really not much more developed than the left, and the patellar tendon reflex is absent on that side as well as on the other. Here, again, there is no doubt the patient is suffering from the remains of infantile paralysis in his right leg as well as the left though in a somewhat less degree. It is the contrast only which has led him to suppose that the right leg was sound. Were we to test the muscles of the right limb electrically, I am sure (from the state of patellar reflex) that we should find more or less loss of faradaic excitability.

A child, Helena M.—, now attending the hospital, was brought to us on account of paralysis, which was stated by her mother to affect the right leg exclusively. She has, however, no patellar tendon reflex in either leg, and certain muscles of the left leg will not react to either electric current. It is from applying the test of the patellar tendon reflex that I have been led to discover how very generally, in a patient affected with old infantile paralysis, those limbs which were supposed to be sound are not by any means normal. I feel sure that monoplegia in this disease is far less common than it is usually thought to be, and that, as in the case which I have shown you, limbs are very frequently supposed to be sound which are in reality only comparatively so.

#### ETIOLOGY.

I do not feel able to say anything regarding the causation of this disease, except that there does appear to be a certain consensus of evidence to show that exposure to cold is a frequent antecedent, and very possibly, therefore, a cause. There is also, I think, but little doubt that injuries to the back may occasion the disease; but beyond this I have really nothing to say. From the negative side, however, there is a point which is perhaps worth a moment's attention. The disease is commonest in infants, next in children, least common in adults. Children, and especially infants, take no alcohol; the girl F— has had little or no alcohol. A typical case of the disease, B—, whom I shall show you presently, has been a total abstinence for 8 years. A single lady, set 25, affected with the paraplegic form of the disease, whom I saw lately, in consultation with Dr. Bennett, had taken no alcohol for 5 years previous to her attack. A rapidly fatal case of acute myelitis which I attended a few years ago, occurred in a man who had been a total abstinence all his life, and was the son of a total abstinence. Now I need hardly say that I do not refer to this point in order to argue that the disease occurred in consequence of abstinence from alcohol; but it is something to be able to absolve alcohol from the charge of being a probable cause of a very destructive disease. This piece of negative evidence may aid us also in other directions; that is, why I refer to it.

(To be concluded.)

### CERTAIN CONSIDERATIONS REGARDING CHOLERA AND FEVER. (a)

By SURGEON-GENERAL C. A. GORDON, M.D., C.B.,  
Honorary Physician to the Queen.

(Continued from page 151.)

**Contamination Theory.**—I apologise for giving expression to so simple and elementary a truth as that contamination by foul matters of air, earth, water, meat, or milk are, individually and collectively, causes of disease. But are they so of any one particular form of disease, specific in character, rather than of a generally deteriorated state

of body, the result of which presents itself as increased susceptibility of, or liability to, disease generally, and especially to that, whatever its form, which occurs *epidemically*? Such conditions are seldom unconnected with crowding, personal dirt, hunger, insufficient food, too often habits of dissipation, vice, crime, moral, equally with physical, deterioration. Thus, as with the one set so with the other, insanitary conditions naturally lead to, as often they are themselves results of, degeneracy, both bodily and morally. (a)

**Air.**—That air polluted by animal matters undergoing decomposition induces diarrhoea, dysentery, in extreme cases what is called putrid fever, and cholera, is within the experience of most observers and writers. That such results do not always necessarily arise from this cause is no less within their cognisance. Factories of preparations the most offensive have remained absolutely free from cholera. When in 1861 that disease more than decimated our troops at Mean Meer, so intense was the peculiar and characteristic *cholera odour* in hospital and vicinity, that it was perceptible from, and at a distance of, eighty yards; yet the propagation of the disease was not attributed to this circumstance.

If, on the one hand, instances are recorded of the occurrence of yellow fever in connection with emanations from decomposing matters on board ship in latitudes within the sphere of that disease, so instances are on record where, with a decomposing mass of *hides* on board for weeks together, the mal-odours arising therefrom have blackened the lead paint in the saloons and cabins; have produced such a degree of congestion of the mucous membrane of the nose and fauces as to persist for many months after landing; and yet although measles and boils prevailed extensively on board, there was no specific fever among the troops or crew. (b)

Here is an example of what all the large cities of China are more or less (c); and in which, reports state, that "no epidemic of febrile disease came under observation." Density of population, poverty, filthy condition of houses and streets, "it might have been presumed that enteric fever, at all events, would have come to light, seeing that the products, whence its organisms are supposed to be derived and nourished, abound in many directions." "Latrines numerous; constructed without regard to cleanliness; their contents kept for months; the neighbourhood saturated with odours of the most intense description; and yet in some private houses and restaurants in the close vicinity the people, well and lively, carrying on active and prosperous business."

Of Pekin it is stated: "We are obliged to pass certain localities at all times with closed nostrils, while hundreds of people continually live in and around and above these open cesspools, and yet manage to look well and healthy." (d)

According to an eminent writer (e) on fever in England, "it has never been demonstrated that any particular gaseous body can induce the lesions found after death from enteric fever." (f)

(a) See page 11, No. II. "New Series of Reports of the Medical Officer of the Privy Council, 1874."

(b) Such conditions existed on board the *Marlborough*, home-ward bound in 1856.

(c) "Customs Reports," No. XIII, Part 6, January-March, 1872, p. 41. Also No. 5, to 31st March, 1873, p. 41.

(d) "Customs Reports," July-September, 1872, p. 41.

(e) Dr. Harley.

(f) The following is taken from the *Globe* newspaper, and refers to Paris, namely:—"The *Havas Agency* has published a reply to the articles which have been written in the different newspapers respecting the dreadful smells that poison the air of the city. Those who suffer from the pestilential miasma are informed that, notwithstanding the manner in which their olfactory nerves are offended, the death-rate in the city has considerably diminished during the past month." The object of these remarks is to show that offensive odours are of themselves not necessarily a cause of sickness. The circumstance also is suggestive that plumbers and other persons whose work is in connection with drain-pipes, sewers, &c., do not suffer in an especial degree from fever, or from any particular form or type of fever.

(a) Read at a meeting of the Epidemiological Society of London, 2nd February, 1881.

*b. Earth.*—There is no question as to the general fact that in India the prevalence, and frequently also the occurrence, of cholera, has a distinct relation to locality, including soil and other special conditions. Localities, the soil of which is impregnated with cholera discharges, are thereby rendered absolutely dangerous as camping grounds. But the relation between cholera and the state of the soil as regards conservancy is by no means constant. From 1854 to 1867 cholera was absent from Hurdwar, the state of conservancy meantime the same; in the latter year the first regular attempt was made to improve the place in that respect, and then the disease recurred with great violence. Filthy places at Lucknow, Morar, Constantinople, Rome, &c., in 1864-5 and similarly in Central India in 1875 escaped, while others, clean and in better general condition, suffered.

Of Pekin it is said, "with all our filth, dirt, and smells, —and people in the west can form no notion of what they are, for they almost defy description—there is a wonderful immunity even from fevers." The police and scavengers are among the healthiest and most robust of our population. The beggars, a numerous class, sleep in the streets nearly all the year round; to some extent they contest with dogs for refuse of the dunghills; still they survive and flourish, and most of them look fat and sleek." (a) Similarly to my personal knowledge in Tientsin. *Hwo-luan* or sporadic, *Wan-yih*, or epidemic (b) cholera known in China since B.C. 2,500, occurred severely in Pekin as an epidemic in 1821 and 1862, and on other occasions. In the intervals local conditions were precisely as they were during the prevalence of the disease. (c)

In India the term "filth disease" has of late years been theoretically applied (d) to fevers of an *adynamic* type, or with intestinal complication, in a sense intended to explain their etiology, and preventive measures have been applied accordingly. But so far have those measures of conservancy and scavenging applied to stations been from reducing the fatality of fevers returned synonymously typhoid or enteric that, as already detailed before this Society, (e) proportionate mortality has increased very notably. Of yellow fever in New Orleans, it is stated that the city was not in a worse condition as regards dirt in 1878, while the epidemic raged, than it was in 1877, or 1876, or 1875, when there was no epidemic, and inferences were drawn on the spot which, if justified, militate against sanitation, according to the simple theory of which the nasty word *filth* is the expression.

With regard to fever my printed reports and published articles on the subject contain somewhat lengthy details, in which, by the evidence of capable observers and recorders, outbreaks of fever presenting characters such as are held to distinguished typhoid or enteric have occurred on virgin soil, where contamination by filth or other organic matter was simply impossible. Among such places are enumerated Natal, New Zealand, Cyprus, Ascension, &c. Even in localities and on occasions when either or all the diseases named coexist with "insanitary" conditions, it is well to demarcate between such coincidences and the relation necessarily connecting effect with cause.

On this subject of local contamination, a well known professor and writer (f) on Public Health observes that "all who are deeply interested in sanitary reform are to imbibe an unconscious predilection for the doctrine that all diseases which prevail epidemically are the offspring of filth and overcrowding. This extreme doctrine is rejected by all the best authorities." He then discusses the subjects of contagion and epidemic influences or constitution,

furnishing the explanation of phenomena which the theory of local contamination alone fails to demonstrate. A still later writer (a) takes up the latter subject, and I should have wished to present their views. They can now, however, be no more than thus alluded to; my limits altogether preclude me from following them. (b)

*c. Water.*—The capacity of water to convey the disease cholera under certain circumstances is acknowledged. Not so the precise manner in which this takes place, nor the precise nature of the thing conveyed, whether germ, (c) poison, or *morbific influence*. According to the International Commissioners, doubts are expressed as to water thus contaminated being rendered innocuous by either filtration or boiling; (d) chemistry also fails to detect the existence of contaminating material of specific kind. But there are many instances on record where cholera has spread in localities where contamination of water was impossible: also of two sets of troops using water from the same source, the one set being attacked by cholera, the other set remaining absolutely exempt. Contaminated water induces also other diseases than cholera, more especially diarrhoea and dysentery. It does not of necessity induce cholera, even in places where that disease is endemic, epidemic, or both. In those where it is neither endemic nor epidemic at the time, water, however contaminated, does not induce it. (e) Many German authorities are opposed to the theory of choleraic water poisoning on the grounds that it failed to account for the diffusion of the epidemic in Munich, Bavaria, Saxony, Baden, and villages around Vienna. (f)

To quote one of the most recent writers on this subject (g)—"Did we find outbreaks of cholera uniformly occurring at those seasons of the year when the drinking water of the community is most foul we should with reason connect the phenomena. But it is not so. Thus, in Bengal, cholera is on the increase in October and November, when the drinking water is about its best; and the spring outbreaks occur towards the end of February or beginning of March, at a time when the water of rivers, tanks, and wells is as yet unpolluted by the rain washings of accumulated dirt from the surrounding surface."

With regard to fever in India, there is a concurrence of opinion that in *malarial* localities attacks of malarial fever may be, and are, induced by means of water in such places contaminated with decomposing vegetable matters. As explained at considerable length in my reports and printed articles on the subject, cases of malarial fever become in their progress complicated with infiltration or ulceration of the glands of the ileum, as with other forms of organic lesion; the phenomena of the disease in particular individuals and stages of attack assume a low, *adynamic*, typhous, or typhoid character. In this sense there appears to be no doubt as to the influence of contaminated water in the causation of fever. But, as a matter of fact, of 175 cases, details of which are given in my first special report, and

(a) Dr. Guy, "Public Health," p. 38.

(b) J. Parkin; see *Journal of Science*, Nov., 1880, p. 715.

(c) In 1870 Prof. Cohn described a peculiar microphyte, *Crenotheca polypora*, which he found in the well water of a certain district in Breslau famous for the frequent occurrence of enteric fever among its inhabitants.

(d) Dr. Parkes stated that "it is uncertain how far boiling will destroy the poison of specific diseases. Purification of river water for drinking by means of boiling was practised in the armies of ancient Persia B.C. 550."

(e) On this subject Dr. Parkes said, "although the origin of typhoid merely from putrefying non-typhoid sewage is not at present considered to be *probable* it is not *disproved*."

(f) At Newcastle in 1854, and in reference to the now famous Broad Street pump case, it was not until cholera had become epidemic in England that contaminated water induced an attack of the disease.

(g) Dr. Somerville observes in his "Report on the Health State of Fochow," for the half-year ending 30th Sept., 1875—"I think there is a growing opinion in the profession, especially entertained by those who have had much experience in tropical and sub-tropical countries, that water containing organic matter has been too heavily blamed as a cause of disease."—See "Customs Reports," No. XXVII., July-September, 1875, p. 48.

(g) Macnamara, "Himalayan India," p. 118.

(a) "Customs Reports," July-September, 1873, p. 49.

(b) "Customs Reports," July-September, 1873, p. 41.

(c) See p. 39.

(d) "Med. Reports, Privy Council," No. V., for 1873, p. 9.

(e) "Notes on Fevers," p. 1.

(f) Mr. James Ball writes thus in the *Journal of the Society of Arts*, January 21st, 1881:—"Professors of sanitary matters are so utterly at variance upon what they individually consider to be vital questions, that the public could not place anything like implicit reliance upon the reports furnished them."

10 additional contained in my second, in but one instance was a connection established between an attack of fever and the water made use of by the subject of attack.

Here is an illustrative instance of what is looked upon as water causation recently adduced in India. At a particular station (a) 28 cases of fever occurred among soldiers; of these, 24 in a body of teetotallers, who were quartered in various localities in that station. The men of abstinence were wont to assemble at their place of meeting, and there, in the words of the reporter, make merry on their beverage drawn from a pump hard by, the pump unused by other men in the cantonment. And so, at the risk of causing alarm to the class referred to, the cause of illness was assigned to the cause of water only, all other circumstances and conditions affecting the men in question being passed over silently. But what of the cases to which this cause could not be assigned? What of other men of the class alluded to, their number left unstated, who had no fever. That persons whose social condition, habits, and mode of life present similarity should be subject to prevailing disease of allied or similar type is but in accordance with analogy. That the class here indicated is more likely to suffer from fever, asthenic in type, than from ardent or inflammatory, is in accordance with observation. (b) But as a development of the theory of single and it, water causation here alluded to, I remark that interesting statistics are wanting as to comparative coincidences between cases of fever and particular sources of water supply in affected localities, and coincidences between fever attacks and supplies from butchers, bakers, grocers, or other establishments in the same localities. In India, all these sources of supply are equally under strict supervision. Also, has the oxidising power of water upon the decomposing organic matters recognised only a few years ago been now clean forgotten? Do any of my contemporaries recollect their experiences of outward bound voyages in sailing ships ere the first half of this century had yet been reckoned of the past? Do they recollect how the water casks in those days had the reputation of being filled from the Thames at Blackwall while the tide was low; that afterwards while the process of what was called "settling itself" was in progress, foul odours of sulphuretted hydrogen rose with violence from the casks; then after an interval this "settled" water became sweet and palatable? And do they also recollect the wonderful measure of health enjoyed on board such vessels, no fever, no bowel disease of any consequence, no deaths among a strength numbering close upon 200, during a voyage ranging in length from four to six months, their numbers greater when disembarked than when embarked, by reason of births on board.

This is the state of the water supply at Canton, as described not long since (c):—The creek San-t'sung is not far from the foreign settlement; it is narrow and covered with boats; on either side of it are innumerable houses, chiefly brothels; the alvine dejections and other impurities of thousands of inhabitants along it are daily discharged into the stream; yet the water, too dirty even for washing, is daily used for culinary purposes without being filtered or precipitated with alum as is done in Shanghai. (d) Here we should expect the prevalence of

(a) Kamptea.

(b) Compare this with the remarks already quoted from Surgeon-Major Don regarding the classes most liable to asthenic fevers in Bermuda.

(c) "Chinese Customs Report," No. 13, part 6, January to March, 1872, p. 21.

(d) "At Shanghai, the creeks receive drainage from the manured fields, and in them the natives regularly scour their ordure buckets. From such a source is the water supply for foreigners obtained."—"Customs Reports," July-September, 1873, p. 55. It is true that the Chinese, as a class, drink only water that has been boiled, or in which tea has been infused, and that their relative exemption from cholera has been attributed to this circumstance.—See references already made to the assumed resistance of theoretical specific poisons to the process of boiling.—In all shapes such causes of *pythogenic* fever, as are usually assigned exist abundantly in Chinese towns, yet only isolated and rare cases presenting characters of that disease are reported among the dense population, nor has this form apparently as yet spread as

such diseases as typhoid fever and diarrhoea occurring often enough to attract attention; but, according to the observer (a) from whom I quote, the people who use this water are not more subject to fevers and other diseases than their neighbours, and this impunity is one of the reasons for their continuance in the use of such water. The writer quoted remarks in reference to this circumstance: "A detailed examination of this creek and the disgusting habits of the inhabitants would almost unsettle one's idea of the connection between typhoid fever and polluted water." At Foochow, (b) conditions are described as equally bad in this respect as at Canton, and the same may be said of many other Chinese towns and cities, and yet there is no enteric fever in them, and for the most part cholera, when it does occur, is by accounts less fatal than it is in India or in Europe. (c)

(To be continued.)

#### A RECORD OF CASES TREATED ANTISEPTICALLY, AND OF CASES ACCORDING TO LISTER'S METHOD, WITH REFERENCE TO CASES TREATED WITHOUT ANTISEPTICS, AND REMARKS. (d)

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For some years I have given much attention to the most efficient method of dressing wounds, and those inflicted after operation, believing that the best means of arriving at a reliable conclusion was by comparison. I adopted this plan, taking the history of each case, and accurately noting all points worthy of interest. I am now enabled to give an epitome this evening of some cases treated after two definite and distinct methods. One I would style Antiseptic Surgery, the other Listerism. The results I bring before this Society must necessarily be limited—firstly, because time would not permit me to enumerate anything like the numbers I compared, and, secondly, because I have selected cases as nearly approaching to one another as possible, in order that comparison may be more interesting.

an epidemic. It were strange if among the many characters assumed by the general disease fever, particular lesions in the intestines, as of other organs, did not occasionally happen. There is, however, nothing in that circumstance to indicate that in their nature or causation they differed from those, the complications of which affected other organs and tissues."—Dr. Gardener quoted in first special report, p. 11. At page 21 of the *Chinese Customs Gazette*, January-March, 1872, the following occurs in reference to typhoid fever: "Since the sewage question has been so much in agitation in connection with this fever, it may be well to mention that in Canton large numbers of the native population are daily using water and inhaling air charged with the impurities of human excreta apparently with utter impunity. River water is greatly used, but that used by the crowded boat population along the different jetties is extremely filthy. The Sampan people prefer to get it by the side of their own boats, simply because they receive no harm by the practice." Nothing appears to indicate other than that among the boat population of Canton, water is used in the ordinary way, that is, boiled for culinary purposes, *unboiled* for other purposes. This significant remark occurs, however, at the place quoted: "The natives have no faith in the skill of foreign physicians in the cure of fever, and when taken with it they do not send for them, nor do they come to the hospital to be treated as in-door patients. From native books and physicians we can gather no distinct idea of such a disease as typhoid fever" among the Chinese.

(a) Dr. F. Wong.

(b) "Customs Reports, January to March, 1873, p. 41.

(c) A similar state of things is described as existing in Japan. There, as in China, the fields and growing vegetables are at short intervals of time drenched with liquid human filth; the canals and water courses are contaminated by water which escapes from the fields, and yet no special disease among the population is assigned to this cause.—See *Journal d'Hygiene*, No. 228, of 3rd February, 1881.

(d) Read before the Surgical Society of Ireland.

By the first method I understand absolute cleanliness, adequate drainage, and complete rest, the second method I will designate that of the Carbolic Spray and Gauze. By adequate drainage I mean that free escape from the wound of either blood, serum, or pus, as the case may be. By rest, I mean it in its physiological sense, not merely absence of movement, but such want of rest, for example, as might be caused by the application of an irritant or unescaped discharge, causing pressure on nerve filaments. I shall now relate short details of some cases treated antiseptically:—

1. Disease of knee-joint. Man, aged 23 years; history, injury, ending in synovitis; constitution healthy; family history good; pulse, 84 per minute; temperature, 99·2 deg. night before operation. Amputated in lower third of thigh by rectangular flap; torsion used, with vessels washed with chloride of zinc solution. Evening temperature on day of operation, 100·8 deg.; pulse, 104. Edges of wound brought together by means of silver wire. Wound healed in thirteen days, except right or inner angle; this was healed on the eighteenth day; the highest temperature, 101 deg.; discharge, sero-sanguineous for thirteen days, when a few drops of pus could be seen at the unhealed angle for five days. This may have been caused by a silver suture which had remained in angle of wound through an oversight.

2. Disease of knee-joint and lower third of femur.—Young girl, aged 18 years, much emaciated; had night perspirations, jerking and spasms of limb; temperature varying from 99·4 deg. to 101·3; family history bad; she being youngest of seven children, two only alive. Amputated at middle third by circular method; solution of chloride of zinc brushed over stump; drainage and rest carried out as in preceding case; vessels twisted, except femoral, which was tied with catgut. Temperature, night of operation, 102 deg.; pulse, 130 per minute; highest temperature, 103 deg., subsiding after fifth day to 99 deg.; discharge, sero-sanguineous; became slightly purulent after fifteen days; healed at the twenty-ninth day.

3. Boy, aged 14 years; disease of knee-joint and shaft of tibia, originating in injury; family history good; two openings, sinuses, leading into joint on external aspect; temperature and pulse normal the day before operation. Operated above condyles by Luke's method; washed with chloride of zinc solution, 10grs. ℥i; vessels secured with catgut. Temperature, night of operation, 99·4 deg.; highest temperature after operation, 100 deg.; highest pulse, 102 per minute; healed in eighteen days. The discharge could not be called purulent at any time; drainage as in other cases.

4. Woman, 36 years; disease of knee-joint not admitting of excision, originating from a fall some years before; pulse and temperature normal. Amputated in lower third by rectangular flap; vessels secured by torsion, except the femoral, by catgut ligature; highest temperature, 99·8 deg.; washed with carbolic lotion (1 in 40); placed on splint; drainage by four threads of silk soaked in carbolic oil; discharge never purulent; healed in eleven days; flaps brought together with silver wire.

5. Woman, 38 years of age; extensive disease of right knee-joint and abscess of tibia in head of this bone; suffering for three years; temperature, 99 deg. Amputated by means of rectangular flap at lower third of femur; drainage tube from one angle to other flap brought together by means of silver wire; highest temperature, 99·8 deg.; highest pulse, 104 per minute. There was not any constitutional disturbance. Carbolic lotion used as dressing; stump placed on splint, and healed in eighteen days; vessels were secured by torsion, except femoral artery, which had catgut ligature applied to it; a few drops of pus for the last two days at inner angle.

6. Disease of the knee-joint. Girl, 9 years of age, much emaciated; had night sweats; pulse, 120; temperature, 101·4 deg.; appetite, capricious; great pain evinced on pressure; five sinuses round joint; discharging. Amputated at lower third by circular method; vessels secured—fourteen in number—by catgut; sinuses freshened and

brought together by catgut suture, flaps by silver wire; highest temperature, 102·3 deg.; highest pulse, 120; healed in thirty days; chloride of zinc solution (1 in 20) for dressing; limb placed, as in other cases, on splint; discharge for nine days, sero-sanguineous, afterwards purulent.

7. Boy, 16 years; removal of foot, by Symes's operation, for disease excited by old injury, a horse standing on him; temperature day before operation, 98·4; pulse, 84; plantar arteries secured by catgut ligature; small vessels twisted; drainage tube passed through posteriorly; temperature day after operation, 99 deg.; highest temperature, 99 deg.; discharge, sero-sanguineous, never purulent; washed with chloride of zinc, ten grains to the ounce; entirely healed in fifteen days.

8. Removal of foot, by Chopart's operation, from boy, aged 11 years. Middle cuneiform bone appears to have been the primary seat of the disease (caries); three openings (sinuses) could be observed corresponding to cuboid middle cuneiform and third metatarsal bones; temperature day before operation, 99·8 deg.; highest temperature after operation, 100·1 deg.; washed with a solution of salicylic acid; vessels secured with catgut; healed all but one of the small openings, where drainage tube was, in twelve days; completely healed in seventeen days; for last four days a very small discharge, about half a drachm, which was slightly purulent.

9. Excision of elbow, in the person of a young countryman, aged 33 years, for disease not extensive; temperature day before operation, 99·8 deg.; highest after operation, 101·2; pulse, 120; vessels tied with catgut; drainage tube ran from one end of incision to the other; washed with chloride of zinc solution; wound healed in twelve days; very little discharge, which was chiefly serous, not purulent; final result, all that could be desired.

10. Boy, 8½ years old, with disease of elbow-joint; thin and emaciated; openings leading to bone at posterior part of joint; highest temperature after operation, 102·8; highest pulse, 130; drainage tube used as in preceding cases; discharge not excessive, but purulent throughout; completely healed in twenty days; result, excellent.

11. Healthy woman, having a large fatty tumour, which weighed, directly after removal, 3 lbs. weight, situated at the back of left shoulder; pulse and temperature normal; temperature after operation, 98·8; pulse, 96; drainage tube inserted; wound adjusted with silver wire; washed with chloride of zinc (20 grs. ℥j); discharge, serous; healed completely in eight days.

12. Young woman, aged 30 years, fatty tumour on lower part of back, which weighed nearly two pounds weight; incision to remove it was about five inches long; no appreciable discharge; small drainage tube removed on second day; entirely healed on fourth day; washed with water. Highest temperature, 99 deg.

13. Male, 26 years, suffering from malignant tumour of left thigh, about middle third over fascia lata, about the size of a large orange; temperature at night, 99·2 deg. before operation; highest temperature after operation, 100·8 deg.; drainage tube used, &c.; washed with chloride of zinc (20 gr. ℥j.) lotion, brought together with soap plaster and a few points of silver suture; discharge for eight days serous, and red from that till the twelfth day, when he was healed what may be called puriform, for want of a better name.

14. Male, 32 years old; amputation of forearm for gunshot wound of hand, which was nearly torn off limb; well washed with carbolic lotion (1 in 40); operation performed; modified circular vessels secured with cat gut, three threads of silk soaked in carbolic oil, placed across wound, acted for drainage; highest temperature, 100·4 deg.; completely healed in fourteen days; discharge serous; a few drops of pus observable eleven days after operation.

15. Male, aged 55 years, received an extensive wound, five and a half inches in length of left knee joint, from a fall; extending obliquely across joint. I happened to see him directly on admission to hospital. Cleaned wound with zinc solution; drew parts together; applied splint on



posterior surface of limb; zinc lotion applied over it, and an ice bag; two ligatures of catgut left in for drainage across wound; highest temperature, 100.1 deg.; made a good recovery. I saw him lately attending the ophthalmic hospital with the motion of his joint unimpaired; discharge, partly synovial fluid, serum, and blood.

16. Male, 42 years, with little febrile disturbance, suffering from a purulent collection in right knee joint, which was evacuated by free incision; joint washed out with carbolic lotion (1 in 40 diluted) by means of Richardson's hand spray; edges of wound brought together save where drainage tube was inserted; small piece of sequestrum came away on fifth day; limb steadied by splint at back; highest temperature, 101 deg. Man made a good recovery and has considerable motion in joint; discharge serous, mixed with small quantity of purulent matter.

17. Excision of hip joint. Male, 13 years; for disease of head of femur brim of acetabulum being eroded; five sinuses led to diseased bone; the temperature before operation was not ascertained; highest temperature after operation, 102 deg.; washed with carbolic lotion (1 in 40); drainage tube employed; discharge, sero sanguineous for four days, afterwards the same, mixed with purulent matter; was healed in two months.

18. Female, 39 years; excision of breast for scirrhus cancer; three glands could be felt enlarged in axilla freely movable; washed with chloride of zinc solution; vessels, some twisted, others ligatured with catgut; brought together with silver wire and straps of adhesive plaster; drainage tube used; discharge never purulent; was healed within ten days; highest temperature, 99.8 deg. I could relate several very similar cases, the mean highest temperature being 99.9 deg., and the mean time for complete healing thirteen and a-half days.

19. Boy, 9 years, much emaciated, had two bed sores when admitted to hospital suffering from disease of left foot; operation rectangular; flap vessels tied with catgut ligature, brought flaps together with silver suture; drainage accomplished by catgut ligature passed across; wound dressed with chloride of zinc lotion and carbolic oil; discharge never purulent. Dr. Kidd and Dr. Barton saw the case; highest temperature, 101 deg.; healed in fourteen days.

EPITOME OF CASES TREATED BY "LISTERISM."

1. Male, 28 years, by circular method; amputation of thigh in middle third for necrosis of femur, which had disorganised joint before admission; family history not good; pulse and temperature before operation slightly accelerated; vessels secured with catgut, and stump treated in accordance with prescribed rules; highest temperature, 101.2 deg.; discharge, sero sanguineous, slightly purulent the last few days; healed on twenty-first day.

2. Male, 30. Amputated at middle third of femur for disease, by rectangular flap; family history bad, mother and two sisters and a brother died of phthisis; says he had lost at least 11 lbs. weight in three months, no lung complication; highest temperature after operation, 104.2 deg., pulse over 130 per minute, free suppuration; healed on the twenty-seventh day completely.

3. Young girl, 15 years, amputated for disease of bones of leg and femur at lower third, by flap operation; temperature before operation, 98.8 deg., pulse normal; not emaciated, no night perspiration; highest temperature after operation, 100.3 deg.; discharge never purulent; healed on sixteenth day.

4. Female, aged 36 years, treated at the same time and in the same ward, is the fourth case I recorded of amputation by the rectangular flap method for extensive disease of her joint and femur in the lower third; her temperature was 99 deg. the day before operation, the highest temperature after operation was 100.5 deg.; the discharge was purulent from the commencement; she did not heal completely for twenty-seven days.

5. Female, 18 years, of ruddy complexion and healthy appearance, was admitted suffering from fluid in the right knee joint, which was determined to be pus; was evacu-

ated by free incision, and carefully treated according to Lister's method; joint well washed out with carbolic acid; drainage tube inserted, &c.; highest temperature after operation, 100 deg.; discharge partially purulent for a day or two, then changed and became serous; patient made an excellent recovery.

6. Female, 13 years, suffering from disease of the foot; Syme's amputation performed; highest temperature after operation, 105 deg.; suppuration profuse; urine dark coloured and scanty; some sickness of stomach; gauze removed; water dressings and oil silk applied over stump; region of loins dry cupped; suppuration decreased, urine increased in quantity, and lost its dark colour. The girl made a good recovery, and has an excellent stump; thirty-seven days healing.

7. Excision of elbow in young woman, 27 years, for disease of humerus and ulna; temperature before operation, normal, highest temperature after, 101 deg.; healed without any purulent discharge in fourteen days. Result excellent.

8. Excision of elbow joint. Boy, 14 years, diseased elbow joint, one sinus leading to bone; highest temperature after operation, 102 deg., highest pulse, 134; discharge purulent; healed in twenty-five days.

9. Male, aged 41, having a fibro cellular tumour growing from right side, which weighed on removal 4½ lbs.; incision required to remove it; about eight inches long; highest temperature after operation, 98.6 deg., highest pulse, 84; discharge very purulent; healed in eleven days.

10. Male, 49 years, fatty tumour of left gluteal region, weighing on removal 3 lb. weight; length of incision about seven inches; healed in seven days; highest temperature, 99.1 deg.; discharge sero sanguineous.

11. Female, 42 years, excision of breast for scirrhus cancer; one gland could be felt enlarged in axilla; highest temperature after operation, 100 deg.; was healed in seven days; discharge not purulent.

12. Excision of hip joint. Male, 19 years, for disease of head and neck of femur; three sinuses lead to the diseased bone; this patient was much emaciated; temperature before operation, 100 deg., highest after operation, 103 deg.; discharge serous and afterwards purulent; left hospital after two months nearly healed; there was then a small opening which was discharging, it finally closed.

13. Boy, 12 years of age, right knee joint much distended and full of pus; limb placed on splint and freely opened; washed with carbolic acid and dressed; severe febrile symptoms followed; temperature ran up to 105.2, pulse more than 130; dressing removed; flannel wrung out of hot water, covered with oil silk, placed round joint, &c.; it finally had to be amputated. He recovered slowly.

I have thus given a detailed account of as many cases as the time prescribed by the rules of this Society would enable me, with my further remarks, to make. I think it will be obvious that the more serious, or severe cases, were not chosen for one method more than the other. I have carefully avoided alluding to operations about the mouth and face, as excisions of upper and lower jaws, &c., &c., "Listerism" being inapplicable. I have not alluded to ovariectomy, as it will be more profitable to review the opinions and statistics of those who have necessarily much more opportunities than I could possibly have. I have omitted excision of the knee, as I only tested one case by Listerism for the same reason as compound fracture. I have treated psoas abscess by both ways, with excellent results, and only allude to them here to condemn the aspirator. On review of the cases I have quoted, I find that the mean highest temperature of those treated antiseptically is, in nineteen cases, a little more than 101°, against thirteen treated by Listerism, which show a mean highest temperature of a little more than 102.2°; that in one of the cases quoted, the Listerism had to be stopped on account of signs of carbolic poisoning; that a wounded knee-joint healed without Listerism, and that others, opened to evacuate pus, progressed favour-



ably. In many cases that I have employed Listerism, I have found suppuration increased by the continuance of carbolic acid, of the strength recommended, and eczematous rash, produced by the gauze, in several cases dark-coloured urine, it being also scanty. The patients, on many occasions, complained of uncomfortable heat in the part covered with Lister's dressing.

Now the cases I have detailed were hospital cases, but I cannot let pass one case I operated on in private, it was a varicocele of left side. I cut down on large veins, ligatured them with catgut, washed the part with chloride of zinc, put in a drainage tube, the gentleman healed without a bad symptom; had the spray been used in this case by a Listerite, the system would have been extolled to the skies. I cannot help also alluding to nine excisions of the breast I saw performed by Mr. Butcher, in his private practice last year. Six of these I happened to see on three occasions, had almost healed by first intention, yet they were not treated by Listerism, but antiseptically; had the case of wounded knee-joint been sprayed, had the other that was incised to evacuate matter been sprayed, and treated with this elaboration of Lister, the credit would have been given to that system; had the cases that I mentioned, which healed without suppuration, been treated by the spray, &c., it would have been stated for an undoubted fact, that such a result could not have been otherwise accomplished.

Professor Lister does not claim absence of pus for the method called his, yet we have partizans of his system, even amongst ourselves, asserting this, through what the *Lancet* has termed ignorance and folly (*vide* 25, 12, 80).

The heading of my paper refers to cases treated by the old method. I make mention of it at all, merely because it has been insanely attempted to draw a comparison between treatment of wounds in bygone days, and treatment in the present day, and to attribute all improvement to Listerism, where we all know that there was not that strict attention to cleanliness nor drainage. Well do I remember an honoured and learned preceptor strapping a stump up tightly and closely with adhesive plaster after operation. Explaining how pressure would stop the oozing, and in three or four days, when the plaster was being removed, would ask what was the cause of its being blackened, the sulphuretted hydrogen of the pus. This was a man who attended strictly to the hygienic conditions of an hospital, and was well-known in this College as an accomplished and erudite lecturer. There are many, for the most part, partizans, who guided by authority, and not by their own clinical research, attempt to ridicule and criticise the honest inquiries of those who wish to understand something of the theory on which this elaborate system of Lister is attempted to be founded. I regret to say that in a paper read before this College, and published in March, 1880, the writer foolishly adopts this course, for it is quite evident to anyone of education that he confounds two theories—contagium vivum, and the germ theory, indeed, he appears to know nothing of the former, and thus leaves those whom he would wish to rebuke an opportunity to sneer. If I understand Lister's theory, he accepts Pasteur's views, that there are germs in the air which cause putrefaction on their admission to wounds, and that these develop, *ad infinitum*, whenever they meet a suitable medium, and that by spraying the air with carbolic acid of prescribed strength, he washes it of these impurities, and prevents their deleterious effects. This theory I cannot hold to be tenable, unless it can be answered to me satisfactorily, as already asked by others.

1. How is it that a person can be self-poisoned without an external wound at all, by a deep abscess, not in contact with the air?

2. And how can the opposite condition exist, internal abscess, impregnated with *bacteria*, and yet no blood-poisoning?

3. How I would ask, is it that a ruptured perinæum will unite immediately, when we are told that all these mucous canals abound in bacteria?

<sup>1</sup> How is it that the same forms of cocco-bacteria are

just as frequently found in the secretions of wounds, treated after Lister's plan, said to be without constitutional disturbance, and to have a brilliant result, as in the secretions of wounds treated by the most ordinary methods.

The inference is Lister's method is no guarantee for the destruction of the bacteria, and that the presence of these germs, in the discharge of wounds, does not account for their poisonous properties; perhaps they are taken into the blood by the inspired air, and that, under healthy conditions, they do not develop, but may in the discharge of a wound.

If this is possible, Lister's method, chemically dealing with germs, is not tenable, and falls to the ground. Add to this the evidence given by Dr. Bantock, in the *British Medical Journal* of January 8th, 1881, that fluid, consisting of blood and serum, obtained from three drainage cases, in which the operation was performed with the one per cent. solution, that these fluids, varying from one week to six, were free from all appearance of decomposition, and that in each of these cases the tubes were exposed to ordinary air on many occasions, and the spray was not once used.

#### STATISTICS.

Much has been said about favourable statistics from the use of Listerism, and those of Prof. Nussbaum have been dwelt on; but any one who looks closely into the facts connected with his statistics will find, to use the words of Mr. Thomas Smith, that his hospital was a veritable pest house—erysipelas, pyæmia. Gangrene being almost always prevalent, any cleanliness would therefore cause improvement. And the Professor boasts that since his adoption of Listerism, he has not had a case of amputation attacked by gangrene. If such is to be boasted of, I can assert I have never had gangrene following any amputation of mine, although in passing, I may remark that a case of amputation by the rectangular flap method lately came to my knowledge, which was dressed with all the elaboration of Listerism, yet became gangrenous. If, however, we look at the statistics of Mr. Spence, of St. Bartholomew's Hospital, we find others not practising Listerism. The statistics are equal in result to those obtained by diagram; and recently those published by McVail (of Kilmarnock) are superior to any brought forward by the disciple of Lister. But turning to ovariectomy, the great standpoint of the Listerites, I find the following, quoted from the proceedings of the Royal Medical Chirurgical Society of December last year: "Mr. Spencer Wells said that the mortality in his practice had certainly diminished as his experience had increased, and since adopting the antiseptic method (meaning Listerism) in 1878 he had 131 cases with 13 deaths, or 10 per cent., the death rate being exactly the same as in the last two years of hospital practice without special antiseptic measures."

There is no doubt that Mr. Spencer Wells has improved his statistics by experience. As a proof, we have been condemning in the most emphatic way the use of the ligature as applied to the pedicle, saying "the more I am driven to resort to the cautery or the ligature, the less I am satisfied with the results of this method, the more reluctant I am to employ them, and the greater is my confidence in the clamp." Mr. Wells does not corroborate the statement by his practice now. In a treatise on ovariectomy dedicated to the late Dr. J. Beatty by Mr. Butcher, I find the ligature adopted, and one of the patients operated on in the theatre of his hospital with excellent results. Yet we are told by the followers of Prof. Lister that he was the first to show that ovariectomy might be performed in a theatre. I find Mr. Holmes stating at the meeting already referred to, "that the statistics brought forward showed no decided difference in favour of Lister's method in ovariectomy. Add to this the results of Dr. Bantock, that in proportion as he reduced the strength of the spray solutions and those for cleansing purposes, in proportion did pyrexia diminish after his operations. We have also the same evidence of Dr. Tait and Dr. Savage, the latter an advocate

of Lister's method; there is an erroneous impression that there is a general concession to the adoption of Listerism. In addition to what I have already read, I could add the name of Mr. Bryant, who expresses his disappointment and surprise when he found it asserted that "loose cartilages may now be removed by direct incision from the bone without any apprehension of evil results," was based upon the experience of *three* cases, and is disposed to think that an equally good series of cases might be extracted from the ordinary case book of the hospital surgeon. Mr. Hutchinson says he speaks on the general question with diffidence, and asks, how is it if the spray and gauze plan of dressing be so valuable, that some of those who do not use it get such excellent results? At the London Hospital Lister's precautions have been most ably carried out by one of his colleagues; yet his mortality has never been lower than Mr. Hutchinson's, and he (Mr. Hutchinson) thinks an exaggerated impression as to the injurious effects of common air has got about, and believes it possible that the spray and the gauze plan may cause harm in some cases. Nor does he think it applicable to compound fracture, nor a help where it is important to avoid a conspicuous scar. That other means are to be preferred for wounds already exposed to risk of infection, and in cases where inflammatory conditions have already set in.

Sir James Paget attributes the improvement, amongst other reasons, to the leaving off of some of the bad practices of surgeons, such as bleeding before operations, and the use of active aperients and antimony, &c., and to the improvement in the sanitary conditions of our hospitals. It has been argued that if some of the staff in an hospital use the spray, that it confers a benefit on the cases of those who do not use it.

This cannot be said of many of mine brought before you this evening for comparison, as they have been selected for the most part from cases treated before the steam spray was purchased for the hospital by Dr. Henry Fitzgibbon, to whom alone its permanent introduction with the gauze is due—I say permanent, for prior to that time I had used the steam spray, getting it from Messrs. Fannin, of Grafton Street.

Not wishing to be led by mere authority, I made a comparison of cases; a few of them I have brought forward to-night, believing such procedure interesting. I am not a believer in the spray and gauze, but I do believe in that system which I have termed antiseptic surgery.

I cannot, however, close this communication without paying tribute to the man who re-introduced animal ligature, and assisted to harmonise rest of wounds first forcibly advocated by Hilton, with the drainage first recommended by Callender and Heath; and thus draw our attention more prominently than heretofore to absolute cleanliness.

## Clinical Records.

### CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

Under the care of Dr. BIRKETT.

*A Case of Phthisis—Hæmoptysis—Recovery.*

Communicated by SIDNEY DAVIES, B.A., Clinical Assistant.

THOMAS CASSIDY, æt. 40, tailor, was admitted into the City of London Hospital for Diseases of the Chest on Oct. 5th, 1880. He was a short, dark man, and gave the following account of himself.—He had enjoyed good health until May 10th, 1880, when his present illness began with catching cold; he began to cough and to spit blood, which he stated sometimes amounted to a pint and a-half at a time. The hæmoptysis ceased after two weeks. Subsequently he suffered from night sweats, and lost flesh. The night sweats had diminished of late. The hæmoptysis had recurred a week before admission.

On admission the patient was anæmic, and thinly covered with flesh. The fingers were clubbed. Tongue slightly

coated; bowels irregular; appetite fair. He had a bad cough, with copious sputa, unmixed with blood. His voice was very hoarse. His breath was offensive. Pulse 108; evening temperature 100·8 deg.; morning temperature 98 deg., urine acid, sp. gr. 1020, containing no albumen.

Dr. Birkett made a physical examination of the chest the day after admission. The signs were as follows:—*In front*—right side, respiratory movements diminished; no bulging of intercostal spaces; dulness at the apex, accompanied by loud bronchial breathing; crepitation on coughing, and bronchophony. Left side: Respiratory murmur heard over præcordial region; heart sounds distant; inspiration loud. *Behind*—Right side: Dulness at base; respiratory sounds and vocal resonance very distant.

The family history was good, the father and mother and three brothers and sisters being alive and strong. The patient was ordered a mixed diet, with two ounces of brandy, and the following prescription:—

R. Vini ipecac. ℥ viij.;  
Tr. opii, ℥ iv.;  
Pot. nit., gr. viij.;  
Mucil. acaciæ, ℥ ij.;  
Aq. ℥vj. Ter die sum.

Oct. 8th.—Amphoric breathing was discovered at the right base, accompanied by pectoriloquy. Medicine changed to—

R. Ext. nuc. vom., gr. ʒ; ;  
Ext. aloes, gr. j.;  
Pulv. myrrha, gr. ij.;  
Saponis, q. s. 1 pil., o. n. s.  
R. Liq. arsenicalis, ℥ j.;  
Tr. Sunbul, ℥ xv.;  
Vin. ipec., ℥ x.;  
Inf. cascariellæ, ℥j. Ter die sum.  
R. Acidi carbolic, gr. xx.;  
Aque ferventi, ℔j. Vapor o. n. inhal.

Oct. 15th.—Physical Signs:—Right Side—Impaired more or less all over. Bronchial breathing at the apex; amphoric at the base; creaking and pectoriloquy at the base. Left Side—Breathing harsh.

16th.—Half-a-pint of blood-stained sputa and blood brought up. Ergot, ℥j., administered. Streaky hæmoptysis this morning. Haustus changed to—

R. Liq. morphia hydrochlor., ℥ v.;  
M. f. acid. rosæ, ℥j. T. d. s.

17th.—Evening temperature 100·4.

19th.—No more hæmoptysis; sputa large in quantity, purulent.

22nd.—Patient complained of pain at the left shoulder. Physical Signs:—Right Side—Impaired resonance anteriorly; breathing amphoric at apex; pectoriloquy and large moist sounds. Posteriorly: Impaired resonance from mid-scapula downwards, with cavernous breathing, pectoriloquy, and large moist sounds. Left Side—Impaired resonance from the angle of the scapula to the base; breathing distant.

26th.—Hæmoptysis yesterday, about a pint and a-quarter. ℥ij. of ext. ergotæ liquidum given. Haustus changed to—

Ext. ergot. liq. ℥ss.;  
Mag. sulph. ℥ss.;  
Inf. acid. rosæ, ℥j. T. d. s.

29th.—Last night hæmoptysis again; about three ounces of dark-coloured blood, not frothy. Ice given to suck and ext. ergot. liq. ℥ij. Pulse bounding and compressible; this morning feels better; pulse 84, weaker.

Nov. 9th.—Cough very bad. No more hæmoptysis. Ordered—

R. Tr. eriodyctionis, ℥xx.;  
Mucil. acaciæ, ℥j.;  
Aq. ad., ℥ss. Bis. dic. sum.

10th.—Liq. vesicatorius ordered to the front of the chest.

12th.—Cough better.

16th.—Right base, same physical signs; left, some crepitation.

19th.—Sputa less; cough better.

25th.—Right side, impaired resonance all over, with crepitation; apex dull.

26th.—Neuralgic pains in the head. Ordered—

R. Quinia sulph. gr. ij.;  
Acid. sulph. dil., ℥vj.;  
Inf. quassia, ℥j. T. d. s.

Dec. 10th.—Neuralgia better. Improving generally.

16th.—Cough less.

Without there being any marked change in the physical signs the patient's general condition was slowly improving. His voice was less hoarse under the combined influences of vapor acidii carbonici and vapor benzoini, the neuralgia was gone, the cough was much improved by the eryodryon, and on Dec. 21 the patient was considered sufficiently restored to leave the hospital.

*Remarks.*—This case is interesting as being almost the only case observed in the hospital during a period of three months in which there was any improvement after severe hæmoptysis.

## Transactions of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

ANNUAL MEETING, WEDNESDAY, FEBRUARY 2, 1881.

Dr. W. S. PLAYFAIR, President, in the Chair.

Dr. GODSON exhibited two children, each of which showed a deep depression in the left frontal bone, the result of pressure from the sacral promontory during delivery. One, four days old, was delivered by forceps, the pelvis of the mother being much deformed, and, at the time of birth, the indentation was so great, that the bone appeared to have been fractured. The blade of the forceps encircled the left molar bone, quite clear of the depression, and had not slipped. The second child, seven weeks old, was also delivered by forceps. It appeared to him natural that the head, in first position, endeavouring to rotate into the antero-posterior diameter, should receive the pressure on the left frontal bone, when the sacrum was unduly prominent.

Dr. WILTSHIRE had seen several such cases of depression produced by the promontory of the sacrum, not by the forceps, in connection with rickety pelvis. Generally the depression did not persist, and it could sometimes be removed by atmospheric exhaustion. He had seen convulsions produced by deep depressions.

Dr. J. WILLIAMS did not see how a depression, so situated on the frontal bone, could be produced by the promontory of the sacrum.

Dr. FANCOURT BARNES had lately seen a child born with just such a furrow as was seen on one of the children shown by Dr. Godson. The sacrum was projecting, but forceps had not been used.

Dr. CARTER mentioned a case in which the pelvis was contracted to the conjugate diameter; labour was protracted, but the forceps were not put on till the head was in the pelvic cavity. The left parietal bone of the child had a depression large enough to contain the bowl of a dessert spoon. It had no symptoms of pressure on the brain, and, in about three weeks time, the bone had almost recovered its normal contour.

The PRESIDENT was inclined to think that the appearance of the depression in the younger child seemed to indicate that it might have been produced by the blade of the forceps, the skin being somewhat abraded.

Dr. GODSON, in reply, said that after the birth of the child he re-applied the forceps over the mark left by it. He was perfectly certain that the instrument was no factor in the causation of the depression.

Dr. GERVIS exhibited a modification of Hodge's pessary, in which the sacral end, instead of being, as usual, rounded, presented a considerable central depression. The advantages claimed for this, were that the tendency of the fundus to roll to one side of the pessary was obviated, and a much steadier pressure on the fundus was maintained. The makers were Messrs. Walters, Palace Road.

The PRESIDENT remarked that one form of Thomas's retroflexion pessary had a similar concavity of the sacral end.

Dr. BARNES said that the pessaries sold as his were not of the form in which he used them. They were made of flexible metal, and he moulded them himself, according to the conditions of each patient. He thought the square shape of the lower end of Dr. Gervis's pessary objectionable.

Dr. BURTON showed a specimen of

### EXTRA-UTERINE PREGNATION.

The patient, æt. 31, mother of five children, the youngest of which, seven months old, she was still suckling. The menses had been on from the 17th to the 22nd of January. On the 24th, at 5 p.m., while lounging in an easy chair, she had coitus with her husband. Towards the end of the coitus, she slipped forward over the edge of the chair, and immediately felt a sharp pain at the lower part of the abdomen, became faint, vomited twice, and had several actions of the bowels. When she was seen, at 10.30 p.m., she had severe pain at a defined spot, two inches from the mesial line. The pulse was scarcely perceptible, extremities cold, and she was evidently sinking rapidly from internal hæmorrhage. She died nine hours after the injury. At the post-mortem examination a large clot of blood was found filling the pelvic cavity, and extending some distance upwards towards the umbilicus. The right Fallopian tube, about an inch from the uterus, was expanded into a cyst about the size of a Barcelona nut, on the upper surface of which was a small opening. The cyst contained a fœtus of about six week's gestation. The left ovary contained a corpus luteum, quarter of an inch in diameter. The uterus was lined with a smooth decidua. Dr. Burton, by a negative process of reasoning, was led to the diagnosis of ruptured Fallopian tube, but considered it too late, when he saw the patient, to attempt operative interference.

Dr. WILTSHIRE said that this case was another, and an emphatic illustration, of the importance of carrying out, where feasible, a practice he had already repeatedly recommended in such cases, viz., the ligature and removal of the burst Fallopian tube.

Dr. McCULLUM on

### A CASE OF VILLOUS DEGENERATION OF THE ENDOMETRIUM.

The patient, æt. 51, was admitted into the Montreal General Hospital, Oct. 4, 1879, for metrorrhagia. Her mother died from melanotic cancer of the eye. After the menopause, which occurred at the age of 45, she suffered from leucorrhœa for several years. Metrorrhagia came on three years ago, and had recently become profuse. The uterus was less movable than usual, the sound passed three inches, and caused moderate bleeding. There was a greyish discharge from the vagina, which became offensive in November, and continued so until her death. She suffered severe pain, not constant, but periodic. She went out on January 8, but was re-admitted on May 13, being now emaciated and cachectic in appearance. The uterus had increased in size. The cervix was dilated with a laminaria tent, and more full dilatation was effected by four tents on June 9th. The whole surface of the endometrium was found to be covered with soft projecting granulations. These were scraped away with a curette, and fuming nitric acid applied. On July 16 dilatation was repeated. After removal of a second tent, symptoms of collapse came on, and she died on July 17th. The uterus was found dilated into a cavity large enough to contain a hen's egg. On the anterior wall was an ulcerated patch, as large as a crown. The rest of the uterine wall was thickened, and covered internally with villousities. A teased-out specimen of a villosity showed two elements; (1) cells epithelial in character, the majority of the columnar type; (2) a fibrous stroma made up of irregular spindle-shaped cells. Considerable doubt existed as to whether the disease should be grouped with malignant affections.

Dr. GALABIN thought that, from the characters of a teased-out specimen, there could hardly be a doubt that the case was one of the so-called cylinder epithelioma. It was clear, from the history, that it was clinically malignant, and distinct from simple forms of villous degeneration. He had met with several cases in which cylinder epithelioma affected the whole internal surface of the body of the uterus uniformly, so that it might appear, at first, doubtful whether the case was one of malignant disease at all. Such cases might possibly admit of eradication by extirpation of the uterus.

The PRESIDENT then delivered the Annual Address.

Dr. PRIESTLEY, in eulogistic terms, proposed a vote of thanks to the President. It was seconded by Dr. Gervis, and carried by acclamation.

### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society was held on Friday evening, January 21st, 1881, in the Albert Hall, Royal

College of Surgeons, Dr. EDWARD HAMILTON, senior member of council of the Society present, in the chair.

Mr. TUFNELL, Hon. Sec., read the minutes of the previous meeting, which were signed.

Mr. Wm. WHEELER read a paper on

ANTISEPTIC SURGERY AS COMPARED WITH LISTERISM, which will be found at page 155.

Mr. TUFNELL said that having had an opportunity of seeing the majority of the cases detailed by Mr. Wheeler the facts were plainly put forward without exaggeration, and he could endorse what he had said that there had not been suppurative action.

Mr. THORNLEY STOKER rose to speak rather from the fear lest being present his silence should be taken as consent. He for one most utterly and entirely dissented from the views Mr. Wheeler had put forward. One or two points he would remark upon. He objected respectfully to Mr. Wheeler's christening of the form of surgery, which he termed antisepticism; he entirely objected to his terming one system "Listerism," and the other "antisepticism," implying that Lister's method was not antiseptic at all. Antiseptic surgery was associated with Lister's name, and antisepticism and Listerism were used as convertible terms. He also objected to Mr. Wheeler's right to christen his treatment of chloride of zinc and surgical cleanliness as "antisepticism," conferring the term "Listerism" as a reproach on something else; let him call his own method, if he liked, "Wheelerism," but let the term antiseptic be associated with Lister's treatment. There was one suspicious circumstance he should remark upon in the record of cases read to the Society. He had heard it often asserted and argued that other plans of surgical cleanliness might equal "Listerism," but he had never before heard a surgeon argue that Listerism produced worse results than any other system, yet that was the proposition which Mr. Wheeler had laid before the Society.

On the motion of Mr. FITZGIBBON, seconded by Mr. THOMSON, the debate was adjourned to next night of meeting.

The Society then adjourned.

#### ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, FEB. 7TH.

Mr. THOS. ARNOLD ROGERS, the newly-elected President, took his seat for the first time, and delivered his

#### INAUGURAL ADDRESS.

After thanking the Society for having, after an interval of sixteen years, again placed him in the position which he considered the highest in the dental profession, he proceeded to recall the events which led to the foundation of the Society in 1856, and to compare the present position of the profession with that of twenty-five years ago. The foundation of the Society was an outcome of the agitation which culminated in the establishment of the examination for the dental license of the Royal College of Surgeons of England. The appearance in the same year of the *British Journal of Dental Science* marked the commencement of periodical dental literature in this country. The Society, originally founded for political objects, had gradually settled down to a purely scientific basis, and now political matters relating to the profession were left in charge of its vigorous young relative the British Dental Association, on whose energy and sagacity they might place implicit reliance.

#### INTERNATIONAL MEDICAL CONGRESS.

Mr. Rogers, referring to this subject, said he had looked through the records of the previous congresses, but had failed to find any mention of a dental section. Obstetrics, ophthalmic surgery, otology, dermatology, were all represented, but dental surgery was ignored. He was surprised that their speciality had not been recognised at Philadelphia, considering the service which American dentists had rendered to this branch of surgery. But it was with corresponding pride that he recorded the fact that it had now at last received the official recognition of the surgical world. They should see to it that their proceedings on this momentous occasion should be worthy of the position accorded to them, and should also serve as a precedent for guidance and imitation at future congresses. The rest of the address was occupied

with a dissertation on the embryonic origin of the dental tissues—a subject which has long occupied Mr. Rogers' attention.

#### CASUAL COMMUNICATIONS.

Among the communications which followed,

Mr. ISIDOR LYONS related a case in which a set of artificial teeth had been swallowed during sleep. The patient awoke choking, and at once went to a neighbouring medical practitioner, who tried to push the teeth into the stomach with a probang, and then administered a dose of castor-oil. The patient, not being relieved, went to St. Bartholomew's Hospital, where Mr. Thos. Smith, having ascertained that the plate was still impacted in the œsophagus, removed it, after some trouble, with forceps. The treatment adopted in the first instance was generally thought to be very injudicious.

Mr. F. CANTON related the case of a boy, æt. 6½ years, who, although very intelligent, understanding all that was said to him, and making himself understood by signs, could not speak. He had never suffered from any serious illness, nor been subjected to any fright. The organs of articulation seemed perfect, and on one occasion, when about three years old, he had spoken one or two words, but could never be induced to repeat them. Mr. Canton asked for information as to the probable cause of the aphasia, and the prognosis.

A discussion followed in which several instances of late acquisition of speech were mentioned.

Mr. HUTCHINSON mentioned a family of four children, all bright and intelligent, yet none of them learned to speak until they were four or five years of age. The youngest, now aged four, could only say a few words.

Dr. WALKER instanced another family in which all the children were backward in talking, one girl not acquiring speech till the age of fourteen.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS"

#### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

#### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

*Continued from page 116.*

IN employing the bottled waters it is well to follow, as far as circumstances permit, the plan pursued at the Springs. The water should be warmed to 100 F. or higher. This may be accomplished by adding boiling water, or if that should increase too much the bulk of the dose, by allowing it to stand in hot water long enough to warm it. So, the quantity to be taken should be distributed over about an hour's active exercise, out of doors if possible. In some delicate persons it may be desirable to permit a cup of weak tea or warm milk, or milk and water to precede the dose, but the rule is to take it fasting. When only a small dose is given and little exercise taken, and that indoors, the fast must be broken by the mineral water. Then as to diet, it is most important for patients to co-operate with the physician, and therefore as much latitude as may be practised without detriment should be allowed. Much depends on the disease, and every case ought to be separately considered. Hence the difficulty of inelastic rules. Following the plan of the Spa we may advise simple breakfast, midday dinner, and a light supper. Most people, however, would like tea at 5, and supper

a little later, and this may be generally allowed; the tea consisting of tea with milk, biscuits or dry toast. It would also be better to remove the soup from the dinner, which should consist of two courses only, viz., meat, or poultry, or game, with vegetables, followed by light pudding. This would allow greater variety in the supper. We would also admit butter in moderation for breakfast. Ripe fruit, too, might very often be taken with advantage. These relaxations would be welcomed, by most patients, and in the majority of cases would do no harm, while in some special conditions other changes ought to be made. But no concession can be made to the lovers of malt liquors. The prohibition of alcohol should be absolute. Generally, even in moderate doses the waters act on the bowels, producing each day one, two or more copious, pulpy, slimy evacuations, which are sometimes of dark colour and offensive smell. Many patients are astonished at the quantity of material thus removed. Sometimes however, only a slight purgative effect is produced. The dose should be regulated so as to secure one, two or three full, soft stools soon after it, the bowels being at rest afterwards until the next morning. This may be kept up for three or four weeks or longer as may be necessary. To carry out this plan it may be necessary to give 2 or 3 glasses to begin with, and increase to 6, 8, or more before the full action is obtained, and then to diminish until the point is found which will keep up the effect desired.

A milder course of the bottled waters is sometimes of great value. This may be attained by taking every morning a dose of about half a tumblerful. In this case the glass should be filled up with water hot enough to bring the whole to a temperature at which it can be drunk. This is to be taken first thing in the morning, or sipped during dressing. It may be followed up by a cup of weak tea and a walk or gymnastics until breakfast—an hour after the water. These mild courses ought to secure one soft evacuation daily. In many cases it is desirable to precede the course by one or two aperient alteratives.

It is in disorders of the abdominal viscera that Carlsbad is chiefly recommended. In the "abdominal plethora" of the Germans, in the bilious and liver complaints of many English practitioners it has been employed with success. The remarks we have made on its general effects will enable the reader to understand why this should be the case, as well as why it should prove serviceable in corpulency. In lithiasis, in concretions of uric acid and catarrh of the urinary organs, and in gouty states, when the abdominal circulation is sluggish, the alkaline quality of Carlsbad indicates it in preference to many other salines, and from the new analysis of Prof. Tichborne we find that these waters contain lithia—the alkali which is specially suited for these conditions. The discovery is one of great interest. Carlsbad is also recommended in hæmorrhoids, provided the patient be corpulent, possess sufficient stamina, and is relieved rather than injured by the occasional bleeding caused by the malady. But in weak and emaciated subjects, with tendency rather to atrophy than engorgement of the liver, and who, instead of finding relief, are made much worse by the loss of blood, all purgative saline courses are contra-indicated. In enlargement of liver or spleen due to malaria, or in congestion of these or other

viscera from overfeeding and want of exercise; also in tendency to gall-stones; in most ailments due to sluggish portal circulation, the treatment is effective. It may also be employed to deplete in venous engorgement. In disorders of the stomach and bowels it might seem less applicable than other waters, but it is often used in catarrhal states of the mucous membrane. Lastly, Dr. Seegen reports good results in diabetes. It would seem the cases of this disease should be preferred in which the abdominal viscera seem to suffer, while Vichy would be preferred for other cases. But we need not dwell on this point, as the imported water is not likely to take more than a very subsidiary part in the management of this disease. In female diseases, if dependent on abdominal engorgement or sluggish portal system, the mild course we have sketched above is often a potent auxiliary to other treatment; and the same may be said wherever there are indications for a course of gentle saline, alkaline, purgative waters.

The Sprudel is the most generally used spring, and, from our analysis, seems to give the most concentrated water. It is richer in purgatives as  $12\frac{1}{2}$  to  $6\frac{3}{4}$ , and the dose should be smaller. A more important indication is that it has more antacids than the Schlossbrunnen, 10.5 to 7.01. In these antacids we notice that the Sprudel has double the quantity of lithia, and the carbonate of soda is also in much greater quantity than in the Schlossbrunnen. The latter, then, should be used where the milder effects are desired, but the Sprudel for obtaining the full action of the waters, especially in gouty subjects, or where alkalies are indicated.

*Marienbad.*—These waters resemble those of Carlsbad, but are more concentrated, and contain more carbonic acid. The springs are also cold. These differences are all in favour of the exported waters, as they should in consequence be bottled with less change, and keep better. The dose, too would be smaller. A study of the analyses indicate what has been found by clinical observation—that Marienbad and Carlsbad may often be made to serve for each other. Marienbad is, in fact, cold Carlsbad, but stronger; or, to put it in the opposite way, Carlsbad is hot Marienbad, but weaker. The two spas are thus, to some extent, rivals. Marienbad, indeed, makes no claim to help diabetic patients, though, on the other hand, she vaunts the iron in her waters, and holds them to be more tonic. We do not think iron of much value in this class of waters, for it is at once precipitated as a sulphuret. The considerable amount of carbonic acid in Marienbad is also said to make it stimulant, and it certainly is agreeable to both palate and stomach. To this gas is probably due the repute of the waters for being easily digested, although cold. On the other hand, the disengagement of carbonic acid in the stomach sometimes is a disadvantage, but then the water may be allowed to stand. In these cases, too, it is usually better to give warmer waters, but Marienbad will bear dilution with hot water for this purpose, as it is richer in antacids, as well as aperients, and each of the springs contains lithia. Thus, the cases are numerous in which either spa would be beneficial, the chief differences being regulated by the temperature, and degree of concentration of the waters and the amount of the gas present. Where the aperient action is most desired and a cold spring is suitable, Marienbad is preferred. In

weaker persons, with poor circulation and defective heat-producing energy, in catarrhal conditions of the alimentary canal, and where carbonic acid is not agreeable, Carlsbad is preferred.

The use of the bottled waters may be inferred from what has preceded. Marienbad is a stronger Carlsbad, and may be substituted for it when it is desired to increase the effect of the purgative and antacid ingredients; but where the bulk of larger quantities of Carlsbad is objectionable, Marienbad may be given cold, or it may be warmed sufficiently without losing all its carbonic acid. Further, by diluting Marienbad with rather less than its own bulk of hot water, we obtain a draught closely approximating warm Carlsbad, as may be seen from our analyses, which give, in 10 oz. of the Ferdinandsbrunnen spring of Marienbad—22 grains of purgatives, and 18½ antacids, as against 13½ of the former and 10½ of the latter in the Sprudel of Carlsbad. The dose is to be regulated accordingly. A mild course, such as that sketched in our remarks on Carlsbad, may be begun by a morning dose of two-thirds of a tumblerful, filled up with hot water. If, after two or three days, this does not act on the bowels, the quantity must be increased. The diet and regimen advised under Carlsbad must be observed.

*Tarasap* has become more known in England of late years, and belongs to the same class of waters. It contains as much sulphate of soda as Carlsbad, but nearly three times as much carbonate, and more than three times as much common salt. Where more antacids and salines are required it is therefore available. The adjuvants seem to increase the aperient action of the Glauber's salt. The water contains so much carbonic acid that it may be warmed when required. The average dose may be a pint daily, half of which may be taken before breakfast, and the remainder between that and a mid-day dinner. *Tarasap* is by some advised in bronchial and pulmonary affections, complicated with abdominal stasis. But the question of climate here occurs, and at present we are only dealing with the bottled waters. These may be used instead of Carlsbad, bearing in mind the differences we have stated.

*Franzensbad* is a cold spa, the strength of which is between that of Carlsbad and Marienbad, but it contains less carbonate of soda than either. It is sometimes called chalybeate, but contains little iron, and that, as we have seen, is not important in waters of this kind.

*Elster* (Saxony) resembles the last, containing a little more sulphate and a little less carbonate of soda. *Füred* and *Stubnya*, in Hungary, *Rohitsch*, in Styria, and *Bertrich* (Mosel) belong to this group, but are weaker. All are, no doubt, useful to their districts, but it would detain us too long to examine minutely their differences. The physician who has studied the subject of mineral waters will be able to advise respecting any difficult case.

This group of waters, however, must not be dismissed without reference to our own English *Leamington*, which is rich in sulphate, though not in carbonate of soda, and where many of the advantages of a foreign spa may be enjoyed, especially if the waters be supplemented by others. For example, many cases would do well at *Leamington* if they took small quantities of *Vichy*, or some other alkaline water. Other combinations might be arranged, but this

suggestion should suffice to show the scope of the British Glauber's salt spa.

(To be continued.)

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, FEBRUARY 23, 1881.

MEDICAL ATTENDANCE INSURANCE.

THE progress made by the dispensary movement during the few years it has been prominently advocated, and the yet more universal approval accorded to sick and doctors' clubs among working populations, is one of, and perhaps the best indication there is, that it is not always from choice the resort is had to gratuitous hospital relief. For some considerable time, the question of out-patient relief reform has been a constant subject of anxious consideration with those who are familiar with the administration of our chief charities. Schemes for reducing the excessive extent to which charitable funds are drawn on to meet the demands made by out-patient claimants have, from time to time, been mooted; but each of these has been in some respect or other faulty, and it yet remains for an adequate suggestion to be made. What is required is a plan, by the working of which the poorer classes of the population shall be able to secure the advantages of regular and skilled attendance in time of sickness, and at the same time be called upon to contribute in payment no more than can reasonably be spared for this purpose. It is obvious that if the doctor is to receive payment for his duties only during the period they are actually rendered, either it must be miserably disproportionate to the value of his time and attention; or, if sufficient to repay him, it must seriously cripple the resources of the patient or his friends to meet the outlay.



The difficulty is one of time and arrangement, and it is happily adjusted in some districts by the adoption of the club system, according to which the members pay, at all times, a fixed weekly or monthly subscription; and in return they are attended and, according to the terms of agreement, may be supplied with medicine also so long as they continue to need professional advice. This plan is one that commends itself to approval, on account of the opportunity it offers to the poor to exercise their spirit of independence, and exert the right of calling in a medical attendant rather than seek the aid of one as a favour conferred, though it be by an institution. The pauperising influence of gratuitous charitable assistance is one to be fought against, and the intelligent mechanic is among the first to recognise the truth of it. Spite, however, of the good features possessed by the club system when rightly carried out, it is capable of, and unfortunately is, being made the means of what can only be regarded as most unprofessional attempts to coerce the public into employing particular practitioners. The fact that the sick club limits the choice of its members, is the one great drawback to its efficiency. We hold that unless a patient is absolutely free to choose for himself who shall attend him during illness, there is exerted over him a controlling power which no other person has the right of assuming. In country districts, where but a few medical men are located in a wide area, it must necessarily happen that the club officer is one of a few, or he may even be the only available person in the neighbourhood. This is a condition that is the outcome of the situation, but that it is a blot on the club system is admitted by most of those who have carefully considered the subject. It is eminently desirable that the rules of any medical insurance club shall provide for free choice on the part of the contributor to its funds, provided that is of course, that the selection is made with reasonable regard to the fees usually received by the attendant chosen. The remuneration of the latter should then be made by the chief secretary; and in any district it would be an easy matter to receive the assent of resident practitioners to attend cases when called to them at a regular fixed fee payable according to a scale arranged with the general consent. In this way no single man's services would be forced on patients, the interests of the latter would be conserved through the wish of the medical man to strengthen the favourable impression they may succeed in making, and far greater satisfaction would exist among the contributors to the fund of the society. We have been thus explicit in describing the manner in which we conceive a really practical and trustworthy insurance scheme should be worked, because we have had our attention drawn to what is called the "General Medical Attendance Insurance," and which we cannot but regard as based on principles radically at variance with the broad laws laid down above. This association solicits subscriptions from three classes of members; it professes its object to be: "To provide city clerks and other people with limited incomes with the best and most experienced medical advice, at definite charges." This is condemnatory when taken in connection with the fact that one medical man only is offered as the source whence the best and most experienced medical advice is to be drawn. We do not

raise any question of this gentleman's professional attainments, but were he as much a physician of to-day as Galen was of his day, it would still be improper to the highest degree to dub his diagnosis the best and most experienced. One man cannot be "best and most experienced" on every subject that comes to him in general practice; and it is significant that those whom we are wont to regard as lights of learning in medicine, and monuments of experience, are the most eager to disavow the encyclopædian capacities assumed for the gentleman who is medical adviser to the "General Medical Attendance Insurance." The elegant announcement of this company is made up, apparently, with the business-like aim of attracting the non-medical reader, by presenting for his perusal a series of assertions, that the initiated will find some difficulty in crediting. For instance, "N.B. The physicians and surgeons must, in addition to the usual qualifications, have been attached to a public institution for ten years; five of which must have been at a hospital recognised by the College of Physicians and Surgeons." This is, if it means anything, intended to convey the impression that only such gentlemen as have been, or are, on the medical staff of a recognised hospital, will be eligible for election on to the staff of the new company. But that this is not really so, we imagine, the following extracts from the latter's advertisement will sufficiently prove.

The Society is divided into the three following sections:

SECTION A.—By payment of one guinea a policy is issued which insures the holder thereof medical, surgical, and dental advice when required for the space of one year. Medicines can be obtained at any of the appointed chemists, at moderate rates.

SECTION B.—Working men and women (proved to be such), can by payment of 2s. 6d. entrance fee, and 1s. at each attendance, obtain medical, surgical, and dental advice with medicine.

SECTION C.—This is for poorer members, who must bring a letter of introduction from a subscriber of not less than 10s. 6d. per annum, when they will pay 1s. the first time, and 6s. each attendance after.

This indicates that a hospital physician or surgeon, after five years' connection with the institution he has served, will be content to visit and prescribe for something less than 2s. 6s., a depth of misery to which, even in these bad times, we trust but few hospital officials have descended. From our point of view, the medical student, who has been five years as a pupil and dresser at "a recognised hospital," and perhaps the preceding five years as laboratory assistant, or junior clerk in the counting-house, maintaining any sort of a connection with the hospital, is eligible for a staff appointment on the new company. Regard it as we may, indeed, it bears the evidence of being a trading concern; and even though it had been the most praiseworthy, it would still be totally barred, in that it restricts its member's choice of attendant. As it is, we cannot but regard it as a new departure on the line of professional degradation; it is worse than, because more pretentious than, the "advice and medicine 4d." dispensarists, and the medical gentlemen associated with the concern must consent to be regarded as retrograding from the strict professional path.

#### IRISH MEDICO-EDUCATIONAL REFORM.

The profession in Ireland is, at the present moment,

face to face with very momentous changes in its educational system—changes which mean nothing less than the disruption of the certificate system, the credit-fee system, the apprentice-farming method of livelihood, and the three-course lecture arrangement. Just as the process of admitting students to the practice of the profession by virtue of a bogus apprenticeship to a surgeon came to a well-merited over-throw forty years ago, so is the certificate system now tottering to its fall, assailed by the united efforts of those who refuse any longer to countenance or participate in the disgraceful system of selling parchments at three guineas apiece, and receiving such documents as proof of professional attainments.

Corrupt practices die hard whenever they are lucrative; and as the sham certificate system in Dublin has made the fortunes of many persons engaged in it, it is not to be wondered at that it has been sustained, defended, apologised for, and fostered by every means, open or underhand, and by every influence which it was possible to gather to its aid. While the rank corruption of the system stank in the nostrils of every one who had occasion to approach it—of surgeons who had been victimised by it, of patients who bled for it, of students who were being sacrificed to it, of teachers who blushed for it, and of examiners who had daily proof of the effects of it—it was, nevertheless, tolerated, connived at, and even encouraged, by certain persons, as being, if a little dishonourable, at least very profitable; and the pioneers of the present movement for a reform were tabooed as Quixotic nuisances, cursed with a conscience, and to be kept out of any positions in which they might have a chance of ventilating their inconveniently purist ideas.

Four separate attacks on the Irish teaching system, as it now exists, are about to be delivered. In the first place come the medico-educational regulations of the Royal Irish University, which are now in a state of completion, needing only the approval of the Lord-Lieutenant and of Parliament to make them law.

Our readers are probably aware that for the whole of last summer the academic programme of the New University was under deliberation by a sub-committee of the Senate. To that sub-committee a scheme for the medico-surgical arrangements was submitted by one of the members, and by them it was discussed; but, inasmuch as the medical members of the Senate were very insufficiently represented in this committee, it was decided by the Senate to remit the scheme to the medical representatives, and they have accordingly considered it, and, we believe, expressed their opinion on it. *Apropos*, we may here recall the fact that surgery is altogether unrepresented amongst these representatives—a circumstance which suggests the possibility that Anatomy and Surgery, and their cognate subjects, may be neglected in the programme of the New University.

We append an abstract of the scheme as it stood, subject to the suggestions of the medical element in the Senate; but we desire it to be understood that we do not put forward this abstract as representing anything final, but simply as illustrative of the principles upon which the medico-educational arrangements of the University are likely to be framed.

The R. I. U. will grant the degrees of M.B., M.D., and

M.Ch., and a diploma in obstetrics. To obtain the degrees of M.B. or M.Ch., the candidate must pass—

- (a) The Ordinary Examination in Arts (being practically identical with the existing preliminary of the Irish College of Surgeons.
- (b) Three University Examinations in Medicine.

To obtain the complete double qualification—with the Midwifery Diploma. The suggested university fees are:—For the two primary examinations, £1 each; for the final M.B., £3; for the M.Ch., £5; for the Midwifery Diploma, £2, equal £12.

*For the 1st Professional Examination* the student shall produce certificates of one course of lectures in—*a.* Physics; *b.* Botany; *c.* Anatomy; *d.* Practical Chemistry; *e.* Zoology. His examination will be in Physics, Botany, and Zoology, and a Modern Language (if he be not an Arts student).

*For the 2nd Professional Examination* he must produce certificates of one course on—*a.* General Anatomy; *b.* Dissection; *c.* Practical Histology; *d.* Materia Medica and Therapeutics; *e.* Medical Jurisprudence; *f.* Practical Pharmacy, eighteen months hospital. He shall be examined in Anatomy, Physiology, Materia Medica, and Chemistry.

*For the 3rd Professional Examination* the student shall produce certificates of one course of—*a.* Anatomy; *b.* Dissection; *c.* Physiology; *d.* Medicine; *e.* Surgery; *f.* Midwifery; *g.* Vaccination. Nine months general and three months midwifery hospitals. He shall be examined in Anatomy, Surgery, Practice of Medicine, Midwifery, Medical Jurisprudence, and in Clinical work. The Diploma in Midwifery will be given only to M.B.'s on special Midwifery Examination.

That we should attach extreme importance to this programme, on the presumption that it represents at least approximately the future arrangements of the New University, will be easily understood when we compare the cost in time, labour, and money of two full qualifications in that institution, and of the Double License of the two Irish Colleges at present prices. To obtain the L.R.C.S.I and L.K.Q.C.P.L. requires nominally four years of study, three separate examinations in two separate institutions, and a total money outlay of about £158. The New University will give its Double Degree on, practically, three examinations, conducted in the one institution. It will require much fewer courses of lectures, and twenty-four months hospital instead of twenty-seven, requisite for the Dublin double diploma. Its total examination fees will amount to £12 as against £43. But there is more than this. Bribes of enormous amount are offered to students to patronise the new institution. Each student who passes with first honours is to receive at his first examination, £35; at his second, £45, and at his degree, £60. Each second honour man is to receive for his first examination, £20; for his second, £35, and for his degree, £40. The respective total for the three years being—for a first honour man, £140; for a second honour man, £96. In other words it is proposed that the New University shall reward the diligence of a first class student with a sum which will pay for his entire education and degrees, and leave him about £50 in hand towards his maintenance during studenthip. It is hardly necessary to point out that the competition of degrees granted under these circumstances could hardly be successfully sustained by any colleges, however high their prestige, and that, if these arrangements should be finally adopted, there is

absolutely no escape from a wholesale reduction in the number of courses of lectures and the diploma fees now required by the Irish colleges—except, indeed, salvation may be found in the passing of a Medical Act which will provide for Conjoint Examination and thus level up under-bidding Universities and level down over-greedy Colleges to a fair educational grade.

The second influence to which we look with confident hope as a means of Irish medico-educational reform is a new scheme of curriculum and examination which has been under incubation by a committee of the Council of the Irish College of Surgeons for many months, and, being at length completed, has been received by the Council subject to amendment of detail. This scheme, if it should become College law, will provide,

a. That the study of medicine and surgery shall occupy four *bonâ fide* years and not two years and nine months as at present.

b. That a definite proportion of his course of study, suitable to his educational position, shall be taken by the student in each year, and that he shall not advance to higher studies until he has passed an examination at the end of his year to show that he has made good use of his time and opportunities.

These are the chief principles of the scheme, and they are such as every one who desires honest education efficiently pursued ought to approve. No one will profit from such an arrangement so much as the student himself, and no one will lose by it save the idler or his apprentice-master who have, heretofore, been permitted to force the chief part of his education into his last year, and thus make a net profit out of the pockets of the teachers whose fees were diverted for the advantage of the "farmer."

The third influence to which we look to obtain a better state of things than at present obtains is a scheme which is now being matured to secure what is called "sessional registration of students." At present—in certain schools—the entry of the students, though supposed to be effected not later than the 25th of November in each year is, in reality, effected at any time the student pleases, perhaps in the succeeding spring when the lectures are nearly over; perhaps many years afterwards when, on the faith of the student's own assertion, a certificate of diligent attendance at a course for which he had never been entered at all, may be purchased for three guineas. This is possible, because there has, hitherto, existed no record of the date of entry of any student. But last summer the University of Dublin showed the example, which we trust to see followed by every licensing body in Ireland, of requiring from each school a return of all its students who contemplate seeking University degrees, the date of their entry, the number of lectures delivered on each subject, and the proportion of that number attended by him. This return the University accepts as equivalent to a bundle of certificates, and admits the student named therein to examination without requiring further testimonials of "diligent" attendance or anything else.

It is proposed to extend this system to all Irish schools and licensing bodies, and a joint committee of the Colleges of Physicians and Surgeons are in sitting for the purpose of arranging details and seeking the co-operation of the diploma-granting bodies in the reform.

Thus we have indicated our grounds for congratulation upon the approaching demise of Irish medico-educational abuses. No doubt so complete a revolution will take time, and, in such a cause, time is well spent; but we are confident that at length a strong and universal feeling has been aroused, that the dishonesties heretofore permitted should be no longer tolerated, and that the efforts of those who seek for improvement must not slacken until the bogus-certificate system, with all its attendant tricks, becomes a thing of the past.

#### YOUNG SOLDIERS AND WAR SERVICE.

EVER since armies existed, practical experience in war has shown that only the men of physique and of mature age can be looked to as likely to withstand the combined effects of hardship, exposure, and fatigue incidental to protracted service in the field. From times the most ancient this fact has been acknowledged by commanders. Medical officers, from time to time, when their opinions were first considered of importance in the sanitation of forces have continued to raise their voices against the system of boy soldiers. Royal Commissions have followed in the same strain; and yet against the whole combined weight of practical experience in war this most pernicious system has been persisted in, merely because apparently a few theorists have so willed it. Now that the subject has been brought before the authorities and the public by a distinguished officer fresh as it were from victory, it is to be hoped that full consideration will no longer be denied it. As well observed by the distinguished officer alluded to, it is not the losses in battle that cause the long casualty roll in a campaign, but the steady never ceasing disease brought about by insufficient and badly cooked food, hard work, night duties, and exposure to extremes of heat and cold. Against all these, only the strongest men can bear up, the weakly must, and do, fail; they dwindle away, dead, or what on active service complicates work even more than that, their inability to march by reason of sheer physical weakness, requiring, in consequence, to be carried, their carriers, whether human or animal, to be fed and protected, thus very materially adding to the impedimenta, while they decrease the effective numbers of a force. In India, the fact is well known to all who are in authority, that large numbers of newly-arrived recruits are sent direct to hill stations on landing, there to be retained, some for one year, others for longer periods; that in the meantime, while they are under the transformation into men, obtaining food, accommodation, and pay, for duties which they do not in reality perform, the older and stronger soldiers at the head quarters of their respective regiments have to undergo the additional wear and tear incidental to the increased duties thus thrown upon them. It follows, therefore, that the system of short service, as applied to India, has the double objection, that it diminishes the number of soldiers who are effective, and increases the wear and tear upon them. From a purely medical point of view, the system has the further great objection, that under it the age at which the great majority of soldiers are exposed to the ordinary causes of endemic diseases is that when their susceptibility to these causes is at its maximum, their

power of resistance is at its minimum. All this has over and over again been urged by army surgeons, but hitherto without any actual result. Now that the statement has been directly made that "during the late Afghan war the boy regiments broke down without exception," it is surely fair to appeal to the authorities in the words of the first Napoleon to send out "men, not boys; boys serve only to fill the hospitals and encumber the road sides,"—unless carried along, much to the encumbrance of a fighting force. Humanity as well as military considerations point to this, so also does economy. More efficient, more economical to the State than an army of boy soldiers, would be one composed, as formerly was the case, of old trained soldiers inured to military duties and hardships, with a sprinkling of young men, in their turn to pass into a similar category, and ultimately obtain as rewards for good work performed pensions sufficient to maintain them in respectability in their old age. According to statistics, the rate of combined loss by death and invaliding is now considerably greater than under the long service system it was many years ago in India. It thus follows that good effects naturally anticipated from the great cost at which sanitation has been pressed on in regard to British troops in that great Dependency have been absolutely neutralised by this one measure, namely, the introduction of the short service system and constant influx of young immature lads incidental to it.

## Notes on Current Topics.

### The Hunterian Oration.

THERE was no doubt possible to be entertained that the Hunterian Oration of 1881 would be an eminently eloquent vindication of the life and aims of the great anatomist. Mr. Luther Holden could, and did, render ample justice to the subject he was called upon to treat, but we venture to think that the time may fairly be said to have arrived, when we are entitled to expect something more than two yearly repetitions of a well-known story as the product of the Hunterian bequest. It would surely redound fully as much to the honour of John Hunter's name, if on the day that this name was brought prominently to notice, and the memory of his deeds revived afresh, there should be laid also before the world of medicine something at least worthy of ranking with the giant intellectual efforts of Hunter. The Council of the College of Surgeons is trembling for the future, and it will best help to re-establish itself in general favour, by urging on the progress that distinguishes our age. By creating a research prize in connection with surgery or anatomy, and awarding this as a memorial of John Hunter, in place of biennially listening to his merits from some past president, or already eminent Fellow of the College; the latter would be legitimately stimulating the spirit of emulation in younger men, and properly affording them an opportunity of professional distinction. As it is, we venture to think the advantages to science are very limited in extent that follow from the Hunterian oration, while the honour done to Hunter grows less and less with the lapse of every year permitted to pass, without one effort to convert the festival day into one com-

memorative of renewed discovery, as well as of retentive memory.

### The Dreadnought Hospital.

THE annual report for 1880 of the Greenwich Seamen's Hospital, records that 180 beds were constantly occupied, the average for the preceding six years having been 164. In connection with it a dispensary has been opened in Well Street, London Docks, and is found to be of much service to sailors. This, as well as many other improvements bearing on the general management of the parent institution, has been due to the energy and perseverance of Mr. H. C. Burdett, the late secretary. The services rendered by Mr. Burdett to the hospital have been cordially acknowledged by the Committee, who have joined in presenting a memorial to him on his departure from the secretarial post. The work of the institution has progressed most smoothly during the past twelve months; and in every way the outlook before it is satisfactory.

### Memorial to Surgeon Power, R.N.

A LATIN cross, over six feet high, has been erected in the Naval Cemetery at Haslar, Gosport, in memory of the late Thomas Power, Surgeon R.N. The cost of the memorial has been defrayed by subscription among the brother officers and shipmates of the deceased surgeon, the extent to which his loss is felt being thus eloquently testified.

### Treatment of Transverse Fracture of the Patella.

INSTEAD of Malgaigne's hooks, which often cause supuration of the knee-joint, Kocher (*La Presse Medicale* from *Centr. für Chir.*) proposes to have recourse to the following procedure: By means of a curved needle he passes a loop of strong silver wire under the patella. He inserts the needle into the tissues immediately under the inferior border of the lower fragment, and brings it out above the superior border of the upper fragment. Small incisions in the skin at the points of entry and of exit of the needle, prevent the cutaneous investment from hindering the free passage of the thread. On the other hand, if sanguineous effusion prevent complete coaptation, it is evacuated by puncture. The ends of the silver thread are brought together and twisted over a carbolised compress. All is done according to Lister's method. The limb is then put up immovably. At the end of a few days, and sometimes after forty-eight hours, it is necessary to tie the ends of the thread tighter to bring the fragments into complete apposition.

Latterly, suture of the bone has been much recommended in fracture of the patella with great displacement of the fragments. Volkmann nevertheless thinks that opening the joint is not always advisable, and, as a rule, he prefers suture of the patellar tendon when the ordinary apparatus does not succeed in maintaining good coaptation of the fragments.

### Birmingham General Hospital.

THE 101st report of the General Hospital at Birmingham, has just been issued to the subscribers. The number of patients under treatment during 1880 is put at 30,785, exclusive of 4,876 dental cases. The expendi-

ture on these has been £18,419, but of this sum £5,150 is reckoned as "extraordinary" expenditure, on account of building extension. The average cost per bed within the hospital is put at £52 8s. 2d., this being nearly 28s. under the average of the preceding year, and 68s. less than that of 1878. In-patients have shown a slight falling off, but there has been an increase of 5,605 among the out-patient cases. The report adverts to the gratifying proof of interest shown in the charity by the working classes, by the steady increase in the amounts received from the Hospital Saturday collection. In 1880 the General Hospital received an additional £157 from this source. The resignation of Mr. W. P. Goodall, Surgeon to the hospital, from declining health, is referred to in the report; and a resolution of sympathy with that gentleman, passed by the Committee, finds a place in it. It is somewhat curious that the last paragraph of the report contains an intimation that the thanks of the governors continue to be due to the medical staff, for the services they render to the sick poor. Though this is a customary mode of acknowledgment, and by no means peculiar to Birmingham, it is nevertheless singular that those to whom the efficiency of a hospital is primarily due, should be the least conspicuously mentioned in annual reports of work done.

#### Extraordinary Proceedings of the Royal Microscopical Society.

At the anniversary meeting of the Royal Microscopical Society, on Wednesday week, Dr. Lionel Beale vacated the Presidential chair to Dr. P. Martin Duncan, F.R.S., and who was elected, not for work already done, but, it is hoped, about to be done, for Dr. Duncan is one of the youngest Fellows of the Microscopical Society. Indeed, it would appear that the Council laboured under some difficulty with regard to the choice of a President. Ultimately this was surmounted by taking the Fellow with the greatest number of letters after his name. Dr. Beale, in his parting address, made a rather virulent attack upon the Darwinian theory of evolution, which seemed to fall somewhat flat upon his hearers; for whilst it has been the usual custom of the Society to request the President to allow his address to be printed and circulated, no one ventured to propose that this should be done. It is as well that the Society should hesitate before plunging into a dispute over rival evolution theories.

The Council has, without consulting the wishes of the Society, determined upon rejecting the handsome offer of a provincial Fellow and an eminent member of the profession to found a medal, of the value of ten guineas, to encourage improvements in the microscope, as also another and similar offer for the encouragement of microscopical research. Upon what grounds this decision was come to has not transpired. Very probably the Council, having a fear before it that a Court of Equity might be induced to look very unfavourably upon the misuse of the Quekett Medal Fund, desire to have nothing more to do with an award of medals of any kind. Some fifteen years ago, on the death of Professor Quekett, the Fellows of the Society, desiring to perpetuate the valuable services he and his brother had rendered to microscopical science, subscribed a sum of money to found a medal which should bear his

honoured name. But, singularly enough, the medal has only once been awarded, and then to a gentleman who had contributed nothing to the Transactions of the Society, and since which time the funds have been entirely diverted to another and different purpose—viz., to the purchase of books for the library. Those members of the Society who entertain a regard for the name of Quekett, and look upon him as a very Nestor of microscopical science, have a right to ask for the faithful discharge of a sacred trust on the part of those who manage—or rather mismanage—the Society's affairs.

#### Dental Protégés of the General Medical Council.

IN the minutes of the recent meeting of the Council, to which we referred last week, we find the following histories of persons whom the Medical Council has inscribed in the official Register as duly qualified dentists. We offer them as specimens of the class of persons whom the Council consider to be up to their idea of capacity for the practice of dental surgery.

1. Christian Ackermann, 88 Victoria Dock Road, Canning Town, London. A German.

Was apprenticed to learn *hair-dressing* in his own country, where they always learn dentistry and dressing in a general way.

Served three years as dresser in a German Hospital.

Now carries on the business of hair-dresser and dentist.

Admitted ignorance of the anatomy of the mouth. Does nothing but extract.

Wife has a tobacco-counter in the shop, has "Registered Dentist" painted outside his window.

2. August Leopold, 65 Bunhill Row. A German.

Served his apprenticeship as a *barber*. Produced certificate of apprenticeship, showing that he had also learnt dentistry, cupping and bleeding.

Now carries on the business of hair-dresser and dentist. Does nothing but extract, scrape, and stop with gutta-percha.

Admitted his ignorance of the anatomy of the mouth.

Has a tablet outside his shop, on which is painted, "Dentist, Registered by Act of Parliament."

This is the class of persons whom the Medical Council recognises as dentists. And on what ground? One of the champions of these gentlemen approved of their being so recognised because of their "intelligence and truthfulness," and wanted to know "what is dentistry?" instancing the case of one successful dentist, who began life about half-a-century ago, simply as a tooth-puller, as if that fact supplied a reason for making dental surgeons, some fifty years later, of many hundreds of persons of the class illustrated above.

Another member of the Council thought that they ought to be admitted because of the "frank, straightforward way" these men answered the questions put to them. Are we to understand the capacity to give a coherent reply to a plain question, is the educational standard fixed by the Medical Council for British dental surgeons?

THE new buildings of the London Temperance Hospital in the Hampstead Road will be opened on Friday, March 4th, by the Lord Mayor, who, with the Sheriffs of London and Middlesex, will attend in state. The buildings, when complete, will hold fifty in-patients.

### The London Fever Hospital.

WHY is it that many sham medical charities in London have no difficulty in raising their thousands per annum, while the London Fever Hospital could only scrape together £660 during the whole of last year? Scarcely a hospital can be named which is of such absolute necessity to the well-being of the whole community; yet the veriest quack institution comes in for more liberal support. There must be a reason for this. Is it that the authorities are above, or fail to understand the value of, pathetic appeals to the tender feelings of the money-giving public? or is it because the very ring of the word "fever" is occluded from the ears of all but those unfortunate victims of it and the medical men and nurses whose painful duty it becomes to tend the patient and prevent the spread of contagion? If the latter be the reason, the public may some day have to deplore their short-sighted policy when too late.

THE Sussex Eye Infirmary is to be rebuilt, in order to meet the increasing requirements of the county, and of Brighton in particular.

A PETITION has been presented to Parliament by Mr. Cohen, M.P. for Southwark, in favour of the appointment of a Commission to inquire into the general management of Guy's Hospital.

THE vacancy of Honorary Physician to the Queen created by the decease of Dr. Davidson, has been filled by the appointment of Dr. J. Watt Reid, Director-General of the Navy Medical Department.

LAST week there were 89 deaths in Paris from typhoid fever, 39 from small-pox, and 32 from diphtheria and croup. In New York 42 died of scarlet fever; in Brooklyn 41, and Berlin 34 deaths were attributable to diphtheria; whilst in Philadelphia and Vienna 42 and 26 died of small-pox respectively.

MR. JOHN O'DUFFY, well known in Dublin as a dentist, and as having been very active in the medico-political agitations which preceded the passing of the Dentists Act, was last week acquitted of a charge of having made use of the name of another person in a telegram relating to his own private affairs. It cannot but be satisfactory to the dental profession that one of its members should be declared guiltless of so serious an accusation.

TELEGRAMS have been received from Dresden to the effect that a shocking accident happened at Munich while a number of students were supping together, in costume, on Friday. One, dressed as an Esquimaux, caught fire from a cigar, and ran against the others. The dresses were of such an inflammable description that four of the victims were burnt to death in the room, four others died the next day, and six others are badly injured.

THE rates of mortality last week in the principal large towns of the United Kingdom were—Portsmouth 13, Sunderland 16, Bristol 17, Leicester 18, Edinburgh 18, Sheffield 20, Bradford 20, Wolverhampton 21, Newcastle-on-Tyne 21, Hull 21, Birmingham 22, Salford 22, Lon-

don 23, Plymouth 23, Leeds 23, Brighton 23, Nottingham Norwich 25, Manchester 26, Glasgow 27, Liverpool 28, Oldham 31, Dublin 41 per 1,000 of the population.

IN the large towns last week scarlet fever showed the largest proportional fatality in Wolverhampton and Nottingham; and whooping-cough in Leeds and Nottingham. Of the 40 deaths referred to diphtheria, 17 occurred in London, 12 in Glasgow, 3 each in Dublin and Edinburgh, 2 in Liverpool, and 2 in Portsmouth. The death-rate from fever, principally enteric, was highest in Newcastle-upon-Tyne, Nottingham, and Leicester. Small-pox caused 54 more deaths in London and its suburban districts, but not one in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE MEDICAL PROFESSION AND ITS AMENITIES.—It scarcely speaks well for a profession that prides itself on its sympathetic attitude towards the public, for its members to be fighting for appointments held by a deceased member before even the first sad offices have been performed towards the dead. On the very evening of the day on which the late Dr. Wood died, an active canvas for his appointments was begun, and on the morning after, one bailie was startled, it is said, from his morning dreams by the rattle of three doctors' carriage at his door. We hear that this conduct has drawn from the bailie and councillors remarks not altogether laudatory to the profession, and in some cases a by no means concealed sneer is levelled at our "delicate sensibilities."

HOSPITAL ATTENDANCE IN EDINBURGH.—At one time it was required by the infirmary authorities that students taking out their hospital ticket should "sign the album" at stated periods; and so that there should be no mistake, the names of the month in which it was necessary to sign the album were printed on the back of the ticket. This law, which at least required the attendance of the student at the "office" of the Infirmary, has been abolished, so that now not even this slight guarantee that the student was, at times, close to the Infirmary, can be afforded. It is well known that a large number of the students seldom attended the Infirmary for any other purpose than to enrol their names, except, perhaps, just before their clinical examinations to get up the cases. In some cases, even this attendance was not made, as there were always "friends" who brought a good account of the probable test cases likely to be placed before the young M.B., or L.R.C.S., L.R.C.P. Something ought to be done to require a more prolonged attendance on the wards than is merely required to get up the facts and fancies of "Heart Balfour," or the theories of Drs. Muirhead and Brackenbridge, on the action of Sulphate of Copper, and their ideas on Disseminated Cerebro-spinal Sclerosis, preparatory to being examined on them.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—PROPOSED NEW FELLOWSHIP LAWS.—By a majority of two, the Fellows have decided to continue the sale of the Fellowship under the old regulations. At the meeting held last Thursday, Dr. Dunsmure proposed that the Committee on the new laws should be thanked for their trouble, and that no action be taken on the report at present. This was seconded by Professor Spence. The chief argument of the proposer of the motion was that, as legislation was imminent, the College should await the result of such legislation, and not put "their



house in order," as suggested by one Fellow. In other words, it were better for the College to commit suicide than be killed by the Government. This profound argument was ably seconded by Professor Spence, the new representative of the College in the General Medical Council, who thus foreshadowed the obstructive intention of the College to reform in any shape. In opposition to this, Mr. Chiene proposed as an amendment, that the time had *now* arrived to make some alteration in the laws relating to admission to the Fellowship. This was supported by Professor Turner, Dr. Argyle Robertson, and others. On being put to the vote, the motion was carried by two, as we have before stated. About 40 out of 463 Fellows were present, many well-known Edinburgh Fellows being conspicuous by their absence. There is a vague suspicion about, that the sale of the Fellowship may be useful in providing the sinews of war for opposing every attempt at medical reform.

**THE NEW MEMBER OF THE MEDICAL COUNCIL.**—On Thursday last Professor Spence was unanimously elected to represent the College of Surgeons in the Medical Council, the vacancy being caused by the death of Dr. Andrew Wood. At the same meeting the Medical Reform Bills were laid on the table, and the Council, *as usual*, requested to petition against them.

**A VIVISECTION PRAYER MEETING DISTURBED.**—A correspondent informs us that, at an anti-vivisection prayer meeting recently held in Nicolson Street Hall, Edinburgh, and attended by a number of ladies and gentlemen, the end of the hall was taken possession of by some persons, believed to be medical students, who kept up such a constant noise that the business could not, without the greatest difficulty, be proceeded with. In spite of persistent interruptions, singing and prayer were engaged in, and a short address given by the chairman; but as there seemed no appearance of better behaviour on the part of the disturbers of the peace, it was at length found necessary to bring the meeting to a premature close.

**THE ESTABLISHMENT OF A CRECHE FOR EDINBURGH.**—Last week a meeting was held in Edinburgh for the purpose of launching a movement which has been set on foot to provide for the establishment in the districts of West Port, Greenside, and Causewayside of day nurseries for little children, based upon the principle of one in Commercial Road, London, established by Mrs. Hilton, which had been of great benefit to the working classes in the east end of the Metropolis, and was largely patronised. To further this object the chairman submitted the following resolution:—"That, in the opinion of this meeting, it is desirable that several day nurseries should be established in the city for the purpose of providing a home for the day for children of tender years of those mothers who have to go out to work, in order to provide for supporting themselves and families." The chairman further remarked that it had been calculated that a sum of £500 would put the movement on a satisfactory basis, and when the subject was properly brought before the benevolent public in Edinburgh, he was certain the promoters of the movement would receive the amount they required. Dr. James Carmichael, in seconding the motion, thought that Miss Stirling deserved the thanks of the citizens of Edinburgh for having started a movement of this kind. He had been familiar with it from the first, and knew it had done a great deal of good in the Stockbridge district. He had no doubt that if similar nurseries were opened in other parts of the town they would prove of general benefit to the community, and supply a felt want. This motion was also adopted, and the proceedings closed with a vote of thanks to Bailie Colston for presiding.

## Literary Notes and Gossip.

**MR. BRASSY, M.P.**, Civil Lord of the Admiralty, has just furnished a public reference library in his house, at Claremont, Hastings, at a cost of between £2,000 and £3,000.

OUR portly library companion, "Ziemssen's Cyclopædia of the Practice of Medicine," although two years behind hand with the last volume, is yet incomplete. "At the earnest request of many subscribers, an Index volume to the complete work is now being prepared, and will be published shortly at the probable price of one guinea;" so says the publisher's notice.

By the way, we think the American publishers have been hardly dealt with by the Germans. Vols. x. to xvii. of "Ziemssen" were published before vol. ix., which latter volume it was expected would treat of Diseases of the Skin, but various causes have prevented the preparation of this treatise, and considering the uncertainty as to when the volume on "Skin Diseases" will be published in Germany, the work is announced as complete without its Skin.

LEST, however, any subscriber should feel disappointed, the publishers announce that, upon the issue in Germany of the work on "Diseases of the Skin," which will then form a part of "Ziemssen's Cyclopædia," they will at once have it translated, and publish it here as an independent volume; and further, they will present a copy, strongly bound in cloth, to every subscriber of "Ziemssen," who has completed his set by that time. We scarcely know which to feel most sorrow for, the subscribers or the publishers.

We learn that Her Majesty's Government have received a draft of an International Copyright Convention from the United States Government. It is not exactly a direct proposal, but rather a basis for further discussion and negotiation. It proposes that an English author shall only have his book protected in the States on condition that the American edition be manufactured as well as published in that country.

IN order to consider the before-mentioned draft, conferences have been held in London, in the rooms of the Royal Asiatic Society, at the latter of which, the following amendment to the American proposals was unanimously carried:—That the time within which the British author must intimate his intention of publishing in the United States should be extended from three months to twelve. It was further decided to accept the draft as a basis for further negotiations, in order to effect other modifications for the protection of British authors from piracy, especially the clause which insists that an English author must protect his copyright by printing in the United States.

A SOCIETY has been started on the model of the New Sydenham Society, for the purpose of supplying its members with such works, translations or original, as may be deemed essential. The first volume issued is a translation of Hahnemann's "Materia Medica Pura." It is this rather than his Organon, that is the foundation of the homoeopathic system of practice; and those anxious to investigate the subject will now have an opportunity of judging how far the remedies in use at the present day are plagiarised from Hahnemann, as the disciples of his school loudly boast they are. Dr. Hayward, of 117 Grove Street, Liverpool, is the Hon. Sec.; and Mr. Holden, of Liverpool, bookseller to the Society.

"A LONG-felt want" has just been supplied in India by the publication of the first number of the *Medical Observer*. From our knowledge of the excellence and thoroughness of the work done by the *Indian Medical Gazette*, we are surprised that a medical journalistic want should be a long-felt one in India; and without wishing to discourage the bantling which is to do so much, we doubt its *raison d'être*. When some few years since the established medical journal of that country was in danger of collapse for want of adequate support, it was pleaded as a reason why medical men took so little interest in it, that their tenure of any post was so uncertain, and their whereabouts so indefinite, as to be a source of discouragement to literary work. Where, then, does the long-felt want come in? India is what she was when this plea was put in, and medical men are moved about in the same unceremonious manner, *mais nous verrons*.

We have received two Directories which are of interest to the profession, viz., *Street's Indian and Colonial Directory*, and the *Medical Directory for Ireland*. In these peripatetic times, when our Colonies and India in particular, are commonly traversed by, and become the homes of medical men from the old country, information therefrom is of considerable value to those contemplating leaving these shores. To such, we would say, take a look at *Street's Indian and Colonial Directory for 1881*. Of the other, the *Medical Directory for Ireland*, little need be said in these columns. Its present issue is as full and correct as those of the past, not the least valuable section of it being that which contains all the Acts of Parliament, relating, not only to Ireland, but to the profession at large. As a library book of reference, it is worth more than the few shillings charged for it for this section alone, beside other matters of interest.

ACCORDING to a publication which has just seen the light, "*Hubbard's Newspaper Directory of the World*," we learn that there are 30,000 newspapers and periodicals published in the world; of these, 9,000 are published in the United States, 5,000 in the German Empire, 3,000 in Great Britain and Ireland, 2,500 in France, the balance being found in other countries in smaller proportions. Of course it is impossible that a compiler of a work of this kind can be even approximately correct in estimating the circulation of journals so widely distributed, but many of his figures are useful for comparison, and interesting in the aggregate. For instance, he computes (the editor is an American), that although Great Britain boasts but 3,000 journals, yet 1,734,841,956 copies of each issue are printed, as against 1,886,478,592 copies of the 9,000 American presses; to put it in another way, an average of three times the number of copies of each newspaper is printed in this country greater than in the United States.

THE Society for Promoting Christian Knowledge has just published Mr. Frank Buckland's last work, which was completed on the 17th December, two days before his death. It is entitled, "*Natural History of British Fishes*," and contains some strong arguments against the doctrine of "Evolution," propounded some years ago by Dr. Darwin.

"LECTURES on Domestic Hygiene and Home-Nursing," by Dr. Lionel A. Weatherley is an admirable little work, excellently adapted to convey just that degree and kind of information, of which mothers and sisters stand in need. Dr. Weatherley's style is especially clear and concise; the directions are simple, and easily carried out, the comfort of the invalid is insisted on, and due regard paid to the ventilating and cleansing arrangements essential to sick-room management. As a popular guide to home-nursing, the little manual is deserving of the highest praise.

A SMALL work on "*Domestic Plumbing and Water Service*," by Mr. William White, F.S.A., is the title of a handy guide to the details of home-work in connection with drains and pipes. The constant troubles associated with water-closets, and waste-pipes, are described in it, and the method of obviating them, explained in a way that all who run may read. Ventilation traps form a very necessary adjunct to properly built establishments, but are not often enough insisted on by occupants of houses. There is no excuse for the omission of these necessary safeguards, now that the necessity for them is so plainly shown, and their provision, at small cost, made possible. It is to be hoped Mr. White's counsels may be widely adopted.

The *Edinburgh University Quarterly Magazine*. We have seen a copy of this new venture, and wish it all the success that the promoters can themselves desire. There cannot be a doubt but that there is room for such a publication; the only matter of surprise being that there has not been one before. Surely among the large number of students flocking to Edinburgh there must be some literary talent that only wants an opportunity to make itself known. The Athletic Club are the sponsors of the "wee bairn," and judging from its first number, there is no want of muscular development. Some of the articles show a slight want of literary experience, but it would be ungenerous to criticise too severely this, the first attempt.

AMONGST the scientific and educational serials, which aim a helping hand occasionally, we would draw the atten-

tion of our readers to Messrs. Cassell's monthlies. "*The Countries of the World*," for the month of February pursues through the African tribes, the Barbary States, the West Coast Settlements, Tripoli, Tunis, Algeria, &c., &c., the descriptive history of this great, and comparatively, unknown continent, which was commenced in the issue for the past month. The first page of the number is faced by a full-page illustration of a Moorish warrior, and the thirty-two pages of matter, which the number contains, are garnished by no less than thirteen admirable engravings. Probably the most interesting chapter to English readers is the last which refers to Ashanti, and to which is attached an illustration of Coomassie, which cannot fail to attract the curiosity of those who recall the events of a few years past. In the editing of a popular serial like this, it is no easy task to keep clear of dry historic and statistical details, and, at the same time, supply the reader with facts having educational value, and the current number of the "*Countries of the World*," shows the skill with which its editor, Dr. Robert Brown, has effected this object.

IN "*Science for All*," the final chapter of the last issue on Earthquakes, is completed. Mr. Denning, F.R.A.S., presents his readers with an attractive and not over-elaborate account of the planet Saturn and his Moon; the most interesting member, as we think, of the numerous family of our common parent and patron, the Sun. The palæontologist is presented with his share of the work by Mr. Lapworth, of Madras College, who writes on "*Old Sea Pens*," meaning, thereby, the fossil zoophytes, called graptolites. The natural history student may, from this interesting chapter, learn a good deal of what is commonly known about "*Sea Pens*." This chapter is followed by one, from the pen of Mr. Jeffrey Bell, Professor of Comparative Anatomy in King's College, upon "*Digestion*." All, or most that it contains, has, or ought to have been, already learned by the average medical reader, but it is not likely that the anatomy and physiology of the digestive system have ever been found so well-packed into an article readable by the general public. Lastly, the February issue of "*Science for All*," opens up the physics of "*a piece of paraffin*," which goes over into the next issue, and promises to be instructive, as well as amusing. The number of this serial now under review, is decidedly over average merit, and, for its purpose, cannot be improved upon.

PART 50 of the "*Practical Dictionary of Mechanics*," covers all the ground between "*Ore*" and "*Pan*." From the endless diversity of its contents, it is obviously incapable of being criticised, even by a mechanical engineer, still less by the reviewer of a medical journal. Illustrations innumerable, and letter-press exhaustive in its description of every conceivable mechanical device, whose name comes within the range of the letter O and P, are the contents of this number; many of these devices being for surgical uses.

THE serials of Messrs. Cassell are, in our view, without equal as popular educators. High science pedants may sneer at these works as being calculated to communicate the "*little knowledge*" which, we are told, is "*a dangerous thing*." Let them sneer. To the busy middle-class student, books of this class are indispensable, and it is by their means that the ranks of the high-science men themselves are recruited. Therefore, we say that the public owes much to firms like that of Cassell and Co., who devote their attention and their capital to the dissemination of meritorious educational works, instead of the noisome rubbish with which the fiction market is flooded by some other houses.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, January 5th:—"Ziemssen's Cyclopædia of the Practice of Medicine," vol. ix. "*Hernia Strangulated and Reducible*," by J. H. Warren, M.D. "*The Retro-spect of Medicine*," vol. lxxii. Edited by Dra. W. and J. Braithwaite. "*A Plea for Mercy to Animals*," by James Macaulay, M.D. "*Statistical Report of the Health of the Navy for 1879*," "*Anatomy of the Arteries of the Human Body*," by J. Hatch Power (3rd edition), by W. Thomson, F.R.C.S., and B. W. Richardson, F.R.C.S. "*Carpenter's Human Physiology*," Edited by Henry Power, F.R.C.S. (9th edit.) "*Dissection of the Human Body*," by J. Cleland, M.D. (2nd edit.) "*Student's Guide to the Diseases of Woman*," by A. L. Gilabin, M.D. (2nd edit.) "*Diseases of the Bladder*," by W. J. Coulson, F.R.C.S. (6th edit.) "*The Ventilation of Dwelling Houses*."

By F. Edwards (2nd edit.) "The Irish Medical Directory for 1881." "A Treatise on Diseases of the Joints." By R. Barwell, F.R.C.S. (2nd edit.) "St. Bartholomew's Hospital Reports," vol. xvi. "Lewis's Medical and Scientific Library Catalogue." "A Manual of Ophthalmoscopy." By Le Dr. Dagnestet. Translated by C. S. Jeaffreson, F.R.C.S. "Food for the Invalid." By J. Milner Fothergill, M.D. "Aids to Diagnosis" (Semeiological). By J. Milner Fothergill, M.D. "Aids to Diagnosis" (Physical). By J. C. Thorowgood, M.D. "Aids to Rational Therapeutics." By J. Milner Fothergill, M.D. "Surgical Cases." By W. Newman, M.D. "The Treatment of Electrolysis." By W. Newman, M.D. "Syphilis and Marriage." By Alfred Fournier, M.D. Translated by A. Lingard, M.R.C.S. "Healthy Homes." By Stanley Haynes, M.D. "A Guide to Therapeutics" (2nd edit.) By Robert Farquharson, M.D.

as I have no doubt, it will be in the future. Without wishing to say one word against the two gentlemen opposed to me, I may be permitted to state that I believe I had the strongest claims to the appointment. I had performed the duties during the Masterships of Drs. Denham and Johnston, and during part of the time of the present Master. The late Dr. Hudson was aware of this, and often thanked

Your obedient servant,

HENRY KENNEDY.

[We have never had the least intention to question Dr. Kennedy's claim or fitness for the office of Consulting Physician to the Rotundo. We simply asserted the view that the Master who is to consult ought to have a pre-eminent right to express an opinion as to the person who is to be consulted. We think that the profession generally will concur with us in this view.—Ed. M. P. & C.]

## Correspondence.

### VISITATION OF EXAMINATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 9th inst., under the heading "Visitation of Examinations," you announce the appointment of three surgeons to visit, on behalf of the Medical Council, the examinations of the College of Surgeons of the three divisions of the kingdom, and while justly applauding the selection made, you most unjustly cast an unmerited slur upon the work done by those who visited and reported upon these examinations upon the last occasion. You express a hope that the gentlemen now appointed "will not inflict upon the profession the series of polite platitudes which formed the staple of the reports of the first visitors appointed by the Medical Council."

I was one of those visitors, and reported with Dr. Fleming, of Glasgow, upon the 1st professional examination of the College of Surgeons in England, and upon the pass examination of the College of Physicians. I now call upon you either to prove the truth of your flippant assertion as it applies to the report made by us, or to withdraw it.

I have the honour to be, Sir,

Your obedient servant,

JOHN K. BARTON.

24 Lower Fitzwilliam Street, Dublin.  
February 14th.

[Our "flippant" assertion was perfectly accurate, nor need Dr. Barton feel offended by it, seeing it does not refer either to him or his co-visitors. The "first" visitation made by the Medical Council was in the year 1866. It was performed by the members of the Council themselves without extraneous aid, and resulted, as we said, in a volume of polite platitudes which did not advance examination reform in the least degree, and was not worth the money paid for it. The visitation at which Dr. Barton assisted was made in 1874, and was conducted mostly by visitors outside the Medical Council. Consequently it was, in most cases, honest and outspoken, and produced an excellent effect upon the examinations of the licensing bodies which were visited. We think that Dr. Barton might as well have acquainted himself with these facts before he indulged in the expletive which we have quoted.—Ed. M. P. & C.]

### THE LATE ELECTION AT THE ROTUNDO HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A late issue has an article on the recent election at the Hospital. Being one of the candidates on this occasion, will you kindly allow me to make one or two remarks.

The writer of the article, or rather articles, for there was one in both the *British Medical Journal*, and also yours (and evidently written by the same party), seems to think this appointment of consulting physician should be in the hands of the Master *pro tem*. I cannot accept this view of the matter, nor do I see why the appointment should be in the hands of the Governor, as it was on the last occasion, and,

### "TO TERMINATE CHLOROFORM NARCOSIS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Referring to note in issue of the *Medical Press and Circular* of February 9, 1881, page 121, calling attention to a method practised by Schirmer, by which he has "often succeeded in producing inspiratory movements when other means failed," the following cases may be of interest as confirming his observations, and as showing how rapidly and effectually irritation of the nasal mucous membrane restores consciousness in profound alcoholic narcosis.

The idea of restoring consciousness by stimulating the nasal branches of the fifth nerve is not a novel one; the inhalation of the vapour of ammonia is an everyday practice, and holding burning feathers, &c., under the nose, is a very common popular remedy. The novelty of the method, however, consists in the application of the irritant directly to the mucous membrane, and it is available and effective in cases where either respiration is temporarily suspended, or too feeble for inhalation to be of any service. On the other hand, it avoids the danger of exciting bronchial irritation, which may arise from the vapour of strong ammonia, and it is much more rapid and decisive in its action.

In 1873 I was asked by the police to go to the barracks, and see a respectable farmer, whom they feared was dying. The history of the occurrence I received was that he had been drinking heavily all day, and on leaving the last public house he had visited, he fell insensible in the street.

I found him stretched before the fire in the police barracks in a state of profound coma. Sensation abolished; he apparently did not feel any irritation applied to the skin; the pupils did not respond to the light; the conjunctivae was insensible when touched; respiratory movements very feeble; extremities cold and livid. I sent for a stomach pump, and whilst waiting, tried to administer a strong dose of *spt. ammon. aromat.* in water. I had to give it in teaspoonful doses, and the first spoonful ran down to the back of the throat without any apparent effort to swallow. As I was about administering a second, a sub-constable, who was watching my proceedings with great interest, accidentally hit my elbow, and the result was, that instead of going into my patient's mouth, the contents of the spoon was discharged fairly into his nostrils. Two or three deep inspirations followed almost immediately, and were soon succeeded by one or two hearty sneezes. I then got a feather, and dipping it in the ammoniacal solution, passed it down his nose. There was no doubt he felt it, for he now began to move and sneeze again, rubbed his nose energetically, and sat him up. By the time the stomach-pump arrived he was quite lively, and a vigorous fit of vomiting having ejected a considerable quantity of liquor, he pronounced himself quite well.

The second case was somewhat similar. A young man, having been drinking all day, got up on his car, and after driving about a couple of hundred yards, his servant boy found him lying insensible across the wheel. Alarmed at his appearance, he had him brought into a house, where I found him very much in the same condition as the former case.

I at once applied a strong solution of aromatic spirits of ammonia to the entire length of the nasal mucous membrane with most satisfactory results. The only difference between this and Case 1, was that the effect was not at first so marked. After the first application, the inspiration

became deeper and stronger, and there was evidence of returning consciousness; but in a minute or two he evidently was relapsing into a comatose condition. The feather in the other nostril made him much more active, and produced a rattling sneeze, and a vigorous rubbing of the nose. A few minutes observation showed a third application was necessary, and it was most effectual. It was rewarded by a most emphatic objurgation. The patient sat up, and sneezed violently, and then got rid of his cargo of liquor, and in such an energetic fashion, that distant observation was a very necessary precaution for those around him.

Since that time I have had a few more opportunities of testing the practice in somewhat similar cases, and have invariably found it most successful. I have had no cases of chloroform narcosis requiring interference, but I think that the same procedure would be serviceable in such cases.

I am, yours, &c.,

R. V. KINKEAD, M.D. Dub., &c.

Galway.

## Obituary.

### PROFESSOR CRYAN, F.K.Q.C.P.I.

ON last Thursday morning this lamented gentleman died after a very brief illness, at his residence, Rutland Square, and at the comparatively early age of fifty-four years. He was born in Boyle in the county of Roscommon in the year 1825; and, on obtaining his professional qualifications, was appointed lecturer on anatomy and physiology in the Carmichael School of Medicine, then attached to the Hospital of the House of Industry. He was a most successful lecturer and private teacher, and the reputation he popularly thus acquired secured his appointment to the physicianship of the North City Dispensary and to the Cholera Hospital. In all these capacities he proved equally successful; and on the foundation of the medical school of the Catholic University in 1855, he was appointed Professor of Anatomy and Physiology, and was subsequently promoted from the dispensary to the physicianship of St. Vincent's Hospital, which, along with the University appointment, he held up to the period of his demise. He was a Fellow of the King and Queen's College of Physicians and a member of the Royal Irish Academy, and of most of our medical and scientific associations. Professor Cryan was an untiring student; and nobody ever kept up more closely to the ever-advancing literature of the profession. He was wealthy; and this circumstance, along with a natural quiet unassuming demeanour, prevented his making that figure before the public eye which a more pushing man would have done. His merits were, however, thoroughly appreciated by his professional colleagues, and his success as a hospital and school teacher was very distinguished. No one was ever more respected or beloved by the students; and on the day of his funeral upwards of one hundred of his hospital school class each wearing crape on his arm, walked in procession after the hearse, and on arriving at the cemetery carried his coffin on their shoulders and with their own hands laid it in the grave. In fact, of Dr. Cryan it may be said that he had many attached friends and not a single enemy; and that he will be long and deeply regretted.

### PROFESSOR SANDERS, M.D., F.R.C.P., OF EDINBURGH.

SCARCELY has the grave closed over Andrew Wood than the profession in Edinburgh has again to lament the loss of another of its distinguished members in the person of Dr. Wm. Rutherford Sanders, Professor of Pathology in the University, whose death occurred on Friday last at his residence in Charlotte Square, from an apoplectic attack. It appears that in September last on returning, in apparently robust health and spirits, from his autumnal holiday spent at Urral, in Perthshire, Dr. Sanders was suddenly seized with paralysis of one side of the body, accompanied by complete loss of speech. Since then he had to a certain extent recovered, and was able for the last two months to be in his drawing-room during the greater part of each day. On Thursday forenoon, however, he was again suddenly struck down by

an apoplectic seizure, became quite unconscious and remained so until his death on the morning following.

From the *Scotsman* we learn that Professor Sanders was born in Edinburgh in January, 1828, his father being at that time a well-known physician in that city. His education was obtained at our High School, and subsequently at Montpellier, in France, where he obtained the degree of Bachelier des Lettres in 1844. Choosing medicine as his profession, he entered Edinburgh University on his return to Scotland; and after the usual courses of study took his degree of Doctor in 1849, at the same time gaining a gold medal for his thesis "On the Anatomy of the Spleen." After passing some time as clinical clerk in the Royal Infirmary, Dr. Sanders went abroad, and spent the two following years in Paris and Heidelberg, especially studying microscopical anatomy under Henlé. On his return to his native city he acted as interim pathologist to that great hospital during a part of 1852. He held the important office of Conservator of the Museum of the Royal College of Surgeons for seventeen years, and lectured on physiology with great acceptance in the Extra-Academical Medical School for fourteen years. In 1860, he was appointed physician to the Royal Infirmary; and in 1869 succeeded the late Professor Henderson, on his resigning the Chair of Pathology in the University.

Dr. Sanders's mind was of a high order—clear, decisive, critical and analytical. He did not write much; but what he did write, in the form of papers in the Transactions of various societies (including the Medico-Chirurgical, of which he was President) and monographs, chiefly on physiological or pathological subjects, in the medical journals, was excellent work of its kind, specially remarkable for that precision and accuracy of statement which were the natural outcome of an intellect lucid and well balanced. As a physician, he excelled in diagnosis, and, after the death of Dr. Begbie, he may be said to have stepped into the foremost position in Edinburgh as regarded consulting practice. As a teacher he was almost unrivalled; and in his class-room each student seemed more attentive than his neighbour. There was here no noise or idle horse-play; all, without exception, apparently considered the words which dropped from the Professor's lips as too valuable to lose.

Dr. Sanders seemed to have no enemies, and his place in the affectionate regard of all circles where he was known will be hard indeed to fill. By his premature death the Edinburgh University loses one of its brightest ornaments, and the news of it will be received with deep regret all over the kingdom, wherever his students have gone.

Dr. Sanders has left a widow, with a family of two sons and three daughters.

### DR. EDWARD PEELE OF DUBLIN.

THE very serious illness of Dr. Peele, which we noticed in this journal last week, terminated fatally, we regret to say, on last Friday morning, and on Monday his remains were laid in the grave followed by very many sorrowing friends. It is just twenty years since Edward Peele came to Dublin. The son of a gentleman residing in the county of Durham, he had been at first devoted to the profession of music, and it was upon his appointment to the office of Vicar-Choral of St. Patrick's Cathedral that he first took up his residence in Dublin. Before many years had passed he decided to enter upon the study of the medical profession, and that decision he acted upon with characteristic steadiness of purpose and zeal, permitting neither avocations nor pleasure to interfere with his determination to educate himself thoroughly and to achieve professional success if possible.

In 1872, having studied at the School of the College of Surgeons, and at the Adelaide and Stevens's Hospitals, he became a licentiate of the College of Physicians, and, in the succeeding year he obtained the Letters Testimonial of his Surgical College. His first step in professional life was his appointment as Demonstrator of Anatomy in the College of Surgeons, upon which his appointment as Medical Officer to the High Street (South Dublin) Dispensary shortly followed. About two years since he was chosen Physician to the Hospital for Incurables, and was also associated with the Hospital for Diseases of the Throat and Ear in York Street, Dublin, and, as Visiting Physician, with the Coombe Lying-in-Hospital. By his untimely death all these offices become vacant.

Dr. Peele's contributions to medical literature were not numerous, his time having not yet arrived for the publication of a work of prolonged experience. To the *Dublin Hospital Gazette* he contributed, early in his career, cases of Pleuritic Effusion, of Paracentesis Moracis, of Paraplegia complicated with Hematuria, and of Caries of the Vertebra, and his last contribution was one to the *Dublin Medical Journal*, on the Treatment of Tetanus by chloral hydrate. Dr. Peele was stricken with his fatal illness on Thursday, the 3rd inst.

He had been hard worked in his attendance on several cases of typhoid amongst his poor patients, and, after the usual premonitory symptoms, he developed the disease in its most virulent form, the most alarming circumstance of his case being an intermittent and very weak pulse, which was noticeable on the third day of the fever and continued all through to the end. By the unwearied exertions of his physicians, he was carried—as it seemed—through the most dangerous period of the disease, and on Thursday last, the symptoms assumed a more favourable appearance, but, unfortunately, the critical change was not fully established, and he sank.

Considering the very brief career of Dr. Peele, it may be truly said that no more successful or popular member of the profession has lived in Dublin of recent years. His geniality of manner, strict uprightness of feeling and of action, and thorough business capacity would—we doubt not—have won for him a high popularity with the public at large. As a member of the Executive Committee of the Irish Medical Association he manifested unusual administrative talent, and, thus possessing all the attributes of a successful physician his loss is the more deeply regretted.

## NOTICES TO CORRESPONDENTS.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**SPECIAL NOTICE TO SUBSCRIBERS.**—The Publishers respectfully remind Subscribers that subscriptions for the past year are now due, and should be remitted for England and Colonies to the London office, for Ireland to the Dublin office, and for Scotland to the Edinburgh office.

**MR. J. H.**—In the present crowded state of our columns your letter is much too long to secure insertion at least for the next three months.

**MR. HAMILTON CRAIGIE.**—Report received.

**DR. REES PHILLIPS** will please receive our thanks.

**MR. VITALI.**—Some time next month.

**A FIRST YEARS' MAN.**—You cannot adopt a wiser course.

**DR. WILMOT.**—The *American Journal of the Medical Sciences* and the *Westminster Review*.

**MEDICUS.**—Your letter is unavoidably held over for want of space.

**DR. PALFREY.**—We hope to be able to devote space to your interesting case in our next.

**DR. McCULLAGH.**—See reply to Medicus.

**DR. G.**—The occurrence is most unfortunate, and deserves the sympathy of the entire profession.

**MR. SELWYN.**—It is contrary to our custom to recommend any practitioner in these columns.

**OUR POOR-LAW SUPPLEMENT.**—In consequence of the unusual demand made this week on our advertisement pages, we are compelled to hold over the customary Supplement of Poor-law Medical Intelligence until our next.

**DR. CARLO RUOTA (Padua).**—Sorry we cannot further add to our already too large Exchange List.

**ANXIOUS.**—Legally, your qualifications do not entitle you to the prefix of "Dr.;" but, by a too common, and to our minds unfortunate, custom, it has become so usual of late that no notice is taken of it.

### PAYMENT OF SUBSTITUTES FOR DISPENSARIES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—When a dispensary medical officer obtains leave of absence from the committee, and his substitute appointed by the committee, according to Article 22 of the Dispensary Rules, are the Board of Guardians empowered to make conditions and "resolve that they will sanction the leave of absence to the medical officer on condition that he will pay the substitute."

I cannot find that they are authorised to interfere with the medical officer's appointment or leave, or to make conditions with him, and am anxious to have the benefit of your opinion.

Yours, &c.

QUEST.

\*. If the medical officer falls sick he has only to notify the fact to the hon. sec. of his committee and recommend a duly-qualified substitute. The committee may, or may not, appoint the person named, and be foolish enough to do the work without a clear agreement as

to pay, they may eventually refuse any remuneration. But they cannot curtail the medical officer's salary by one farthing, or make him pay a sixpence towards salary of his *locum tenens*.—Ed.]

**DATE COFFEE.**—There is considerable stir in the commercial world on the subject of Date Coffee, and the Shares of the Company which introduced the article have gone up with a bound. As an item of food and dietetics, our opinion has been asked as to its suitability for invalids and for persons of weak digestion. As, however, it is our invariable rule not to express this without first practically testing the merits of an article, we have handed samples of the Date Coffee to an analyst of position, and shall report thereon in our next. Of course, we cannot be expected to pass an opinion on the value of the Company's Shares as a commercial speculation. The prospectus of the German Date Coffee Company will be found in our advertisement pages, of which some of our readers can doubtless form a better judgment than ourselves.

**HUMERIAN SOCIETY.**—On Wednesday, Feb. 23, at 8 p.m., Introductory Address by the President.—Mr. T. E. Adams, "On Diphtheritic Ophthalmia."—Mr. G. T. B. Stevens, "On a Case of Erysipelas of the Scrotum and Penis."

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—Wednesday, Feb. 23, at 4 p.m., Prof. W. K. Parker, "On the Structure of the Skeleton in the Sauroptera."

**SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND SCIENCES.**—Wednesday, Feb. 23, Mr. W. H. Procco, "On Recent Advances in Electric Lighting."

**CLINICAL SOCIETY OF LONDON.**—Feb. 25, at 8 p.m., Dr. Hilton Fagge, "On a Case of Paralysis due to Partial Disease of the Nuclei of the Motor Roots of the Fifth Nerve."—Mr. Teale (Scarborough), "On a Case of Quiescent Scirrhus."—Dr. Crocker, "On Cases of Erythema Iris."—Dr. F. Taylor, "On Cases of Pemphigus and Herpes Iris."

**HARVEIAN SOCIETY OF LONDON.**—Thursday, March 3, at 8.30 p.m., Mr. Osman Vincent, "On Cases of Lumbar Abscess treated by Sulphurous Acid."—Mr. T. Robinson, "On Nocturnal Incontinence of Urine."

### VACANCIES.

Bath Royal United Hospital.—Resident Medical Officer. Salary, £100, with board. Application to the Secretary before March 11.

Brighton and Hove Lying-in Hospital.—Surgeon. Honorarium. Applications to the Secretary, 76 West Street, Brighton, before March 1.

Dublin Fever Hospital.—Resident Medical Pupil. Applications to the Chairman of Committee before March 2. (See Advt.)

Glasgow University.—Examinerships in Medicine: 1. Physiology. 2. Clinical Medicine. 3. Clinical Surgery. Fees attached to each office, £40. Applications to Dr. Kirkwood, 145 West George Street, before March 15.

Halifax Infirmary.—House Surgeon. Salary commencing at £37, with board. Applications to the Senior Physician by Feb. 24.

Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary at Canterbury before March 25.

Portsmouth Royal Hospital.—House Surgeon. Salary, £100, with board. Applications to the Chairman of Committee before Feb. 23.

West Norfolk Hospital.—House Surgeon. Salary, £100, with board. Applications to the Secretary at Lynn before March 4.

### APPOINTMENTS.

CHESBROUGH, H. H., M.D., Consulting Physician to the Blackburn and East Lancashire Infirmary, on resigning as Physician.

JAMES, C. E., A.B., M.B. T.C.D., L.R.C.S.I., Second Surgeon to the Kilkenny County Infirmary.

MURPHY, Dr. J. J., Medical Officer to the Dublin City Commercial Club.

RITCHIE, J., M.B., M.C., F.R.C.S.E., Surgeon to George Heriot's Hospital, Edinburgh, vice Dr. Andrew Wood, deceased.

### Births.

BLACKETT.—Feb. 15, at Wangford, Suffolk, the wife of Edward R. Blackett, M.D., of a daughter.

COLLINGRIDGE.—Feb. 15, at Belwood, Mayow Road, Forest Hill, S.E., the wife of W. Collingridge, M.B. Cantab., of a daughter.

SHUTTLEWORTH.—Feb. 17, at Lancaster, the wife of G. R. Shuttleworth, M.D., Medical Superintendent of the Royal Albert Asylum, of a daughter.

### Deaths.

BARTLEY.—Feb. 6, at St. Helier's, Jersey, John Matze Bartley, M.D., A.M.D. (retired), aged 93.

BIGSBY.—Feb. 10, at Gloucester Place, Portman Square, W., John J. Bigsby, M.D., F.R.S., in his 89th year.

BRADY.—Feb. 13, at La Chosa, Rathrig, Maria Louisa, the wife of D. F. Brady, J.P., M.D.

CRESSY.—Feb. 14, at Bedford House, Gravesend, Theodore G. Cressy, M.R.C.S.F., in his 61st year.

CRAYN.—At 54 Rutland Square, Dublin, Robert Crayn, F.R.C.S.P., M.R.I.A., Physician to St. Vincent's Hospital, Prof. of Anatomy and Physiology, Catholic University.

FARLE.—Feb. 18, at his residence, 41 Lower Baggot Street, Dublin, of fever, contracted in the discharge of his duty, Dr. Edward Peela.

**MEDICAL.**—Wanted a Competent Person to conduct a Medical Establishment in a Provincial Town. Candidates must possess a Diploma in Medicine and Surgery, or the Licence of the Apothecaries' Hall. Salary not so much an object as a properly qualified person. None need apply whose testimonials will not bear the strictest investigation. A Protestant preferred. Applications, accompanied with Testimonials, to be forwarded to M.D., 59 Victoria Street, Belfast.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 2, 1881.

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## Original Communications.

### A CASE OF VESICO-VAGINAL FISTULA WHICH WAS SPONTANEOUSLY CURED.

By JAMES PALFREY,

Obstetric Physician to, and Lecturer on Obstetrics and Disease of Women at the London Hospital.

I HAVE for many years held the opinion, and have acted upon it, that our knowledge is not advanced, or our art benefited by the publication of solitary cases, no matter how rare such cases may prove to be, but to this rule undoubtedly exceptions do now and then occur, cases I mean, which either run an unusual course, or terminate in an unusual manner, the consideration of the progress or termination of which cases carries to our minds a useful, sometimes a valuable, lesson. Such a case has just passed under my observation, and because I have derived a lesson of considerable value, I think, by making public the details, I may possibly be useful to my brethren.

The facts then first, and, subsequently, two or three comments that arise out of the facts.

On the 10th of August last, I was requested by Dr. Gage Fleming, of Thornton Heath, to see with him Mrs. X. Y., residing in the neighbourhood of Croydon. The particulars of the case he gave me were, that his patient was 32 years of age; married eight years; recently delivered of her first child, never having previously been pregnant. That after being in labour twelve hours, she became a good deal exhausted, that some signs of commencing inertia becoming manifested, he delivered her with the long forceps. After delivery she apparently made a good recovery, until the 17th day, when suddenly a gush of urine made it only too clear that she was the subject of a urinary fistula.

At my visit an examination disclosed the following state of affairs:—One inch below the cervix I found an elliptical-shaped opening in the vaginal wall and base of the bladder, which very readily admitted my index finger, and which

would almost have admitted a second finger, so extensive was the lesion, a catheter passed into the bladder by the urethra being made to pass into the fistula, gave us, with the aid of a duck-bill speculum, a good view of the whole opening.

I found a severe croupous vaginitis of both walls, from the continual contact of urine with these tissues, and an erythematous inflammation of the external genitals, resulting from the same cause; for at the date of my visit the fistula had been in existence some little time. The general condition of the patient was not good, the continual irritation was telling on her blood state, she was anæmic, pale, and feeble, and although described to me as having previously been a particularly healthy woman in all respects, her appearance, at the time of my visit, hardly conveyed the same impression to my mind. Looking at all the facts as they presented themselves to me, the deteriorated health of the woman, the inflamed state of the mucous membrane of the vagina, and the extensive opening itself, I advised that the operation, which, I believed, would certainly be necessary in her case, should be postponed; that she should be removed to Walmer, that every three or four hours the warm vaginal douche should be freely used, and that each simple douche should be followed by a medicated one of carbolised water, that some firm doses of quinine should be given her twice daily, and that she should be put on a tolerably generous diet. These measures, I hoped, would result in the improvement of her general and local conditions, and then I suggested to her that on my return to my hospital duty, at the expiration of my usual autumnal holiday, that she should come into hospital, that I might operate upon her, Dr. Fleming having made it clear to me that it would not be possible, in her own home, to surround her with the precautions necessary to ensure success.

To these various suggestions, Dr. Fleming, and the patient, readily assented, and the next day she was removed to Walmer, and placed under the care of Dr. Mason, of that place, and he, in the kindest manner, also carried out the above-named suggestions as to treatment.

Precisely as arranged, on paying my first visit to the Hospital on my return to duty on the 21st of October,



Mrs. X. Y. was awaiting me, and at once met me with the exclamation, "Oh Sir, I have come that you may see me, but I shall not require to be taken into the hospital, for I ceased to dribble three weeks ago, and I can now hold my water a long time." Smiling incredulously, I requested her to lie down, that I might examine her; and only too surely the patient had accurately described the state of matters, for I found just in front of the cervix a considerable puckering, and a well-defined star-shaped cicatrix, the vaginal wall was a good deal shortened, and the uterus itself lower than when I examined it at her home. I conducted my examination with much gentleness, fearing that the newly-made tissue might break down under the pressure of my finger, and being very doubtful as to the permanence of this spontaneous healing, I desired she would come to me again in a month or six weeks. Early in December, accordingly, she again came to me at the hospital, expressing herself as being perfectly well, and her altered and improved aspect carried out fully her own opinion. Another vaginal examination made it clear to all of us present that the cure was complete. The cicatrix I have described was harder, and firmer, and had contracted, shortening, in doing so, the anterior vaginal wall still a little more. I learned that the patient was able to retain her urine for any length of time she desired, and she emptied her bladder without pain, and completely. Fearing even, then, that consolidation of the tissues might not be perfect, I took the opportunity of his presence to advise the husband to postpone for a couple of months longer any return to his marital duties, when he assured me it was too late to give him that advice, for he had occupied his wife's room since the date of her visit to me at the hospital in October, thus affording abundant proof that the healing was complete and sound at that date, or the cicatrix would surely have broken down under such ungentle treatment, and lastly, so far as the details are concerned, in a letter kindly sent me but a few days ago, 11th January, Dr. Fleming informs me that his patient continues "perfectly well." Now it has been my practice for many years to operate on these cases of urinary fistula, as soon as the puerperal period was well over, or as soon as circumstances enabled me to do so, I think I may fairly ask myself the question, how many of the considerable number I have thus treated would have healed spontaneously? It is true, as Scanzoni observes, "that it is excessively rare" (writing of vaginal fistulae), "that they are cured spontaneously;" he had seen three, but he adds, they "were small," whereas, in my own case, the opening would, had I chosen to put my patient to some pain, have admitted two fingers. Then let us inquire, had the treatment any part in bringing about the result? I cannot definitely reply to that question. I can say, however, that notwithstanding the fact that the dribbling continued from the 10th of August until the last days of September, the croupous condition of the vaginal mucous membrane speedily disappeared under the frequent and thorough use of the vaginal douche, containing a solution of carbolic acid, and here let me interpolate a remark concerning this form of irrigation. It will be observed that I have used the term *vaginal douche*, I did so advisedly, and for the reason that many years ago I convinced myself that there exists no more ready and sure means of setting up, and continuing uterine congestion, than by driving with force (such force as most of our patients can, and all our nurses would employ) a stream of water against the vaginal portion of the cervix, and if any who read this statement doubt it, such doubt, I venture to believe, will be removed by holding one of the ordinary firm, elastic vaginal tubes one inch from the palm of the hand for twelve or fifteen minutes, while an attendant woman pumps water upon the exposed surface by means of a Higginson's syringe. The stream to be beneficial must be a gentle stream, and in my hands, Maw's open cistern douche, fitted with a slightly curved vaginal tube, four inches long, perforated to permit of a reverse current, has proved the most useful of all the means I have tried for the purposes of vaginal or uterine irrigation, and I express this opinion,

after a prolonged and extensive use of the instrument, extending over nearly twenty years.

Then a word upon the instructive lesson this case has taught me, and the conviction it has conveyed to my mind, viz., given, a woman whose systemic state is good, and who becomes the subject of this terrible accident, it is certain that, being placed under favourable conditions, hygienic and local, a spontaneous and perfect cure may take place. Lesson: do not too hastily resort to an operation, which, however successful it may eventually prove to be is always tedious, often painful, and entails upon the patient an amount of confinement and restraint which it is not improbable, a further and more careful trial of the expectant method may frequently prove to be unnecessary.

CLINICAL LECTURES  
ON  
INFANTILE PARALYSIS, AND ACUTE ANTERIOR  
POLIO-MYELITIS IN ADULTS. (a)

By THOMAS BUZZARD, M.D., F.R.C.P.,  
Physician to the Hospital for the Paralyzed and Epileptic.

LECTURE II.—(Concluded).

(Corrected from a Shorthand Report.)

PROGNOSIS.

A POINT of great importance in reference to this disease is as to the prognosis. If we look into the nature of the lesion and reflect that we have to do with the destruction of ganglionic cells, bringing about secondarily atrophy of the nerves rising from the anterior cornua; and eventually, though it may be long delayed, degeneration, more or less pronounced, in the muscles to which these nerves go, it is difficult to imagine a more hopeless prospect than must appear likely as regards many of the muscles involved. And so in effect we find it. In a large number of cases the future signifies a progressive deformity which does not shorten existence, but is carried through life with scarcely any amelioration. If the lower extremities be concerned the patient may be only able to stand and walk with the aid of apparatus.

In the last lecture I referred to the case of a lad in whose thigh there still remained, thirteen years after the attack, some evidence of the continued existence of muscular fibre in the fact that there was a slight contraction to the interruption of forty cells of a constant current. In a child seen not long ago in private I found good contraction in the muscles of the thigh and leg to a constant current from thirty-five cells slowly interrupted, two and a-half years after the attack.

These and other examples, however, only illustrate in too many instances the fact that the contractile element is very long lived, even when the muscle is separated from its physiological connection with the spinal cord. But for needs of locomotion we require something more than the existence of an element which is capable of being contracted by an electric or mechanical stimulus. It is necessary that the road by which motor impulses from the brain travel to the muscle should be clear, and if the anterior roots of nerves are atrophied and degenerated the mere persistence of the contractile element of muscle is utterly useless. It is, indeed, the degeneration of the nerve cells and tubules which is the disastrous part of the lesion in this disease. Were it not for the more or less permanent character of these changes in many cases the wasting of the muscle itself which occurs so early would be unimportant. This is, at least for a long time, a simple atrophy, capable of complete repair should the way down from the nervous centres to the

(a) Delivered at the National Hospital for the Paralyzed and Epileptic.

muscles through the ganglionic cells and anterior roots of nerves be opened up.

Charcot points out, from the experiments of Longet, Schiff, Brown-Sequard, and others, that when a nerve has undergone section or partial excision, its peripheral extremity begins from the fifth to the sixth day after the operation to undergo even in its finest ramifications a series of alterations whose ultimate consequence is the disappearance of the medullary cylinder, the axis cylinder persisting according to some but not all observers.

From the fourth day the nerve, M. Vulpian says, is found to have lost the faculty of being excited by the electrical stimulus. As regards the muscular fibre, it does not present at first any modification whatever of the electrical contractility. The decrease, and still more, the utter loss of this property, if they do ensue are never produced until after the lapse of a considerable time and very slowly.

As to the amount of repair of which a nerve fibre which has suffered degenerative changes is capable, we know at present little for certain; but clinical experience would tend to show that after great lapse of time improvement to an unexpected extent may indicate that reparation has been going on. This subject has been admirably discussed by Weir Mitchell in his work on injuries of nerves. The fact is one which should make us hesitate in giving a very unfavourable prognosis even after a long lapse of time.

As a practical contribution to the question of prognosis in the acute anterior polio-myelitis of adult life, I show you a young man who was a patient in this hospital rather more than two years ago. The peculiar interest and importance of his case depend upon the fact that he came under my care, and I have notes of his condition taken by Mr Broster only eleven days after the beginning of his illness. I will read these notes to you now, and then compare them with his present condition.

George B., *æt.* 19, who had followed the occupation of a gardener from the age of 13 years, was admitted into the hospital October 2nd, 1876, on account of loss of power in the left arm and both legs. He is a fair, healthy-looking lad; well built. Quite free from pain as he lies in bed; if he sits up he gets a sharp pain in the lower part of his back which shoots down his legs. Sleeps well; general health good; temperature normal. He can flex the left thigh on the pelvis completely, and rotate it in- and outwards, but no other movement is possible in the left lower extremity. The only movement practicable in the right lower limb is a feeble flexion of the toes. The left arm is weak, especially in the deltoid muscle. The spinal column presents no abnormality, nor is it tender on percussion. When his legs get hot in bed there is an aching pain in them. Muscular sense appears defective in his legs. Touching the soles of his feet produces no reflex movement. The patellar tendon reflex is absent from each leg. There is no rigidity, and he does not suffer from any muscular twitchings. The muscles of the legs are very flaccid and shrunk, and those of the left arm are smaller than those of the right arm. There is no affection of special or common sensation. The heart, lungs, and kidneys show no signs of disease. The bowels are somewhat constipated; the action of the bladder unimpaired.

*Electrical Examination* on the eleventh day of his illness.—There is no reaction to the induced current in any muscles of either of the lower extremities except the vastus internus of the left thigh. The muscles of the left arm react fairly to the same current. To a slowly interrupted voltaic current from fifteen cells of a Störker's battery the muscles of the lower extremities act well.

The patient has been a total abstainer for eight years; he has lived comfortably. There is no history of acute rheumatism or of scarlet fever; and, with the exception of a cold, and an attack of erysipelas in his right leg, he has never had a day's illness until the present attack. There is no history of syphilis.

A grandfather, grandmother, his father, mother, two or

three uncles and aunts, and their cousins, have died of "shortness of breath" and "consumption." His father had heart disease after rheumatic fever. The ages of the above relations at the time of their death varied from twenty to forty-seven. All the family, the patient included, are, or have been, subject to a peculiar attack consisting of giddiness and inability to stand, with mistiness of vision (but without pain in the head, or spectral vision), the whole lasting about five minutes.

A fortnight before admission he had caught a violent cold, from getting very hot at work, and then letting himself cool in a draught. Two days afterwards he complained of very severe pain in the lumbar region, increased by movement. At the same time, there was a throbbing pain down the backs of both legs. His legs twitched, he says, and increased the pain. He suffered from retention of urine, for which a catheter was employed on one occasion only. Next morning he found that he could not stand, and was unable to raise his left arm to his head. There was no loss of speech or impairment of consciousness, and he says that he was not feverish.

Three months after the commencement of his illness his condition was as follows: The right lower extremity is motionless. He can draw up the left leg, but cannot raise the left foot off the bed. The right leg, as he lies, is rotated inwards. There is a wasting of both thighs and legs. Measurement shows that their size is equal. The calves measure  $10\frac{1}{2}$  inches each, the thighs, 11 inches above the knee, 15 inches each. A month later, the right calf measured  $12\frac{1}{2}$  inches, the left  $12\frac{1}{2}$  inches. The right thigh was  $16\frac{1}{2}$  inches, the left 17 inches. There was still no reaction to faradaic currents except in the left quadriceps femoris muscle. In this state he left the hospital. Ten months afterwards, in November, 1879, I saw this lad at his own home. His general health was very good. The left arm was perfectly well, and to all appearance differed in no respect from the right. But he was unable to stand. The right lower limb remained as it was when he left the hospital, there had been no further wasting. He could flex the leg a little on the thigh, but could not extend it. Could adduct with considerable force, but was unable to abduct at all. The patellar tendon reflex in the left leg was present, although small. In the right leg it was quite absent.

This was a twelvemonth ago. He has attended here to-day at my request, and we can now compare his present condition with the last report. He can extend the right leg a little, but he can bring the foot back still better than he can throw it forward; and he can also adduct better than abduct the limb. There is still no patellar tendon reflex in the right thigh. His limbs, as you see, show no wasting; on the contrary, they are large and round; but it is evident that their size greatly depends upon adipose tissue, not muscle. It is sometimes difficult to test the patellar tendon reflex where there is a very fat knee; but I think we may be sure that the reflex is absent here.

I will apply induced currents to the anterior muscles of the left thigh, and you see that, with a strength greater than is needed for normal response, there is a slight contraction in the vastus internus, and a somewhat better contraction in the rectus femoris.

When, instead of the induced, I apply the constant current, there is a contraction on completing the circuit, but  $A S z > K S z$ . The reaction of degeneration is still, therefore, marked.

In the right limb there is no reaction to induced currents, and a very slight contraction when the circuit is closed with either the kathode or the anode on the muscles.

It is to be noted that, although the greatest amount of improvement took place in this patient during the first four or six months of his illness, yet that he has not remained absolutely still during the last twelvemonth. He can now abduct the right knee a little, and extend this leg, which he could not do a year ago.

F. Müller who has lately published the result of some

important researches on this subject, says that all muscles remain completely paralysed in which the faradaic excitability descends perpendicularly from its normal level, and disappears entirely in four or five days. In all the cases in which this excitability *diminishes* only, without disappearing before the twelfth day, and in the cases in which it descends only gradually, motility returns, even after several months. From the complete disappearance of faradaic excitability, or from the reaction of degeneration in the first stage, one can conclude nothing in regard to the curability or incurability of the case. When the contraction A S z alone remains this shows the complete disappearance of the contractile substance.

In infants monoplegia, in adults paralysis, of four limbs, or paraplegia, is, according to Müller, the most frequent. But having regard to what I have described, I would suggest that it is probably more common for the lesion to clear off to a large extent in infants than in adults. I feel sure that it is very uncommon for a single limb to be alone struck by the disease. Synergic muscles are frequently attacked, and frequently recover together.

Müller, in a case in which he had the opportunity of testing the muscles from the first day for one and a-half years, found that the faradaic muscle excitability still persists when the nerves have lost theirs. On the fourth day faradaic excitability was lost for the nerves; on the fifth for the muscles. Galvanic excitability of the muscles was slightly lowered at first, but in the course of the third week it increased, and A S Z was  $>$  K S Z, but there was not such marked increase as we see after traumatic lesion of nerves. The exaggeration does not last long. There is a return to the normal, or else complete disappearance of contraction. Muscular wasting is visible after ten or twelve days. Regression commences in those muscles which have shown only quantitative change. It may begin in four, six, or twelve days, but more often is delayed for some weeks. Motility returns last in muscles which have shown the gravest signs of reaction of degeneration. Regression is very rarely complete.

According to Duchenne the attitude of a limb depends almost exclusively upon the tonicity of the muscles which move it. The muscles are like so many springs, which, during muscular repose, maintain the limb in its normal attitude. If one of these springs become weak the equilibrium of these tonic muscular forces is broken, and the limb is dragged, in a continued manner, into vicious directions. Hence in this disease there is greater risk of serious deformity than in any other form of paralysis. In most paralytic conditions the muscles of a limb are rendered to all intents equally powerless—the interruption of innervation affects them alike—and as a result, though the limb may be useful, its symmetry may remain undisturbed. But in this disease, as I have had the opportunity of showing you in many cases, side by side with a muscle which is absolutely paralysed and wasted, you may find one which acts to voluntary and electrical stimuli. The unopposed tonicity of this muscle will necessarily cause the limb to assume a distorted appearance.

In other cases all the muscles may be wasted, and the joints so loose that the limb hangs like a flail.

Between the disease as it occurs in children and in adults, the main points of difference appear to be as follows: In the former convulsions are not uncommon at the onset. In the latter these are not seen, but there is usually complaint of pain in the head. It is evident that the deformity will be greater when the patient is attacked during the period of growth than when this has been completed. Hence the results of the disease are not nearly so disfiguring when it takes place in adult life as when children are attacked. In either case the position assumed by the limb, besides being influenced, as I have described, by the want of balance in the muscles, may be also much affected by the presence of more or less sclerosis of the lateral columns of the cord, which is

apt to occur in connection with the affection of the anterior grey matter.

In advanced cases of acute atrophic paralysis in children, the affected limb is often much smaller than its fellow, and this not only in circumference but in length. Duchenne has seen a limb in the course of a few years measure 6—8 centimetres less than its fellow. This arrest of development of the osseous system is not necessarily in proportion to the extent of the affection of muscles.

A limb may have lost the greater part of its muscles and yet be only 2—3 centimetres shorter than that of the opposite side; whilst in another limb shortened by 5—6 centimetres, the muscular lesion may be localised in one or two muscles. The ligaments become so lax that the head of a bone no longer touches the socket in which it should rest. I would mention here that, remarkable as is the effect upon the size of the bones, it is evident that we have not to do here with a rapidly destructive process as in the affection of bones and joints in tabes. The bone ceases, or rather nearly ceases, to grow, or perhaps it would be still more correct to say that its growth is enormously retarded. This arrest is quite in accordance with what might be expected from the interference to the blood supply of the limb. Its temperature is much lower than normal, it looks blue, the skin is ill-nourished.

Yet we never, so far as I have seen, get in any of these cases either spontaneous fractures of a bone, or that active and rapid destruction of a joint with absorption of the articular extremities which is so remarkable a feature of tabes dorsalis. Considering the extensive character of the destruction which overtakes the anterior cornu in many of these cases it seems to me impossible to suppose that if the arthropathy of tabes were really traceable to lesion of the anterior cornu we should not get examples of a similar arthropathy in the course of infantile paralysis.

#### TREATMENT.

Were I to have the management of a case of this disease from the first hour I should be disposed to adopt some such line of treatment as the following:—

The patient should be kept absolutely at rest in bed, a light diet administered, counter-irritation in some form applied to the neighbourhood of the spinal column, and the bowels emptied by a mercurial, followed by a saline purgative. At the same time it would be well to give the liquid extract of ergot in full doses, at intervals of an hour or two at first, and gradually less frequently—the administration of this drug not being continued beyond a week. At the end of eight or ten days the faradaic reaction of the muscles should be carefully tested and recorded, but induced currents should only be applied for the purpose of testing. For treatment I should apply a continuous current from 5—10 cells from the nape of the neck to the bottom of the spine for five minutes daily, taking care to increase the strength of the current from zero upwards gradually, and at the end of the application to lower it to zero before removing the rheophores so as to avoid shock. The constant current might be applied in this way for three weeks at a time, then omitted for a week and re-applied as before for three or four weeks.

It seems to me that there is a positive objection to the use of faradism to the muscles, especially in an early stage of the disease. Let us be as careful as we may in thoroughly wetting the skin and the rheophores, it is impossible to apply induced currents without, to a certain extent, stimulating the cutaneous nerves. Now, impulses started thus in them are conveyed by the posterior roots to the grey matter of the cord, and thence doubtless strike the large ganglionic cells in the anterior horn. In the state of inflammation in which we may suppose them to be, it is evidently desirable to avoid this source of irritation.

Indeed, as regards the use of electrical application to the muscles at any period, it seems to me of doubtful advantage. The difficulty we have to contend with in

this disease is, I have said, that motor impulses fail to reach the muscles, and this difficulty is not met by endeavours, more or less successful, to cause contraction in the muscles by electrical stimuli. The best example of recovery which I have shown you occurred in a child who had no electrical treatment at any period. It is notorious indeed that the more or less rapid return to their proper function of many muscles which we so often see occur in the disease, may take place in the complete absence of any electrical applications.

I cannot help thinking that the extremely energetic electrical treatment which it is occasionally the fashion to employ in cases of this disease, has sometimes a mischievous effect. A mild constant current, on the other hand, may not have any powerful effect, but I do not think it does harm. Its use is constantly attended with a sense of increased warmth in the affected limbs. With the same object the limb should be kept well covered, and may be rubbed a little. When signs of contraction and deformity begin to appear it is well to have the limb provided with an apparatus which shall compensate as neatly and simply as possible for the lost muscular power, and endeavour thus to prevent deformity as far as possible.

I would not encourage voluntary movements of a limb in which the muscles are unequally strong, and for this reason: Duchenne has shown that in all muscular movements there are two forces at work—one which produces the movement, the other which moderates it. If the directing muscle overacts, it is because the moderating muscle (its antagonist) becomes muscularly insufficient to repress its action. When we flex the hand we do it slowly or quickly, by letting the extensors act very much or very little. Both flexors and extensors act in flexing or in extending the hand. In lead palsy, when the extensors are paralysed, the grip is weak.

If in polio-myelitis, with paralysis, say, of the peroneus longus, you encourage the patient to try and press down the inner border of his foot, you excite him really (in the absence of action of the peroneus longus) to throw into contraction its antagonist, the tibialis anticus, which is, we will say, sound, and you thereby only intensify the deformity.

### CERTAIN CONSIDERATIONS REGARDING CHOLERA AND FEVER. (a)

By SURGEON-GENERAL C. A. GORDON, M.D., C.B.,  
Honorary Physician to the Queen.

(Continued from page 155.)

As a contrast I quote thus with regard to cases said to have been of enteric fever at Ascension. (b) The water supply, rain water, spring water, to which all contamination is prevented, and condensed water; all three waters kept stored in stone and iron tanks, and cannot by any possibility be exposed to sewage contamination; and yet nine cases of "enteric" fever are said to have occurred on that island; the characteristic symptoms of that disease present in all its varying degrees. No material impurity in the water or tanks; no fault with the hygienic state of the garrison, or of the farm establishment at Green Mountain.

**Food and Milk.**—In certain Eastern nations, particular articles of food are, by means of religious and other enactments, declared unwholesome; in other countries those articles are in common use without evil result. In India the use of milk is general, many sects of natives consuming it in great quantities. These classes are careful, however, that the milk so used by them is in the first instance boiled, coagulated, and otherwise prepared. Experience on their part, and on that of Europeans in that country, indicates that in an unprepared state, but particularly in places where cholera is endemic, or where it is

epidemic, there is considerable danger attending the free use of this product. But there is no apparent reason to assume that the actual source of such danger is anything exterior to the changes which spontaneously take place in the fluid as a result of general conditions prevailing in that particular place. In China milk is looked upon as an *excretion*, and abhorred as unclean. No doubt there are sanitary reasons for its being so. In India instances have occurred in which there could be no reasonable doubt that cholera has been induced by the use of milk containing water contaminated by cholera dejections. But, on the other hand, infants fed at the breast by nurses ill with cholera, if in some instances they have been themselves attacked, they have escaped in others. As a general result milk contaminated by cholera matters is most dangerous to individuals partaking of it.

With regard to fever, only such as is attended by ulceration of the small intestines has been attributed to contaminated articles of food, including milk. How stand the facts in reference to this point? In no single instance of the somewhat numerous cases investigated by me in India was a connection traced between the occurrence of fever said to be enteric or typhoid, and the use of contaminated or deteriorated meat. Indeed, no such meat was made use of either by soldiers or their families. As to instances in which elsewhere the occurrence of typhoid fever has been attributed to this cause, the disease thus induced has subsequently been referred to trichinosis, and then to sausage poisoning. On this point I refer to remarks already made in this paper under the head of *Specific Origin Theory*.

I am aware that cases, said to have been of enteric fever, have, by competent writers (a) been attributed to eating tainted *tinned* meat, the circumstance assigned theoretically to the development of an assumed poison, putrogen. Also that there are those who believe that eating the flesh of an animal affected with typhoid fever *can* bring on the disease in the person who eats it. Compare these remarks with those already made, and then with the following:—

At Shanghai in 1872 rinderpest prevailed extensively among the cattle. Beef of animals thus affected was extensively eaten by the sick inhabitants; no evil result followed. But as expressed by the reporter "it is absurd to recommend people not to be alarmed, when the meat which supplies their tables may have been cut from animals dead of a disease which from post-mortem appearances might be described as a combination of diphtheria, typhoid fever, and dysentery." (b) In India the Kotahs, a Dravidian tribe inhabiting the Neilgherie hills, habitually eat carrion, and in Bengal certain wandering mendicants devour dead matters of the most horrible kind, (c) in both cases without any such result as might be looked for to accrue. I purposely refrain from prosecuting this part of my subject as it refers to England. It is on record (d) that in Paris people have inoculated themselves from animals suffering from cattle plague, have eaten the flesh of those affected with that form of disease, and even of those affected with carbuncle without evil result. It is, moreover, stated on authority that the cooked flesh of those suffering from typhus is not unfit for food. According to a paper submitted to the Paris Academy of Science, although milk from cows suffering from typhus is unwholesome, in other respects "neither it nor meat are capable of transmitting typhus to man or any animal except a *ruminant*." (e) As to the generally pernicious and most objectionable qualities of contaminated meat and milk there is no question. But we are dealing with specific diseases, and them only. (f)

(a) Dr. Low.

(b) "Customs Reports," January-March, 1872, p. 79.

(c) "Medical Jurisprudence for India." By Dr. Chevers.

(d) "Hygiene and Surgery of Franco-Prussian War." P. 225.

(e) Id. P. 226.

(f) Dr. R. B. Lowe has been told that rabbits and cats suffer from a disease in all respects like typhoid. He says it is just possible that some case may have originated from eating the dis-

(a) Read at a meeting of the Epidemiological Society of London, 2nd February, 1881.

(b) "Health Report of Navy, 1879," p. 54.

10. *Youth and Recent Arrival.*—As a principle, all ages are equally liable to attack by cholera during epidemics of that disease. As a second principle, the recently-arrived European, of whatever nationality, is more liable to be attacked than those of longer residence. Exceptions to this occur, however, notably in the outbreak of cholera among the cavalry at Secunderabad in 1871. On that occasion the men first attacked were those of longest residence in India, and there are other instances of the same kind. But these exceptions are not sufficient to affect the general rule as expressed.

With regard to fever in India and the tropics generally circumstances are somewhat different. In all, sickness, especially by the several forms of fever, but particularly such as affect intestinal causes, attacks the young and recent arrival to an extent proportionally greater than it does the man of more mature years and longer residence. Inasmuch as in temperate climates seasonal conditions which prevail in autumn induce bowel complaints in various forms, so in the tropics corresponding seasonal conditions produce similar results, whether as independent affections or as complications of others. Youth and adolescence are the periods during which deposits in, and other affections of glands and gland-like tissues are of most frequent occurrence. Hence, doubtless, the occurrence of infiltration, and in some cases of ulceration in the glands of Peyer in other diseases than fever, and in some instances where during life there was no apparent illness whatever. This circumstance has in India presented itself in cases where death by heat apoplexy occurred within a couple of days after attack. Such a state of glands appears to me, like scrofula, to be properly indicated as a *condition*. But where the condition exists, there constitutional disease however induced, will naturally affect tissues thus impaired, nor is the introduction of a specific poison required to bring about that result. Young soldiers are more impressionable to all forms of endemic disease than old; they are also more indiscreet and inexperienced as regards exposure to well-known causes of illness.

11. *Races.*—In some epidemics of cholera the natives of India suffer more severely by that disease than do foreign residents; in others they suffer less. Aborigines of the hilly districts of Nagpore are said to be exempt from cholera so long as they remain in their own native localities, but to be peculiarly prone to that disease when they enter the plains. A similar circumstance has been observed in reference to Ghoorkas from Nepal; and it is further on record that during the epidemic of 1869 in Persia scarcely a negro escaped. In that of 1877-8 in Southern India the disease affected Europeans to a small extent compared to what it did the natives. And yet, with a very few exceptions, cholera has in turn affected all nations and nationalities. This remark applies also to small-pox. (a)

On the coast of Guinea the native African is to a great degree exempt from fever, by which the European visitor is nearly certain, sooner or later, to be the subject, and very often the victim. The native races are altogether exempt from those outbreaks of fatal epidemics which from time to time have made havoc in ships' crews in the

east rabbit flesh, and that rabbits may have become infected by contagion from the discharges of a typhoid patient. Beaugrand gives the case of typhoid fever caused by eating the flesh of a wild kid caught in a snare. He has ascribed diarrhoea and other illnesses to eating rabbits.

(a) In China a large proportion of European mothers are unable to suckle children. Small-pox and syphilis, when attacking races for the first time are characterised by a virulence and deadliness seldom met with in their subsequent history. An extension of the same principle will help to explain the decay of epidemics, or the complete extinction of some diseases. "Chinese Customs Reports," July-September, 1872. P. 31. "The acquisition of a high degree of civilisation, humanity, and science, tends to the fostering and propagation of forms less able to resist disease on account of its endeavouring to preserve, and its success in fostering the weak and susceptible. This is a drawback to civilisation." Op. cit. P. 32. This picture can scarcely be said to be complimentary to modern Hygiene.

estuaries of those great rivers which occur along the West Coast from the Gambia to the Gaboon. In India it is stated that Non-Aryan races in Assam suffer to a comparatively greater extent from "malarial" diseases than do Aryans in the same provinces. On the other hand, a race of people, namely, the Tharoos, Aryans by race, withstand the pestilential climate of the Oude *terai*, which is deadly to all others. (a) In China, the native of the country and the European appear to suffer equally from malarial fever, and from that form designated typho-malarial. (b)

Natives of India and Europeans of various nationalities suffer from altogether different diseases, and variously from the same diseases. This rule holds good to such an extent as affecting the very existence of the British as permanent settlers in, and colonists of, that country that so far as I am aware the assertion of a very eminent medical officer has never yet been controverted, namely, that a third generation is wanting of pure Europeans resident continuously in India, and without admixture of new or imported "blood." (c) Thus, by analogy we are led to what is demonstrated by actualities, namely, that the phenomena of disease differ according to race. This is so to a marked degree in the cause of fever. But of this again, under the head of climate.

12. *Individual Conditions.*—Although delicate physique and ill-health predispose to cholera, and persons sick in hospital manifest a great liability to attack and death by that disease when epidemic, yet exceptions are so frequent that a rule on this subject is far from absolute.

With regard to tropical fevers circumstances are more defined. Thus, according to a recognised authority (d) on this subject "the severe or ardent fever, called also climatic, or seasoning fever, occurs among the recently arrived,—and more especially among the young, the intemperate, the robust and plethoric, and among those exposed to the sun in very high temperatures." "According to the views formerly held in India, fever occurring in such subjects, sthenic in its earlier stages, in its later became complicated with visceral derangement, intestinal and otherwise, attended by a low, typhoid, or adynamic state, in persons of weakly frame, asthenic from the first. Of fever in Bermuda a similar observation occurs, namely, that "pathological changes depend upon contingent circumstances, personal and otherwise, that enteric fever (that is, fever with intestinal complication) invariably occurred in persons of feeble vascular development; while it was observed that the simple continued fevers without bowel lesion, were generally in persons of more robust frame." On the other hand physical conditions, manner of life and habits, whether natural or acquired, may be modified as to predispose to adynamic forms of disease, and to determination to particular viscera.

13. *Climatic and Seasonal Influences.*—Under the operation of the sum of conditions briefly expressed as climatic differences specific and generic, occur in all branches of the great organic kingdom met with in the several zones; often also, in different parts of the same zone. That a few, extremely few exceptions which occur but tend to prove this rule is doubtless true; but the rule is as stated. And so, also, with disease. As with growth and develop-

(a) Tharoos, believed to have been originally from Chittore, whence they escaped on the capture of that place by Akbar about A.D. 1560. They claim to have been originally Rajpoots; that their ancestors lost their caste by drinking intoxicating liquors and rearing fowls. The present descendants are much given to the vice of drunkenness. They keep their houses scrupulously clean. They drink water from wells only.—Sir John Elliott's "Races of India." Vol. 1. Pp. 317-18.

(b) From the "Customs Reports," July, September, 1872, p. 59.

(c) This question of the relation of race and disease presents considerable difficulties. While in China the native Chinese suffer from malarial fevers to quite an equal extent as Europeans ("Customs Reports," July-September, 1872, p. 35), the natives of India in many instances similarly suffer more than Europeans. On the other hand there is reason to believe that the Jews in England are more healthy and long-lived than the English people are.

(d) Copland.

ment, so with decay, and often the manner in which this takes place all of these are affected by conditions, geographical and climatorial. Hence arises the general question of geographical distribution of disease. (a)

As in temperate climates, the process of growth, development, and subsequent disintegration are, for the most part, in progress slow, so in tropical are they rapid. If, in some instances, animals and plants undergo, more or less completely, a process of acclimatisation when introduced from one climate to one nearly similar, the great majority refuse to do so; while of those introduced from a climate of particular characters to one altogether different, many perish, and those that continue become modified in various ways, lose the power of reproduction, or their descendants rapidly degenerate. And so with regard to manifestations of disease, the nature of attack, the organs most liable to suffer differ under one set of climatorial conditions from what they are in another.

On this section of my subject, I summarise conclusions expressed by a competent and recognised authority. (b) "The primary effect of great changes of climate are on the circulation; the blood drawn surface-ward by heat, driven in by cold. The secondary effect is increased external vascularity during heat, internal during cold. In the tropics the vascularity of adult lungs is reduced, so also are their spirometric measurement, their functions, the nephritic vascularity and secretion; those of the skin are increased, the circulation becomes more languid, the pulse less frequent and less forcible; the organs and functions of animal, like those of vegetable life, are affected by great changes of climate, heat impairing the weight, strength, and health at all ages, and retarding growth in youth." The balance of conditions and functions here indicated being more or less completely and suddenly deranged, disease becomes a natural result. It so occurs; its type and incidence as regards organs and tissues influenced by conditions already stated.

Those who, depressed, worn out by endemic disease, or by simple exhaustion incidental to a tropical climate, say of Bengal, as an example, speedily realise the benefits of a trip to sea, or to the bracing atmosphere of the Himalayas; so do they alas! and very often conversely, when scarcely half recovered, duty forces their return to localities in which their health gave way. To such, and they are many, the expression climate indicates a very stern reality. (c)

A very eminent authority (d) writes on the same subject thus: "Every year we have some atmospheric element, which neither thermometer nor barometer, neither rain nor wind-gauge, nor measure of moisture, nor test of ozone, can reveal to us, but only our records of sickness and death. One year it is such as favours small-pox, the next, perhaps, it will promote scarlet fever, or measles, or whooping-

(a) In what may be called the Western tropics, the modifications of fever are thus noticed by a very distinguished member of this society. "Cases commence as remittent, and continue as such from the 6th to the 10th day, on the same afternoon the fever recurred, rapidly took on the character of yellow fever, and proved fatal on the 4th or 5th day of that form. In other cases which commenced as intermittent, diarrhoea ensued, after three or more tertian periods the fever became continued, assumed the character of typhoid, ultimately presented the affection of the kidneys, and urine seen in yellow fever, then terminated in death. The intermixture of morbid appearances peculiar to yellow and typhoid fevers were detected in variable proportions." Inspector General Lawson, *Medico-Chirurg. Review*, July, 1889, p. 225, printed in Chinese Customs Reports, 6th part, July-September, 1872, page 59.

(b) Dr. Rattray. Paper before Royal Society.

(c) "It is a common observation with men, when discussing the unhealthiness of these climates (China), that their evil reputation is not deserved, that they are as healthy as our native lands, and that we should find them so, did we only assimilate our diet and habits to those of the natives." "There is a sophistry about this which deceives some, and others like it, because they belong to a morbid class, who have a natural tendency to do anything entailing a self-denial, who think that whatever is pleasant, must be bad, and whatever is unpleasant, and involving self-denial, must be good."—"Chinese Customs Reports," July-September, 1873, p. 82.

(d) Dr. Guy. "Public Health," p. 31.

cough, or it will, so to speak, select from several forms of fever that one which shall fill the beds of our fever hospitals. The condition of air, which disease itself is the only test and measure, was once called pestilence, but is now known as its *epidemic constitution*—"la disposition atmosphérique génératrice."

(To be continued.)

## Clinical Records.

### ST. PETER'S HOSPITAL.

*Stone in the Bladder.—Lithotriety.—Recovery from the operation and departure from the Hospital.—Death, subsequently, from Malignant Disease of the Bladder.*

Under the care of MR. TEEVAN.

JOHN B., a coach plater, æt. 69, was admitted in the hospital on August 1st, 1879.

*History.*—From notes taken by Mr. S. P. Phillips, the house-surgeon, it appeared that the patient had always enjoyed good health. For the past two years he had suffered from pain in the back, especially at the left side, but there was no evidence of the descent of a calculus. For the last six weeks he had been obliged to pass water very frequently, attended, occasionally, with great pain, which was felt in the supra-pubic region, and was relieved by micturition. At times he had passed blood very freely. For the past fortnight the symptoms had been less marked. The patient was born in Southwark, his father in Wiltshire, but he was ignorant of his mother's birth-place. On June 29th he was sounded by Mr. Teevan, in the out-patients' room, who found a stone. The patient was a large, well-made man; body well nourished; face very pale.

July 2nd.—Mr. Teevan introduced a lithotrite and crushed a small phosphatic stone. He could not manipulate the instrument on the left side of the bladder on account of what was, apparently, a tumour occupying that situation. Blood flowed freely during the operation, but there was no pain, rigor, or rise in temperature afterwards. Mr. Teevan stated, at the time of the operation, that he considered the tumour to be malignant on account of the attacks of hæmorrhage, the dark colour of the blood, the supra-pubic pain, and the free bleeding caused by the manipulations of the lithotrite.

9th.—The patient having been put under the influence of ether, by Mr. Knott, Mr. Teevan crushed a small, hard stone, about the size of a hazel nut. During the evening the patient passed many clots of blood, attended by much strangury. No pain except on these occasions. T. 100.

10th.—Slept badly, on account of frequent micturition and strangury. Tongue dry; T. 102; pulse 100. Ordered citrate of potash, and liq. ammon. acet.

11th.—Is constantly passing urine tinged with blood. Pain in hypogastric region. Has passed a few fragments. T. 98.4. Ordered gallic acid.

16th.—Lithotriety: bled profusely afterwards and suffered much pain in bladder. Several small fragments passed. One quarter of a grain of morphia, injected hypodermically.

17th.—Pains in head, T. 102. Still passing blood. Iron ordered.

19th.—Pain in bladder, very severe when micturating. Slight rigor at 5 p.m. T. 105.

20th.—Better; urine clear. T. 99.

28th.—Sounded, some stone felt.

29th.—Lithotriety.

30th.—A large quantity of sand and grit came away, but no blood.

Aug. 1st.—Feels well; left hospital; able to walk well, and feeling strong. A month afterwards Mr. Teevan received a letter from Dr. Andrews, of Hammersmith, saying that about a fortnight after the patient left the hospital he was called in to see him on account of sudden and violent hæmorrhage from the bladder, which carried him off in a few days. The bleeding was apparently caused by malignant disease.

*Stone in the Bladder.—Lithotomy.—Severe Secondary Hæmorrhage.—Recovery.*

Under the care of Mr. TEEVAN.

William B., æt. 7, was admitted into the hospital on Nov



5, 1880, suffering from a stone in the bladder which Mr. Teevan had detected.

*History.*—From notes taken by the house-surgeon, Mr. Whitehouse, it appeared that the patient had a severe attack of rheumatic fever two years ago, which left his heart permanently injured. Soon afterwards he began to complain of pain when making water, which he relieved by pressing the end of his penis. He was unable to run about on account of the suffering it caused him. He occasionally passed blood after paroxysms of pain. The boy was a native of London. His father was born in Berkshire, and his mother in Wiltshire.

*Condition on Admission.*—The child was pale and thin, with dilated pupils. He had to make water every half-hour day and night, and cried loudly when it passed. The urine was acid, but did not contain albumen or phosphates. Its sp. g. was 1020. Dr. Thorowgood examined the boy's heart, and determined the existence of a mitral regurgitant murmur, and an aortic systolic one. On Nov. 24 the boy was put under the influence of chloroform by Mr. Knott, as Dr. Thorowgood, Mr. Knott, and Mr. Teevan had all independently come to the conclusion that that would be the best anæsthetic in the particular form of heart disease from which the boy suffered. Mr. Teevan then passed a rectangular staff, and having committed it to Mr. Heycock's charge, he extracted by the lateral operation a phosphatic stone measuring  $\frac{1}{4}$ -inch by  $\frac{3}{8}$ -inch. As there was free bleeding, a carbolised sponge was inserted in the wound.

Nov. 25th, 8 a.m.—There was some bleeding in the night, which Mr. Whitehouse arrested by pressure, temp. 99, pulse 120. Patient suffers much pain at tip of the penis. Urine passes freely through wound.

26th, 9 a.m.—Has had a good night. Looks well. Temp. 99, pulse 127.

27th, 9 a.m.—Does not look well. Ordered a dose of castor oil as his bowels had not been opened since the operation. Temp. 102, pulse 120.

28th, 9 a.m.—Has had a good night. Bowels open freely. Temp. 99, pulse 120.

29th, at 5 a.m., whilst on the bed pan, the patient passed a large clot of blood, and several smaller ones shortly came away. The wound was plugged with a carbolised sponge. Looks very pale and weak. Is restless and irritable. Temp. 101, pulse 126.

Dec. 4th.—Since the last report the patient had improved in health. Whilst on the bed pan at 3 a.m. about half-a-pint of clotted blood was expelled. As no spouting vessel could be seen Mr. Whitehouse plugged the wound with lint and applied an ice bag to the hypogastric region. The motions were of a dark green colour, slimy and offensive. At 4 a.m. the boy had another attack of hæmorrhage immediately after the bowels were open. He looked very blanched and his pulse was very small and rapid. Mr. Teevan was sent for and arrived at 4.45 a.m. From that time up to 8 a.m. the boy passed a motion about every hour, followed by the expulsion of a large clot. He was very restless and vomited once. Pulse 150.

From the day of the operation the boy had lived entirely on milk. Mr. Teevan came to the conclusion that the hæmorrhage was caused by the diarrhœa, for there was no bleeding in the intervals between the motions, and that the diarrhœa was produced by the milk. He, therefore, removed all lint and ice-bags, and left the wound quite open. Five drops of tincture of opium were given, and repeated once only half-an-hour afterwards. The patient's milk was changed, and he was fed exclusively on milk, procured from a different source—the Aylesbury farm dairy. At 9 a.m., four large dark-coloured clots of blood were expelled, attended by a great rush of urine, and followed by much relief, for the child had complained greatly of tenesmus, and pain at the end of the penis. 7 p.m.—The bowels have not been open since the opium was given, and there has been no more bleeding. Ordered four more drops of opium.

5th.—No more bleeding. Takes large quantities of milk. Urine passes freely through wound.

9th.—Looks much better; no more bleeding. Bowels opened by an enema for the first time since the 4th.

21st.—Since last report, the boy's progress has been uninterrupted. The wound is quite healed, all urine having come through the penis for some days past.

30th.—Discharged cured.

Feb. 27th.—The boy was brought to the hospital by his mother. Health much improved. Has a slight amount of incontinence if he runs about. None at night.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 25.

DR. ALTHAUS (in the absence of the President) in the Chair.

DR. HILTON FAGGE read notes of

A CASE OF PARALYSIS DUE TO PARTIAL DISEASE OF THE NUCLEI OF THE MOTOR ROOTS OF THE 5TH NERVES.

W. B., æt. 41, was admitted into Guy's Hospital on Oct. 18, 1880, on account of inability to close the jaws. He said that three months ago he began to experience difficulty in holding anything tightly between his teeth, and that afterwards he could not bite his food well. The loss of power gradually increased until, 3 months ago, he became quite unable to bring his teeth together. He also had difficulty in swallowing, and liquids returned through the nose. The drop of the jaw was still slowly becoming more marked. He was a strong, healthy-looking man, but his expression was vacant, and his features had lost much of their play. This, however, was not due to any defect of the 7th nerves (for he could whistle a tune perfectly well) but to separation of the jaws. When he tried to bring the upper and the lower teeth together, he could not do it; the temporal muscles could in fact be scarcely felt to contract, and the masseters acted very slightly. The excitability of these muscles to the continuous current was much impaired, and they were obviously wasted. Yet the lateral movements of the lower jaws, performed by the external pterygoid muscles, were normal. On inspection of the fauces the soft palate was seen to move symmetrically during respiration; but the left side of the palatine arch was dropped, and narrower than the right side. It appeared clear, therefore, that the case, which (so far as Dr. Fagge knew) was unique, was one of a partial lesion of the motor nuclei of the 5th nerves, comparable with bulbar paralysis and with Mr. Hutchinson's *ophthalmoplegia externa*. And, as in the last-named disease, the cause was possibly syphilis, for the man had 20 years previously had gonorrhœa and a bubo, and his wife, to whom he had been married 19 years, was never pregnant. Another interesting symptom was the presence of sugar, to the amount of 54.7 grains per ounce, in the urine, which was of sp. gr. 1049. He also complained of slight occasional diplopia; and the muscles of the arms and the extensor muscles of the forearms were found to have a diminished capability of resisting, both to continuous and to faradaic currents. He was ordered to take 1-12 grains of bichloride of mercury, and 10 grains of iodide of potassium, three times a day. Under this treatment he rapidly improved, and he refused to stay in the hospital after the 6th of November.

DR. ALTHAUS: Such cases are very rare, in which, that is, only one portion of the nerves is affected. He recalled a case in which all the fifth pair had undergone paralysis, no localisation in the motor roots being exhibited. There was considerable tinnitus aurium, and the soft palate underwent displacement. Had tinnitus aurium occurred in Dr. Fagge's patient, and had the condition of the eyes been investigated? The physiology of the eye might be much advanced by careful observation of such cases as that recorded.

DR. DOWSE suggested that the disease was not limited to the fifth, but implicated also the glosso-pharyngeal and vagus nerves, the latter, he thought, was proved to be influenced, by the vomiting. The paralysis was extending downwards, as shown by the loss of power in the upper limb. He thought the case might either be allied to pachymeningitis, or might be one of extreme bulbar paralysis.

DR. POORE, from examination of the patient, concluded there was a deviation of the tongue on the right side. He inquired if the masseter responded to galvanism.

MR. GODLEE remarked that it was interesting to note the ability with which the buccinator muscle acted.

DR. FAGGE said he had been unable to make out any increased susceptibility of the affected parts to the current. There had been no tinnitus; no ophthalmoscopic examination was made. The vomiting was easily explained as due to the state of the palate, and not to affection of the vagus. The hypothesis of bulbar paralysis was more tenable than that of pachymeningitis.

DR. ALTHAUS suggested that the patient should be kept under observation; and

Dr. FAGGE promised to bear the advisability of this in mind.

Mr. T. W. TRALE, of Scarborough, described a case of QUIESCENT SCIRRHUS,

which is still under his care. A lady, *æt.* 53, a widow, noticed eleven years ago a small, hard, painful lump in the left breast. The surgeon whom she consulted advised its removal, and Mr. Teale, who saw her soon after, considered it malignant, and gave the same advice. All idea of operation was declined. The tumour gradually increased, becoming adherent to the ribs; the nipple was retracted, and then obliterated. Pain, which was often excruciating, was relieved by morphia, taken up to four grains daily, and sleep obtained by chloral in increasing doses up to sixty grains. She became emaciated, feeble, bedridden, and apparently at death's door, living for two years on milk only. Eventually, the chloral having been discontinued, owing to the distressing nervous symptoms to which it gave rise, a gradual change in the symptoms took place. The bodily health began slowly to improve, whilst the tumour began to shrivel, the discharge ceased, and the pain gradually diminished. Mr. Teale reported that during the last five years the patient has remained well and fairly strong, able to walk some miles daily. She has gradually resumed ordinary diet and modes of living, and takes less than a quarter of a grain of morphia daily, whilst the present condition of the shrivelled breast tumour was shown by a photograph recently taken, which Mr. Teale exhibited to the members.

Dr. ALTHAUS.—Instances of quiescent cancer do occur, and have been termed "retrogressive." Diagnosis is always important in such cases, and it would be well if direct examination of a portion of the tumour could be made in every instance of doubt.

Dr. T. WILLIAMS considered the experience obtained with chloral gave the case additional interest. He was inclined to question the accuracy of ascribing the symptoms which left the patient, when chloral was discontinued, as being entirely induced by that drug. Might not the morphia be partly to blame? Dr. Williams cited examples of tolerance of chloral exhibited by patients, including one who, by his direction, took 10-grain doses every four hours, for several days, on account of *æsthesia*. The spasms were reduced, and a purpuric rash was the only ill-effect produced. He failed to see why Mr. Teale's patient was differently affected.

Mr. BARKER having commented on the interesting questions raised by consideration of the case,

Dr. FAGGE remarked on the difficulty of distinguishing characteristic cells in chronic carcinomatous tumours. Correct diagnosis of hard cancer demands the utmost carefulness, and he had seen cases in which the malignant nature of the growth could be decided only after the most elaborate examinations. It often occurred that what is really cancerous tissue is often made out as a fibrous structure, and hence, where this is found as a result of the affection of a part in which cancer is commonly found, it ought to be at least suspected that its real description may be that proper to malignant deposits.

Mr. GODLEE asked if the axillary glands had undergone any recent changes?

Mr. HAWARD agreed with Dr. Fagge that the fibrous condition of the growth by no means removed it from the possibility of carcinoma. Proof that the conditions may be allied is to be found not unfrequently in the diseased rectum. The inquiry, however, naturally arises in this connection, what leads to the arrest of active, destructive, tissue changes, consequent on the disease? This must have an important influence in determining whether to feed a patient, suffering from cancer, freely or sparingly. He thought himself, that the growth of the tumour would be stimulated by over-nutrition of the patient. He knew a lady affected with scirrhous for years; she indulged in morphia, but took little food. The cancer ulcerated, left an open wound, which continued to discharge thin offensive matter for two to three years. Five years from first attack, a growth occurred in the other, the right breast, and grew slowly for a year. In addition to morphia, which had been used all along, the patient now drank much brandy. The right cancer grew rapidly on this food, and nodules occurred in the skin. The patient died, and there is good reason for assuming the change of diet, the copious indulgence in brandy, hastened the end. Mr. Haward strongly inclined to recommend starvation to patients with malignant growths.

Mr. TRALE said his patient continued to use morphia throughout, but as all the ill-symptoms described left her when the chloral was given up, he naturally ascribed their presence to the effect produced by the chloral. He only recorded the fact, however, and in no way desired to urge it as a cause. The axillary glands remained in much the same condition, no progressive changes occurring in them. Mr. T. Pridgin Teale, of Leeds, had seen the case also, and concurred in the diagnosis of it; he did not doubt the malignant nature of the growth.

Dr. RADCLIFFE CROCKER described four cases of

ERYTHEMA, OR HERPES IRIS,

one of which had been shown to the Society at a previous meeting, and another was brought to the present meeting to show the scars which sometimes result from this affection. A wax model of a typical case was also exhibited.

W. G., *æt.* 23, a butcher, had suffered from three attacks, and though there was no evidence to show what led to the first attack, which occurred during a voyage to the Cape, subsequently errors in diet aggravated or determined an outbreak. His general health was good, except a tendency to constipation. The eruption appeared most abundantly upon the hands and face, especially the fingers and toes, but other parts of the limbs, and even the lower parts of the trunk were sometimes affected, the lesions were symmetrical, though often one patch was nearly well before the corresponding one on the other limb appeared. Each began as a flat red papule about 1-16th of an inch in diameter, with a red areola about half an inch across; sometimes a pustule appeared on the papule, which ruptured, and a brownish pink zone appeared round it, and outside that a white one, and the patch increases by the formation of fresh rings, varying from white to pink or bluish red tints, and reaching to about the size of a florin; the rings then broke up, and the patch gradually faded, leaving a purplish red stain, which lasted for some time. The eruption was attended with burning and itching, but the general health was unaffected. Dr. Crocker alluded to the other varieties of this affection. Thus in some no central vesicle or pustule was formed, but only a flat papule, which became depressed in the centre, and concentric rings spread from that; on the other hand there might be a large vesicle or even bulla in the centre, with concentric rings of vesicles, which gave rise to the name herpes iris. The tint of the rings in all varied from white to various pink and bluish shades of red. These variations depended mainly upon the quality of the fluid effused into the tissues. In the child that attended the meeting the eruption began as rings of erythema an inch in diameter; in a few days these disappeared simultaneously with an outbreak of bullæ of large size, round which came a ring of vesicles, and the contents became purulent and dried into scabs, which left the deep disfiguring scars now visible. Speaking generally, the noticeable features of the affection were—its tendency to recur, especially in the spring and autumn, and often in the same month in any one case; 2, to attack children and young adults of either sex; 3, to develop symmetrically, the hands and feet being especially attacked, though in rare instances it was universal; and, finally, to run its course in a few weeks apparently uninfluenced by treatment.

Dr. F. TAYLOR read some cases of

ERYTHEMA AND HERPES IRIS.

The first was a man, *æt.* 40, who had had good health previously. He was seized one day whilst at work with violent sneezing and watering of the eyes, and in the evening found his gums and palate becoming swollen, and could only open his mouth with difficulty. These symptoms subsided in two days, and an eruption appeared. It commenced on the left thigh in the form of blisters, to the number of twelve or more, about the size of a shilling-piece, containing a watery fluid. The following day it appeared on both legs and arms, and he had at the same time, a burning sensation in his feet, and pains in the joints. The eruption then spread to the head, face, and trunk, the abdomen being the only part spared. When seen on the 8th day of its appearance, the eruption consisted of vesicles and bullæ of various sizes, and for the most part arranged in a circular manner, so as to include an area of comparatively healthy skin in a ring of blister. Some such rings were formed of six to eight isolated small vesicles, with clear contents; others of one continuous bulla of crescentic or completely circular form, the contents being then mostly deep

pink or purple. In many places the circles had run together, and formed irregular figures; and some circles and patches measured as much as two inches in diameter. The bullæ were upon a slightly inflamed base. The face was much swollen in the early stage of the eruption. There was no itching, but only a burning sensation, on its first appearance. He began rapidly to improve without special treatment. After becoming full of dark sanguineous fluid, the bullæ burst, the secretion drying into an ulcer; these ulcers were slow in healing, and have left several scars reproducing more or less accurately the crescentic and ring-shape of the original bullæ. They are numerous on the arms, forearms, thighs and legs. The duration of the bullous stage was about three weeks, but the healing of the ulcers took much longer. Two years have now elapsed, and he has had no recurrence.

The second case was in a child aged five months, who had been recently vaccinated. Ten days after the operation the eruption began as pimples on a red surface, completely surrounding the vaccination crests; and subsequently spots appeared on the arms, chest, abdomen, and back. The spots or patches were oval or circular, touching each other by their borders, but not running freely together; of bright pink colour, with deeper red, very narrow, more prominent margin. In the centre of many was a bright red spot, or pimple; and vesicles formed both in the central papule, and at the margin of the patch. The child was seen on three successive days, on the last of which the patches were fading.

The third case was a boy aged nine years, who was generally delicate, and had suffered from cough and weakness for three months. He presented an eruption on the chest, abdomen, neck, back, and lower extremities, consisting of patches of about half-an-inch in diameter, with a central yellow crust; around this an elevated ring, and upon this, again, small vesicles. The vesicles dried up into crusts, and around these formed fresh rings of redness, with new vesicles upon them, and their contents, at first serous, became purulent, and then discharged and formed scabs. When the crusts separated the skin beneath them had a brownish stain. The eruption lasted about six weeks.

Dr. TAYLOR remarked that these might be regarded as three different forms of the disease known as erythema iris, herpes iris, or hydroa, and further defined by Mr. Hutchinson as a vesicular form of erythema multiforme. In the case of the infant it was distinctly an erythema papulatum, or circinatum vesicatum; in the boy the vesicular characters were more marked; in the adult (Case 1) the vesicles appeared before the redness—a feature characteristic of hydroa, according to Bazin. In the sudden outbreak, spontaneous disappearance, symmetrical distribution, and in the co-existing inflammatory disturbance of the joints, it also resembled cases described as hydroa. The large size of the bullæ would have suggested the name pemphigus, as *p. circinatus* or *serpiginosus*.

Dr. STURGE related the history of a boy six years old, who, when admitted to the hospital, had a temperature of 102 deg. Fahr., and remained for six days quiescent. At the end of this time papules appeared on the legs, and extended in a ring-like form from the size of a shilling down. Some were regular bullæ, others were only vesicles. There was coincidentally a crop of herpes on the lips, and pleurisy without effusion occurred, but yielded readily to treatment. In three weeks patient left hospital well of all complaints.

Dr. WILLIAMS remarked that in one case of Dr. Taylor's the disease originated soon after vaccination. Was there any connection between them?

Dr. O'CONNOR had found French cucumber ointment, or oxide of zinc and vaseline act well in curing cases under his care. He had only met with one case of herpes iris on the trunk, it being very rare in this situation. He would like to know what Dr. Taylor's experience had been with arsenic in pemphigus. He once attended a child after vaccination for well-marked pemphigus, and it was peculiar because all the members of the family, viz., father, uncle, and cousin had measles, the child alone excepting, and it developed pemphigus.

Dr. T. COLCOTT FOX said Hebra had made a real advance when he arrayed varying phases of erythema under the single heading *multiforme*. The formation of fluid in bullæ is an uncommon occurrence in erythema; but in true bullous eruptions an aborted stage may be made out, so that there is reason for retaining an intermediate class such as *herpes iris* constitutes. In all true instances of the disease it is characterised by the site of its appearance, on the back of the hands, the knees, &c., &c., always with herpes

faciales. It would be a pity to submerge really distinctive diseases under the common heading *multiforme*.

Dr. CROCKER said symmetry is delayed in some cases, but it always happens that corresponding parts are affected in succession. No treatment influenced the course of the disease. Fever is a common accompaniment of erythema, especially in children.

Dr. TAYLOR said vaccination did not directly influence the attack; it helped to determine the site at which it appeared. He commonly used Fowler's solution of arsenic. The extent of injury to the skin set up in erythema would be dependent on the extent of inflammation.

## Special.

### THE INTERNATIONAL MEDICAL AND SANITARY EXHIBITION.

We are informed by the President (Mr. Erichsen) and the Secretary that the arrangements for holding the International Medical and Sanitary Exhibition, initiated by the Executive Committee of the Parkes Museum of Hygiene, are now complete.

This Exhibition will be held on the occasion of the meeting of the International Medical Congress in London, and will be open from July 16 to August 13. The Exhibition will comprise everything that is of service for the prevention, detection, cure, and alleviation of disease, and will be divided into three sections:—

*Medical Section.*—Surgical instruments and apparatus; appliances of the ward and sick room; drugs, disinfectants, medical dietetic articles and mineral waters; electrical instruments and appliances; microscopes and optical apparatus; apparatus of other kinds used in the investigation of disease; appliances used for the treatment of sick and wounded during war; street ambulances, &c.; appliances used in teaching medicine; books, diagrams, models, &c.

*Sanitary Section.*—Domestic and hospital architecture; planning, construction, decorative materials; ventilation, lighting, and warming; water-closets, sinks, baths, &c.; sewerage and drainage; water supply and filtration; health resorts and sanitarium; books, diagrams, models, &c.

*Miscellaneous Section.*—Application of hygienic principles to food and dietaries, clothing, &c.; school furniture and other articles more or less connected with the general purpose of the Exhibition.

The Exhibition will be held at South Kensington, space having been granted for it by the Royal Commissioners for the Exhibition of 1851. Applications for space from Great Britain and Ireland and the Continent of Europe must be made not later than Thursday, March 31; but applications from India, the Colonies, and America will be received up to April 16.

Certificates of Merit will be awarded to Exhibitors. New inventions exhibited will be protected under a certificate from the Board of Trade. Exhibitors will be charged for space, and it is hoped that the Exhibition, in this and other ways, will be made to pay its expenses. An undertaking of this magnitude, however, is not without risk; and although upwards of £800 has been subscribed as a Guarantee Fund, we hope the Committee will receive such additional contributions as will enable them to thoroughly carry out their work.

## Department of Lunacy.

### "MEDICAL PRESS AND CIRCULAR" SPECIAL COMMISSIONER'S REPORT ON PRIVATE LUNATIC ASYLUMS.—VI.

THE objectors to private asylums,—and this applies to every class of objector, those whose aim is the gratification of personal feelings of whatever kind, as well as those who unrighteously pander to sensation craving,—seem to be oblivious of the fact that on them alone rests any *onus probandi*. They gratuitously invent impossibilities, and then complacently

garnish their assertions with absurdity; finally concluding by impudently dubbing their statement "fact." I have very carefully examined these unblushing compositions; the number of them is a sickening evidence of the most wanton disregard of moral law; but in none is there to be found a shred of reliable testimony. In all, the evidence adduced amounts to, "I believe, &c.," or "I have heard, &c." Nowhere do we come across the avowal, "I have seen, &c.," or "I know from my own experience, &c.;" in none of the nonsense with which a certain type of periodicals is even yet well-padded by those who profess to write for the information of the public on what takes place in private asylums, is there to be found a page of invective that rises for a moment above the character of fanciful hypothesis. It is, however, a grievous reflection that the unwary general reader is without a guard to protect him from the evil influences thus brought to bear on him; the evil is as great to him as to the proprietors, whose fair fame is thus insidiously attacked; for by undermining his confidence in the institutions he rightly ought to regard as sure havens of rest in the dark hour of his mental unsoundness, he is rendered the prey of unreasoning terrors, that may well be expected to hasten the development of incipient symptoms of insanity. Why will not the self-elected traducers of asylums in this country, learn for themselves the injustice of the course they have entered on. The way to do so is simple in the extreme, but the reason why they persist, is, it is to be feared, patent enough. It pays them to be ignorant, and to write in ignorance, however wilful, of the real truth of the matter.

The conduct of servants, and the manner in which their duties are discharged, is one of the most important subjects that arise for consideration in dealing with private institutions. It might, at first sight, almost seem that these officers possessed more uncontrolled influence over patients, than could be the case in public, state-controlled buildings. As usual, with apparent truths, however, the exact contrary to that they seem to teach, is, on examination, found to be the real fact. In the first place, the number of servants in a private house is less, in agreement with the smaller number of patients, compared with the masses under control in public institutions; those few cases where this difference is less marked, a little consideration will show to come within the description to follow. Fewer in number, they are naturally more directly responsible to the superintendent under whom they discharge their duties; and this latter, as has been already shown, being immediately and personally interested in the patients committed to his care, the latter are infinitely better protected from any possible mal-treatment, than in those places where, from the circumlocution attendant on all state offices, a charge, however serious, is filtered through innumerable channels before it arrives before a final tribunal. In another way, too, the private attendant is hedged round by difficulties that effectually prevent him from gratifying any vindictive sentiment he may experience. He might hope to successfully evade discovery of malpractice, when it would be only revealed by complaint of the intimidated patient; and the arrangements of public asylums are sufficiently circuitous to afford no small degree of probability to such chance suppression. In private houses, on the contrary, where a family interest marks the relations of the inmates, it is absolutely impossible that any instance of actual brutality on the part of an attendant, can escape the notice of the proprietor. In every establishment I have had acquaintance with, it has been an invariable rule, for the head thereof to make a daily visit round the whole place, at a time, usually, before the breakfast hour. During a fortnight's residence at one house, I, on two

or three occasions, made my way down from my room, early in the morning, without giving any previous notice of my intention; and, on each occasion, I discovered the proprietor, my host for the time being, on his round of inspection; and thus I learned, what I had been ignorant of before, that this is an invariable custom at all licensed establishments. As night is the time favourable for the perpetration of illegitimate acts, we may safely assume that guilty servants would choose it for their attempts at revenge or cruelty on patients, whenever they were impelled to such performances. The disturbed state of the ward, and the tell-tale excitement of the patient, however, would alike reveal what had taken place under any circumstances of the kind; and any indication pointing to it would forthwith form the subject of minute investigation. It so happened within my experience. A considerable disturbance was created one morning, at Stretton House, and the immediate attention it excited, the noise attracting everyone within hearing distance, conclusively showed the impossibility that anything of the sort would escape notice. This case proved to be a disagreement between two patients who met on the stairs, while proceeding down from the dormitories. A question of precedence arose, and the contention ended in a way to demand the interference of an attendant. The depositions of all parties were carefully received and considered, and had any blame attached to the servant, who was certainly free of any in this instance, he would have met with such summary justice as, we well know, would have rewarded any unjustifiable excess of his licence. It is right, too, to accredit these necessary adjuncts to discipline, with, at least, some share of the common sense spread over humanity in general. An asylum-attendant can hope for remunerative employment only as an asylum-attendant; any violation of the rules under which he accepts service, is severely punished, and is met, moreover, by deprivation of the character, with the aid of which alone he can hope to apply successfully for employment in the same capacity elsewhere. For his own welfare sake, therefore, it behoves him to be careful always of his actions; and speaking from my own knowledge, I can unhesitatingly avow, that with perhaps one exception, the asylum-attendants in private licensed houses I have seen, have admirably answered the requirements to be looked for in a good and able servant, viz., firmness, obedience, gentleness, and command of temper. Much allowance is to be made for them, moreover. Their life is one of considerable temptation to violence, and I venture to think that if the concoctors of sensational accounts of the inhuman brutality of keepers, could but see the almost superhuman patience with which a well-trained attendant tolerates the exasperating conduct of an ill-disposed lunatic, they would blush as much at the injury they have inflicted as their victims would, did they read of the outrages ascribed to them.

In the past, before asylum management was made subject of state regard, and when some private asylum keeper may have regarded his profession as a mere trade, it undoubtedly did occur that servants, left entirely uncontrolled, treated the patients they had charge of with merciless cruelty. But even these instances were few in comparison with the opportunities that occurred to them to be repeated; there are, spite of the black-letter painting of prejudice, only a few men base enough, at any one time, to take advantage of unfortunates unable to defend themselves. At the present day it is safe to assert that not one out of the whole number of private attendants can be described as naturally vicious, and delighting in torture; a character he must possess to be guilty of the crimes laid to his door by sensation-mongers, and dramatists of the intel-

ligence exhibited by the authors of *The World*. Respectability, sobriety, and self-command, are qualities imperatively demanded in applicants for the post of asylum attendant. When these are all exhibited in a marked degree, the servant becomes a most valuable one; and the process of selection, now going on in the asylums of this country, bids fair to produce ere long an absolutely faultless corps of attendants on the insane; to whom, moreover, in no small degree, both the comfort and the progress of patients must be due. Thus much, in defence of an unjustly libelled body of men, has seemed right and called for. It has, besides, a very proper place in this series, and in nothing does it exceed the accurate measure of truth, as might be testified by undoubted testimony.

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, MARCH 2, 1881.

### QUIESCENT SCIRRHUS.

SINCE the discussion on cancer at the Pathological Society, initiated in March, 1874, by the late Mr. De Morgan, the literature of the subject has been extensively added to, and on Friday last Mr. T. W. Teale, of Scarborough, read a communication before the Clinical Society of London, which is likely to rouse afresh the keen interest always associated with consideration of the history, forms, and prognosis of cancer. A brief abstract of Mr. Teale's paper will be found in our report of the Clinical Society's meeting. The subject of it is a lady who, for a number of years, has enjoyed fair average health, while, at the same time, possessing an undoubted cancerous tumour of the left breast. Several deeply interesting questions are suggested in connection with the case, the first and most important being that of diagnosis. On this point the information obtainable is not wholly satisfactory, though the

united opinion of Mr. T. W. Teale, and of his brother, Mr. T. Pridgin Teale, of Leeds, confirmatory as it is of the carcinomatous nature of the growth, leaves no room for supposing that, as far as external examination can be certain, a mistake can have arisen. The circumstances of the case unfortunately prohibited any detailed microscopic investigation into the nature of the tumour, but the history of its progress, and the symptoms attending its presence, go far to lend weight to the assumption of its malignant origin. That it has, notwithstanding, existed for so long a time as eleven years, the last five of which have been passed in comparative comfort by the patient, makes it highly desirable that the means whereby so unusual a course has been assisted should be widely recognised. There are records of mammary cancer which have remained indolent for fourteen years, and have then been removed by operation, but of these we may be allowed to question the actual nature. In every such instance the indolent character is determined by the condition of the tumour, this never having passed beyond the hard stage of scirrhus; and it is in this relation that Mr. Teale's account is most suggestive. He describes the absolutely fibrous structure of the shrivelled mass, which now occupies the region of his patient's left breast, and from the photograph of it exhibited on Friday evening, it is evident that the contraction of the part has been excessive. It is, in fact, bound down firmly to the ribs, and its progress to this condition, gradual as it was, had been attended with diminution of pain, cessation of the discharge, and improvement of the general health as cicatrisation of the discharging ulcer advanced. The diet prescribed is, by Mr. Teale, adjudged to have been instrumental in aiding this result; an opinion to which general assent was given in the discussion which followed the reading of his paper. Meagre as is the information we possess concerning the part taken by the blood in cancerous disease, there is yet a certain amount of evidence tending to show that it does afford the pabulum on which degenerative material can thrive to excess; and that impoverishment of it is associated with, at least, a modified exuberance of the cellular elements which constitute so essential a portion of the true malignant ulcer. Moreover, the susceptibility to cancer is intimately connected with those conditions of body sufficiently described as “plethoric and fat;” with over-feeding on nitrogenous food; in women with the large breasted state; and with habitual excess in wine and spirits. The observations of numerous careful inquirers, too, have shown that a remarkable increase in the number of white corpuscles may be present with cancer, and it is reasonable to anticipate that the influence exerted over the growth of malignant cells bears some proportion to the deterioration of the blood current itself. Hence the proposal to place restrictions on the amount and quality of food consumed by patients afflicted with cancer, deserves to be more universally made trial of, especially, since, in the latest edition of Aitken's “System of Medicine,” the following directions are given under “treatment” of cancer:—“As a general principle, diet has little or no influence over the course of the disease when once established, except, it may be, that total abstinence from nitrogenous food may starve out the growth and most likely the patient; so that whatever agrees with the patient's digestion may, be safely indulged in. Preven-

tive treatment must be directed to the infant life of those who are hereditarily predisposed." We can hardly, in the face of such evidence as Mr. Teale is able to afford, repose unlimited confidence in this advice; and it will be wiser, within the limits which common sense will suggest, to abstain from the indiscriminate nourishment that sympathy and despair of remedial measures combine to lead the attendant to advise. If cancer is capable of being arrested in its preliminary stages,—and the possibility is no chimera,—then it behoves the profession to give its closest attention to whatever offers promise of achieving this end. If by starving out the *materies morbi* its unlimited propagation can be prevented, then it is the imperative duty of the practitioner, at least to give his patient this chance of arresting the course of disease. And, though as yet there is scarcely a ray of hope that the plan will be successful save with scirrhus tumours, in which the preliminary hard stage has not been passed, still the future may reveal an adaptation of present means for attaining similar results with the more deadly forms of cancer. For the purpose of alleviating the pain experienced by his patient, Mr. Teale bid her have recourse both to morphia and chloral. In consequence of the distressing symptoms exhibited after long continuance of the latter drug its use was suddenly discontinued, and at once relief from mental depression occurred, and was followed by the gradual improvement of the principal disease, improvement which has now persisted for five years. The details of this are interesting in connection with the history of the case, but there can be probably only a remote relation between the chloral and the progress of the cancer, if indeed, any at all. As a contribution to the literature of chloral it is interesting, but it will hardly deserve to be considered as further bearing on the development or course of cancer. Another fact, and one of greater import, mentioned by Mr. Teale, is that for two years his patient had lived on milk alone. This, and the case recorded by Dr. Sutherland, of a patient who for a somewhat less period existed solely on koumiss, will help to a solution of the difficult question "what shall we give our patients for food?" The two cases will deserve attention when in the future the treatment of cancer on principles of abstinence is to be attempted.

One other point referred to by Mr. Teale is worth mentioning. Had chian turpentine, he urged, been employed as a remedy in his case it would have been cited as a marvellous instance of the drug's efficacy. We agree with him, and think also that other cases of cure by chian have perhaps resembled his.

#### THE DENTAL MEETING OF THE GENERAL MEDICAL COUNCIL.

We have received from Dr. Aquilla Smith a letter in reference to the following paragraph which appeared in our issue of the 16th of February:—

"Certain members of the Council, indeed, seem to entertain a strange view of their duty under the Act. The 13th section says: 'The Council shall cause to be erased . . . any entry . . . incorrectly or fraudulently made.' And again, sec. 35 says: 'Any person who wilfully procures . . . himself to be registered . . . by making

. . . any false or fraudulent representation . . . shall be guilty of misdemeanour.'

"These clauses seem sufficiently plain, and yet we find the following pronouncements of speakers on this subject:

"Dr. Aquilla Smith 'assumed that some of these men had acted fraudulently in stating their qualifications, but the Council had nothing to do with that.'

"The President (Dr. Acland) said 'they were not discussing whether persons were guilty of fraud, because that was entirely beyond the province of the Council.'

The words here attributed to Dr. Smith are quoted *verbatim* from the report published by one of our contemporaries, and their verbal accuracy is admitted, but Dr. Smith says they were not his words or meaning. He writes to us:—

"My complaint is that you have attributed to me a statement for which Mr. Macnamara is alone responsible for. I expressed no opinion whether fraud had been committed or not. The garbled quotation, from what I did say, is a very unwarrantable and erroneous charge against me of having 'assumed that some of these men had acted fraudulently in stating their qualifications.' My words were in reply to Mr. Macnamara, who said 'unquestionably there were some who had got on the Register by stating that which was absolutely false, and I added, the Council had nothing to do with that,' (namely, getting on the Register by falsehood), but you suppressed the continuation of the sentence, viz, the motion was simply to strike out the qualification, and if any fraud had been committed, the names would remain in the Register, and they would be just as open to penalty as heretofore."

Dr. Smith requests that we shall withdraw the charge against him of having assumed any of these dentists to be guilty of fraud in stating their qualification, and having in view his explanation of the somewhat ambiguous wording of the report, we are ready to acknowledge that Dr. Smith did not intend to accuse anyone of anything.

But the force of our charge against Dr. Smith and the President and the majority of the Council, i.e., that they did deliberately ignore the duty imposed on them by the 13th section above quoted is not weakened but rather strengthened by Dr. Smith's letter.

We insist that the Medical Council is clearly and intentionally charged with the duty of inquiring as to the *bona fides* and accuracy of each registration entry, and out of the mouth of Professor Humphry we accuse the Council of having cleared away all possible erroneous entries by a stroke of their pen, in order that they may be saved the trouble of such inquiry. It is needless to point out that wholesale elision of these inaccuracies of registration is equivalent to a bill of indemnity to those who were guilty of fraud or misrepresentation, and it is, therefore, not accurate for Dr. Smith to state that the persons who, by such entries, obtained recognition as dentists would be open to penalty and erasure as heretofore.

The sole difference between what Dr. Smith admits that he said, and what he is reported to have said, is, that he did *not* admit that fraud had been committed in any single case, but that he distinctly declined to inquire whether or not it had been committed, and would rather "make a clean slate" by expunging the questionable entries, than undertake the duty which the 13th section imposed on the Council. It is necessary to point out that this expunging of questionable entries advocated by Dr. Smith, means that the Medical Council has taken to its embrace all registrées, fraudulent or not, and has voted them pure, thus finally foisting them on the dento-surgical profession,



and, for the next thirty years, damning the title of "dentist."

To have done so may be legal, but without doubt, it is an act for which the Council may well blush.

### THE GLASGOW ROYAL INFIRMARY.

A CONSIDERABLE amount of rivalry exists between the Glasgow Royal Infirmary and the Western Infirmary in pressing their claims for public support. The following circular has been issued by the managers of the older institution:—

"The managers in making their annual appeal on behalf of this institution, would respectfully submit that there are urgent reasons why they should most reasonably expect that all former contributors who have the ability should materially enlarge their subscriptions, and that many whose names do not appear on the list should come forward in aid of this important work. These reasons may be briefly stated thus:—1. That great improvements have been made in accommodation, in nursing, and in diet. 2. That these improvements, which are only in harmony with the advances that have properly taken place in hospital management, have been and will continue necessarily to be attended with an expenditure much in excess of the revenue which has been derived from all sources whatever. 3. That from causes only too obvious many names which have hitherto been familiar to the managers have disappeared from the list. 4. That alike from its extent and from its objects this institution has paramount claims to public support."

It is alleged that the annual subscriptions to the Royal have considerably diminished since its rival has come before the public; but it is bruited abroad by wicked people that this is of the nature of a pious fraud, for that the Royal is *adding largely to its capital every year*. We have considerable sympathy for the old Royal, for in our recollection the wants of the poor were ungrudgingly attended to at it, and the legitimate rights of the profession properly respected. Things are very different now; the doors of two large hospitals are thrown widely open to all comers, and the descent to poverty and dependence made charmingly easy by all manner of cajolery and the gratuitous distribution of medicine. What would be thought of the argument of a man who opened a magnificent gin-palace, administered to the thirst of all comers, and pointed to the number of his customers at the end of the year as justifying the creation of his establishment? What would people who have to make a living in this manner, say to an institution, possibly supported by the public, and taking the bread out of their mouths? It is felt on all hands that the expense of medical education is grossly and shamefully increasing by the multiplication of unnecessary classes, and that the means of subsistence when one does qualify are diminishing in a corresponding ratio.

The fact of twelve candidates offering for a paltry appointment in Ayrshire, as noticed in our last, is sufficiently significant. The medical profession has rights that ought to be respected. Men used to be able to live comfortably, if not in affluence, by its practice, and we hold that no body of blatant Exeter-Hall philanthropists have the right to deprive the profession of their undoubted privileges. We may sympathise with the managers of crippled Glasgow hospitals; but the fact,

from the professional point of view, is sufficiently patent that ten times too much organised charity exists. Let the people be taught to help themselves; and this can be done by means of provident dispensaries. Then the profession would not be robbed, nor would a mean multitude be simply pauperised.

## Notes on Current Topics.

### Damp Houses.

THE inhabitants of low lying districts, into which water is a frequent and unpleasant intruder, will need no stirring to avail themselves of any remedy they can adopt for a cure of their ills. The physical discomforts that ensue on flooding of houses are more or less easily got rid of, however, the effects they give rise to will probably remain for long to remind the dwellers in damp houses how fraught with risk their tenure is. It is some satisfaction to know that the law admits a remedy against the dishonesty of landlords, who declare that houses they are eager to find tenants for are not subject to inundations, or to the damp, which is detrimental to health. In the Greenwich County Court last week judgment was given against the owner of a house for £50, being the amount paid in advance for twelve months' rent, and £10 expenses incurred in removal by the tenant, who claimed this sum as damage, on account of the house he had taken as a dry dwelling being recently flooded to the height of eleven feet with water. This, however, should not be possible to occur; the State should be in a position to condemn as unfit for habitation any house subject to dampness to an extent likely to injure the health of those who will live in it; and until either the district was so drained as to render floods impossible, or the houses so protected as to remove them from all chance of danger, it should be a penal offence for a landlord to entice, or even permit, human beings to inhabit his property. Then may we hope for a reduction in disease from exposure to damp.

### Royal Medico-Chirurgical Society.

AT the annual general meeting of the Royal Medical and Chirurgical Society, held last (Tuesday) evening, the election of office bearers for the year 1881-82, resulted in the following return:—President: A. W. Barclay, M.D. Vice-Presidents: A. B. Garrod, M.D., F.R.S.; \*S. O. Habershon, M.D.; \*T. Spencer Wells; \*T. Holmes. Treasurers: \*C. B. Radcliffe, M.D.; J. Cooper Forster. Secretaries: R. E. Thompson, M.D.; \*M. Berkeley Hill. Librarians: \*E. H. Sieveking, M.D.; J. W. Hulke, F.R.S. Other Members of Council: \*J. Andrew, M.D.; \*W. Cholmeley, M.D.; C. Hilton Fagge, M.D.; \*S. Ringer, M.D.; \*R. Southey, M.D.; F. J. Gant; \*J. Langton; Francis Mason; J. Morgan; A. Willett. Those gentlemen to whose name an asterisk is prefixed were not on the Council, or did not fill the same office, last year.

### Hospital Nursing.

THE disagreement which resulted in the withdrawal of

five members of the staff from the Rugby Hospital, having been brought before the Birmingham and Midland Counties branch of the British Medical Association, that body has resolved that "Dr. Dukes acted in conformity with the laws of the Rugby Hospital; but that a law practically permitting patients to change their doctors in the hospital is opposed to that professional harmony which is essential to the good working of any medical charity." No doubt this is gratifying to the gentlemen who were opposed to Dr. Dukes, and no doubt also the latter is blameworthy for his share in the proceedings which have brought him under the notice of the Association at Birmingham; but still we inquire concerning the inquiry held by that body, *cui bono*? A more rational amusement was indulged in, though in the same direction, viz., the arrangements for nursing in hospitals, by the Metropolitan Counties Branch Association on Wednesday last, when there was under consideration the management of hospitals. A resolution was there adopted that "It is essential for the proper management of any hospital that the medical staff should be efficiently represented in the government of the hospital." And further, a committee, consisting of the presidents and secretaries of the branch, with Drs. Bristowe, Mouatt, Gilbert, Smith, and Heywood Smith, and Messrs. John Wood, Holmes, Macnamara, and H. C. Burdett, were appointed to collect information bearing on nursing in hospitals. The authority of the British Medical Branch Association must lend weight to proposals for reform in the field of hospital labours, and suggestions coming from such sources will always command considerable attention. In this way the resolutions and discussions are useful, by affording an indication of the dominant opinion in the profession respecting the various matters discussed; information that will by-and-by prove useful. But we venture to think the action of the Association should be chiefly suggestive at present; when it can effect anything directly by its authority, then should it "resolve," and hardly before then.

#### The Medical Society of London.

The general meeting of the Medical Society of London is fixed for Monday, March 7th, when the following list of officers will be proposed for election, to serve during the coming year:—President: W. H. Broadbent, M.D. Vice-Presidents: A. Wiltshire, M.D.; J. W. Barnes, F.R.C.S.; R. Quain, M.D., F.R.S.; R. B. Carter, F.R.C.S. Treasurer: F. Mason, F.R.C.S. Librarian: H. R. Bell, F.R.C.S. Secretaries in Ordinary: T. Gilbert Smith, M.D.; Edmund Owen, F.R.C.S. Secretary for Foreign Correspondence: J. I. B. Berkart, M.D. Council: H. F. Baker, F.R.C.S.; P. Boulton, M.D.; J. C. Bucknill, M.D., F.R.S.; S. Coupland, M.D.; J. H. Craigie; A. E. Camberbatch, F.R.S.; W. H. Day, M.D.; T. S. Dowse, M.D.; Sir J. Fayer, M.D., K.C.S.I.; F. J. Gant, F.R.C.S.; C. Godson, M.D.; D. H. Goodall, F.R.C.S.; A. P. Gould, F.R.C.S.; W. R. Gowers, M.D.; F. de H. Hall, M.D.; M. Morris; Heywood Smith, M.D.; W. F. Teevan, F.R.C.S.; J. G. Thorowgood, M.D.; C. T. Williams, M.D.

#### Mr. Gladstone's Accident.

THE unfortunate mishap to Mr. Gladstone has, we are glad to say, resulted in no very serious ill to the illustrious statesman. The worst consequences are such as must follow the shock to the system sustained by the premier. Mr. Gladstone is of an age at which it is impossible to shake off the effects of any considerable blow, in the way a younger man might be able to. In slipping on the ground, Mr. Gladstone struck the back of his head against an iron scraper, receiving a somewhat severe cut over the occiput. Through speedy and skilled attention, however, this has so far healed as to cause no further anxiety; and all friends of Mr. Gladstone will rejoice to hear that he is now freed from almost every inconvenience produced by the accident which befel him.

#### Cambridge University and Female Students.

By a decision arrived at on Thursday last by the Senate of Cambridge University, lady students will in future be able to claim admission to the examinations conducted by the University, and will be placed according to order of merit in the award of honours. This step has been some time imminent, and will be hailed by the advocates of extending the advantages of higher education to both sexes, as evidence of a more liberal appreciation of the rights of womanhood. The question of admitting women generally to equal rights of graduation with men, can now it must be presumed, be no longer regarded as impossible or unreasonable.

#### The National Society for Aid to Sick and Wounded in War.

AT the close of the Franco-German War of 1870 the above-named Society wound up its affairs, having in hand a balance of upwards of £70,000 to which, since that date, interest has been accruing. This fund was intended to be applied to the relief of British troops in the event of this country being involved in war. The Society no doubt also had the power of granting aid to foreign armies. Since 1870 this country has had some years of almost constant hostilities in one part of the world or another. Thousands of British soldiers have been wounded, and the sufferings of the injured men have in many instances been aggravated by the insufficiency of the assistance provided by the authorities, or by the break down of some branch of the medical department at a critical moment. During each of these recent wars new appeals have been made to the public on behalf of the troops, and committees have been formed to raise and administer funds. Ample evidence has been afforded that the extra succour provided was urgently needed, and was often the means of mitigating much suffering, and of saving life. The National Society seems, however, to consider that charity should begin abroad, and end there, for although it has listened to appeals on behalf of Turkey and Russia, and has made small grants to foreign armies since 1870, it seems deaf to the cry of its own countrymen. We make these remarks specially *apropos* of the new appeal for assistance on behalf of the troops engaged in South Africa. A committee has been formed to raise subscriptions and to send out the men material necessary to supplement the Government provision—which, if not inadequate, is always improved by

such extraneous help. But the starting of a new fund involves delay, so that the help which is wanted at once may not arrive till too late; and the raising and administration of a new fund involves inevitably a great waste of money, and the newspaper advertisements alone often absorbing a large percentage of the amount subscribed. We "want to know why the National Society for Aid to Sick and Wounded in War" is not prepared to do its duty—not only to prevent this waste, but to come forward at the commencement of war with an establishment authorised for immediate work? If the Society consider that they are right in maintaining the attitude of "masterly inactivity" which they have assumed, they are at least bound to enlighten the public as to reasons by which they have been led to form their at present inexplicable resolution.

### Concealment of Infective Disease.

It has been one of the considerations urged by the *Medical Press* in regard to the compulsory notification of Infective Disease in Dublin, that the proposed system of forcing the medical attendant to notify at once the nature of the disease to the corporation might defeat its own object by offering to persons who desired to conceal the infection an inducement to postpone the calling of a doctor because his visit must necessarily be followed by that of the sanitary officer. That there is a reality in this objection is made evident by the most recent public report of the Public Health Committee of the Dublin Corporation, which runs as follows, the italics being ours:—

The attention of the Public Health Committee was drawn to the fact of the concealment of infectious disease, and the serious consequences of neglecting to call in medical aid until the illness is of several days duration. A child recently took ill with fever in a tenement house in Church Street and no medical man was summoned to see the patient, two grown persons have since contracted fever in the same room from the child, and they are now dangerously ill, so much so that the cases could not be removed with safety in the hospital cab, but had to be conveyed on a stretcher to the Hardwicke Hospital. The two last cases were ten or eleven days ill before any medical man saw them, and if left in the room would probably have died, as no person in the house would attend to them. *The fear of incurring the censure of the landlords of tenement houses in many instances appears to be the chief reason for not seeking medical advice in time; with others the dread of removal to hospital is the motive.* Owing to the prevalence of fever in the city, the Public Health Committee would warn the public, especially the working classes, not to neglect obtaining prompt medical advice, and thereby not only increase the chance of recovery, but also prevent the spread of disease in their families.

No doubt the advocates of compulsory notification of infective disease might seek to found upon this statement an argument in favour of imposing stringent regulations to compel the disclosure of such disease when it exists. Far be it from us to dispute the propriety of such regulations, but we think we are entitled to quote the foregoing pronouncement of the Dublin Sanitary Authority as a clear admission that the effect of the very limited arrangements for notification and subsequent sanitation which already exist, is to prevent the medical attendant being called in until too late to be of service to the patient. How greatly would this difficulty be enlarged if, as is proposed, the calling for a medical attendant would, of necessity and in

every case, be followed by the sanitary procedures which tenement landlords and inmates dread so much.

We fully admit that infective disease should be discovered by some means or other, but we urge that no method should be adopted which will cause the doctor to be looked on as a sanitary spy and, therefore, to be kept out as long as possible. If notification of infective disease in Dublin cannot be achieved without consigning the medical attendant to that position, then it will be better that the *status quo* shall remain—bad as it is. But there is an alternative proposition which has worked well elsewhere, and, in our opinion, ought to be tried in Dublin, *i.e.*, to compel the custodian of the patient or house occupier to ascertain the nature of the disease by calling in a medical man and to oblige him thereupon to notify, to hold him strictly responsible for any injury to patient or neighbours from the omission to do so, and to accept no excuse that he did not know the nature of the disease. It would be essential that the energy of the Corporation in the discovery of cases shall be redoubled. Sanitary inspection increased, the causes of death followed up, and prosecutions at once instituted where the nature of the disease has been concealed.

We are confident that a general public announcement that this law would be strictly enforced would, if a few examples were made of delinquents, produce the desired result, and that it would not be necessary, as is proposed, to imperil the lives of patients and sacrifice the interests of the medical profession in order to discover the existence of infective disease.

### The State Medicine Section of the International Medical Congress.

THE following subjects for discussion at the forthcoming meeting of the Congress are announced by the Council of the Section.

*First Day.*—I. Measures by which to prevent the diffusion of different Communicable Diseases from country to country, or within the limits of any single country—*s.g.* (1.) Yellow Fever, Cholera, Plague. (2.) Enteric Fever, Scarlet Fever, Measles, Hooping Cough, Diphtheria. (3.) Syphilis. (4.) Glanders, Hydrophobia, Anthrax.

*Second Day.*—II. Influence of various Articles of Food (not including Water) in spreading Parasitic, Zymotic, Tubercular, and other Diseases.

*Third Day.*—III. Conditions to be imposed upon the legally-qualified Practitioners of one country who may seek authority to practise in another country. IV. Precautions to be taken in Medical Nomenclature and Classification to guard against false Statistical Conclusions.

### The Army Competition.

IN the House of Commons, last week, upon the motion of Mr. A. O'Connor, the following returns were ordered:—Army (Medical Service)—Address for returns of the number of examinations held in London since 1870, inclusive, for appointments in the Army Medical Service. Of the number of vacancies to be filled at the date of each examination. Of the number of candidates who presented themselves at each examination. Of the number of unsuccessful candidates at each examination. And, of the nature and dates of the registered medical

qualifications of each candidate at each examination (the candidates to be designated not by their names, but by numbers or letters). Navy (Medical Service)—Returns of the number of examinations held in London since 1870, inclusive, for appointments in the Navy Medical Service. Of the number of vacancies to be filled at the date of each examination. Of the number of candidates who presented themselves at each examination. Of the number of unsuccessful candidates at each examination. And, of the nature and dates of the registered medical qualifications of each candidate at each examination (the candidates to be designated not by their names, but by numbers or letters).

#### The Metropolitan Hospital Saturday Fund.

THIS, the seventh year of the existence of Hospital Saturday, has attained to a greater success than that of any of its predecessors. The total amount collected being £6,634, that of the previous year £6,152, being an increase of £482. This result certainly affords grounds for congratulation, since it shows that the movement has attained a firmer hold of the working classes. Another gratifying circumstance is that the fund has been more economically managed; the working expenses for the year being 14.66 per cent., whilst, in former years, it has risen as high as 26 and even 29 per cent. The sum distributed amongst 64 hospitals, 31 dispensaries and 5 other institutions, was £5,800. The Committee of Management, which is now chiefly composed of working men, may, if carefully selected, very fairly hope to achieve even a greater success in the future than in the past. The ladies still manifest an interest in the movement, and, by taking the street collections under their care, increased the fund by £1,398. That many hundred ladies should freely tender their services in behalf of the collection year after year, is a circumstance that might well stimulate the efforts of the better classes of artisans in permanent employ; for although they have apparently made an attempt to redeem themselves from the reproach of accepting charity in times of illness, without offering in return anything in a shape of a money equivalent, they have not done all that was expected of them. The Committee, acknowledging the efforts made by a number of dispensaries to open their doors for the accommodation of patients in the evenings, believe more might be done in this direction, and ask for "a little more consideration on the part of managers and medical men of hospitals and dispensaries." It has not entered into the minds of the Committee that any extension of night work must be borne by an already overworked profession, who are usually the last to be considered in these matters, and whose members as a rule receive no remuneration for the time given to hospitals and dispensaries. It would be far more reasonable to recommend those amongst the working classes who cannot attend during the day, to join a Provident Dispensary. Let them by all means enrol themselves amongst the members of the nearest institution of the kind, as, by the payment of a merely nominal sum, they will secure all they desire. We observe that the awards from the Hospital Saturday Fund to Provident Dispensaries are growing small by degrees and beautifully less, so that, probably, the Committee do not see their

way to give encouragement to provident work; it is, however, quite evident that some limit must be set to the endurance of the medical profession in this important matter of medical relief.

#### The Census of the Profession in Great Britain.

FROM the Medical Register for 1881, which has just been issued, we learn that the registered medical practitioners are divided throughout the three kingdoms as follows:—

England ...	15,918	or 69.4	per cent. of the whole.
Scotland ...	3,454	or 15.0	" "
Ireland ...	3,564	or 15.6	" "
Total ...	22,936	100.0	

Within the past year England is represented as having contributed to the profession 667 practitioners, Scotland 267, and Ireland 189, making altogether 1,123 new practitioners. The activity of Mr. Miller in weeding out of the Register the names of dead men and *émigrés* to foreign countries may be judged from the fact that within the last three years 3,260 names of such persons which had remained as errors in the Register were struck out, while in the two years preceding Mr. Miller's revision only 1,354 were got rid of.

We have reason to know that up to the time that Mr. Miller took this work in hand the Scotch Register was in a state of complete chaos, and contained almost as many dead-and-gone practitioners as those actually living.

The correction of the Register is a much more difficult work than might be supposed, and, no matter what effort may be made, it can never, under the existing law, be a strictly correct list of the profession. In the first place, we believe that very many, though it may be and has been made a true record of those who are registered, of the qualified practitioners never register their names at all. A £5-note is, in many instances, a very scarce commodity with the newly-licensed practitioner who has been squeezed dry by curriculum and diploma fees, and we believe that a considerable number of practitioners adjourn the payment of the registration fee, until either they are seeking a public appointment, or have occasion to sue for their fees, these being the only two privileges which a registrée receives for his money. Thus it happens that many qualified surgeons enter into practice and work on for years without any appearance of their name on the list, and, therefore, the number of registrées in any year does not at all truthfully represent the "out-put" of the medical schools of the United Kingdom.

In the second place, the Medical Registrar can make a correction or an erasure only, *a*. In case he has personal knowledge of the death or change of residence of a registrée, or *b*. In case the registrée omits to reply to repeated letters of inquiry. A very assiduous Registrar may, as Mr. Miller has done, acquire personal knowledge by obtaining lists of public medical officials from the Army and Navy and other departments, and may thus amend a multitude of errors in the Register, and it is, we believe, by this means that the book has been made as perfect as it is. As to the erasure of the name of a

person who is too lazy to answer a letter, we take it that such a proceeding is an abuse of the terms of the Act. It is quite right that when the Registrar has good reason to believe that a practitioner is dead, but has not certain knowledge of the fact, he should test the accuracy of his information by sending letters, but it is not right that the names of persons who are believed to be extant should be struck out simply because they are too indolent to reply to the Registrar's communication. Strange as it may appear, it is the fact that a considerable percentage of medical practitioners are so utterly devoid of interest in themselves and their professional position that they will neither read nor answer any letter on any professional subject. It is indifferent to such persons whether they are registered or not, and they wont trouble themselves to reply. Nevertheless, to strike such a person out of the Register, is to introduce one error into its pages.

In our opinion, every qualified medical man should be compelled to register before entering into practice, inasmuch as he ought not to be recognised as a legitimate practitioner unless he shall have duly enrolled himself as such.

#### The General Medical Register for 1881.

WE notice with satisfaction the unusual and praiseworthy alacrity with which the Medical Register for the current year has been issued, and we observe that the improvements in its compilation which we noticed last year are extended still further, so that the volume is now as perfect as it is possible for Mr. W. J. Miller, the General Registrar, to make it. In the first place the whole work has been subjected to the most laborious and careful revision, for the purpose of securing, so far as possible, accuracy of entries, and, at the same time, elegance of typographical arrangement, obtained by spacing the names out better over the page. The several "Medical Acts," up to the present date are arranged and indexed at the beginning of the volume, and on page 68 there is a table showing the exact number of persons registered in the local Registers for England, Scotland, and Ireland. Moreover, the place of registration of each entrant is indicated by attaching the letter E., S., or I. to his name. From a cursory glance at the work, we notice evidences of the removal of many redundant names which had hitherto encumbered the book, and we can fully understand how great a labour must have been the transformation of the book effected by Mr. Miller within the last three years.

#### Accident to Mrs. Kendal.

ON Tuesday evening, about 7 o'clock, Mrs. Kendal was being conveyed in a hansom-cab, when an accident occurred in consequence of the reins breaking. Mrs. Kendal is now suffering from a rather severe scalp-wound on the left side, extending through the left eyebrow, and a large punctured wound nearly through the left arm. The left side of the body is also very much bruised. Mrs. Kendal, who was faint from the loss of blood, was taken into No. 8 Henrietta Street, where she was seen by Mr. Alfred Cooper, and under his advice, removed to her own house on the following day. The scalp-wound, which was brought together by horse hair sutures, has healed by the first in-

tion, and we are glad to learn from Mr. Cooper that this favourite artiste will probably be able to appear again in public on Saturday week, 12th March.

#### Bequest to the Irish Medical Benevolent Fund.

WE learn, with great satisfaction, that this most meritorious charity has received, by the will of the late Dr. Faussett, of Clontarf, near Dublin, the reversionary bequest of £1,000, and also of the house and land upon which he resided. The only restriction placed upon this bequest by Dr. Faussett is, that the proceeds of it shall be applied by the Council of the Fund specially to the relief of Irish dispensary medical officers, their widows and orphans.

#### The late Dr. Peele, of Dublin.

THE Council of the Irish Medical Association, at its meeting on Tuesday, the 22nd, passed the following resolution:—"That the Council of the Irish Medical Association have learned, with the deepest regret, of the untimely death of Dr. Edward Peele, a member of the Council, and they desire thus to record their sense of the loss sustained by the Association in the removal of one so loved and trusted." "That the Honorary Secretary to Council be requested to convey to the relatives of the deceased an expression of the sympathy felt with them in their bereavement by the members of the Council." "That, as a mark of respect to the memory of Dr. Peele, the Committee of Council do at once adjourn."

#### The Inevitable Bill.

ON Wednesday Sir Eardley Wilmot brought in his Bill for the total abolition of vivisection, and put it down for second reading on Wednesday, 23rd March. The names on the back of the Bill are those of Sir Eardley Wilmot, Mr. Samuel Morley, and Mr. Firth.

We trust that the hon. baronet, and his following of feeble-minded doctrinaires, and ignorant old women, will not experience an overwhelming disappointment if their Bill should have to stand aside for a few sessions. But, perhaps, they expect that Mr. Gladstone will make it a Government measure, and that the House will vote "urgency" for it.

#### An Improved Hypodermic Syringe.

DR. SAMUEL WHITALL, of New York, suggests, in the *New York Medical Record*, an improvement on the ordinary hypodermic syringe which will, we imagine, be found serviceable. It consists in substituting, in place of the piston, a piece of rubber tied over the expanded end of the barrel. The arrangement needs little explanation, but Dr. Whitall thus describes the manner of using:—"To charge the syringe, depress the rubber with the index finger, and insert the needle previously attached into the solution to be injected, and then remove the finger; atmospheric pressure at once fills the syringe to the required point. To inject proceed as with an ordinary syringe, depressing the rubber slowly with the index finger till the injection is completed." We remember to have seen a somewhat similar instrument once used for injecting chloral into a dog previous to a vivisection experiment; in ordinary clinical use, however, we have not

previously seen them. The inventor suggests that a needle somewhat coarser than ordinarily employed works better, and he adds that sometimes a bubble or two of air enters the connective tissue during the operation; the emphysema, however, he asserts, is quite harmless.

#### Tottenham Sanitary Association.

THE Tottenham Sanitary Association have issued a Report of Proceedings for 1880, which shows that good work has been done by it on behalf of the Tottenham district. The creation of similar district associations would result in considerable general sanitary progress.

DR. THOMAS ROBT. HAMILTON MOOREHEAD, of Enricle, Cotehill, has been appointed to the Commission of Peace for the County of Cavan.

Two wards at St. Thomas's Hospital were opened yesterday (March 1st) to the public who can afford to pay for surgical and medical advice. Mr. Walter Edmonds, F.R.C.S., has been appointed medical officer to these wards.

THE U.S. Army Medical Museum and library contains 20,000 specimens, very completely illustrating military surgery and the diseases of armies. The library contains 51,500 volumes and 57,000 pamphlets relating to medicine, surgery and allied topics.

THE *New Zurich Zeitung* says that Dr. Giacconi, a physician in Airolo, has discovered that the sickness from which workmen engaged in excavating tunnels, &c., suffer so frequently is due to peculiar parasites (*Aukylostomæ*), which make their way into the intestines of persons employed under the earth.

An inquest held at Nottingham on Friday on the body of James Clay, it was shown, as the result of a *post-mortem* examination, that death had been caused by eating American pork affected with trichinæ, and a verdict to that effect was returned by the coroner's jury. Fifteen other persons in the locality have suffered from the effects of pork purchased at the same shop, but they have recovered.

PARIS has still a very high mortality from small-pox and typhoid fever, 41 victims of the former, and 76 of the latter, died there last week. In the same period 69 deaths from typhoid occurred in St. Petersburg, and 40 in New York. Small-pox is prevalent in Philadelphia, whereat 54 died from the disease last week, and 30 in Vienna; in the latter city it seems to be steadily abating in virulence.

MR. KANCHIRO TAKAKI, F.R.C.S. Eng., a Japanese, who received his professional education at St. Thomas's Hospital, and was admitted a member of the Royal College of Surgeons in 1878, and a Fellow in 1880, on his return to Tokio was appointed Chief of the Imperial Naval Hospital and a member of the Committee for the Preparation of a Japanese Pharmacopœia, and to attend all the foreigners, with their families, employed by the Imperial Naval Department.

THE rates of mortality last week in the principal large towns of the United Kingdom were—Newcastle-on-Tyne 17, Birmingham 18, Bradford 18, Portsmouth 18, Leicester 19, Wolverhampton 19, Sheffield 20, Brighton 20, London 22, Plymouth 22, Salford 22, Hull 22, Norwich 22, Bristol 23, Oldham 24, Nottingham 24, Edinburgh 24, Glasgow 25, Leeds 25, Liverpool 25, Manchester 28, Sunderland 28, Dublin 38 per 1,000 of the population.

SCARLET fever showed the largest proportional fatality in Bristol, Edinburgh, and whooping cough in Leeds and Glasgow. Of the 25 deaths referred to diphtheria, 10 occurred in London, and 7 in Glasgow. The death-rate from fever, principally enteric, was highest in Dublin, Sunderland, and Liverpool. Small-pox caused 56 more deaths in London and its suburban districts, and one in Manchester, but not one in any of the other large towns.

THE rates of mortality in the principal foreign cities, having an estimated aggregate population of 13,000,000 persons, were, according to the latest official returns, as follows:—Calcutta 31, Bombay 32, Madras 35; Paris 31; Geneva 21; Brussels 25; Amsterdam 28; Rotterdam 34, The Hague 26; Copenhagen 30; Stockholm 29, Christiania 17; St. Petersburg 54; Berlin 25, Hamburg 29, Breslau 29, Munich 30; Vienna 38; Buda-Pesth 38; Rome 28; Naples 28, Venice 36, Lisbon 35; New York 31, Brooklyn 26, Philadelphia 23.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE CHAIR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.—*On dit* that Dr. W. T. Gairdner, Professor of the Practice of Physic in the University of Glasgow, is a candidate for this chair.

THE EDINBURGH MEDICAL JOURNAL.—The February number of this ably conducted periodical is an excellent one. Professor Fraser concludes his interesting paper on "A Case of Malignant Disease (Sarcoma) of the Lung;" Hughes Bennett, of London, "A Statistical Inquiry into the Action of the Bromides in Epilepsy;" Dr. Halliday Croom, "The Systematic Use of Antiseptics in Midwifery Practice," to which system Dr. Croom seems an uncompromising adherent; and Dr. Byrom Bramwell, an excellent clinical lecture "On Intra-Cranial Tumours." Of the reviews, that of Dr. Fancourt Barnes' translation of "Martin's Atlas of Obstetrics and Gynæcology" will rivet most attention. Dr. Barnes, the reviewer shows, is not altogether the man who ought to attempt a German translation. The Hyperboreans, however, manage these things better. Why did not Dr. Barnes employ a lady to do his translation for him?

DR. JAMES DUNSMURE, JUNR., has been appointed Medical Officer of the Trades' Maiden Hospital in succession to the late Dr. Andrew Wood.

ABERDEEN.—MEDICAL OFFICER OF HEALTH.—As we recently mentioned, the Town Council of Aberdeen have resolved upon appointing a Medical Officer of Health, whose whole time will be devoted to the duties of the office. The salary is £300, with a free house, coal, and light, at the Epidemic Hospital. It is more than probable that the salary



will ultimately be increased, when the benefits arising from the presence of such an official will become apparent. Great credit is due to Dr. Beveridge for his enlightened and public spirit in this matter. The candidates are Dr. Aubrey Husband, of Edinburgh, and Dr. Frank Ogston, Aberdeen. Without disparaging in the least the claims of the latter gentleman, the former possesses special recommendations of fitness for such an office which cannot easily be put aside. The appointment of Dr. Aubrey Husband would be acceptable to the profession, and we feel persuaded would ultimately be of signal benefit to the ancient city of Aberdeen.

**THE LATE PROFESSOR SANDERS.**—The funeral of the late Professor Sanders took place on Wednesday, the 23rd ult., and was largely attended. A few minutes before 2 o'clock, a large body of students, who had been fortunate enough to have followed his systematic course of pathological teaching and clinical demonstration within the walls of the infirmary, gathered in front of the house. Under the superintendence of one of the class-assistants, the young gentlemen formed themselves six abreast in front of the hearse, and were then seen to number about 180. The procession proceeded towards Dean Cemetery. Among the gentlemen present were: The Lord Provost, Principal Sir Alexander Grant, Professors Gairdner, Glasgow; Balfour, Douglas MacLagen, Grainger Stewart, Spence, Turner, R. T. Fraser, Annandale, &c. About forty members of the medical profession practising in Edinburgh were present.

## Medico-Parliamentary.

HOUSE OF COMMONS—MONDAY, FEB. 28TH.  
SCOTCH DIPLOMAS.

SIR T. LAWRENCE asked the Vice-President of the Council if he was aware that the highest qualification of the Royal College of Surgeons, Edinburgh, viz., the Fellowship, was to be had without examination, and even in absentia, by persons holding lower qualifications, on payment, and by a process of vote by ballot; if he was aware that the highest qualification of the other two Scottish medical corporations, viz., the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow, was given on similar terms; and if he could inform the House whether such a system had ever been the subject of representation or remonstrance by the General Medical Council.

MR. MUNDELLA said he had reason to believe, with regard to the Royal College of Surgeons of Edinburgh, that the Fellowship was to be obtained by persons already members upon the terms stated in the question. He understood that the Fellowship was not a licence of the qualification, but a distinction conferred by the College on a three-fourths vote. He was unable to obtain any information in regard to the Faculty of Physicians of Glasgow and Edinburgh. The question of what the hon. gentleman called higher titles would form part of the inquiry into the working of the Medical Acts which the Government proposed immediately to institute.

### NOTIFICATION OF INFECTIOUS DISEASES.

The following letter appears in the *Medical Times and Gazette* of Feb. 19th:—

SIR,—I observe that the propriety of compelling the attendant physician to notify the occurrence of infective disease to the sanitary authority is a question open for debate in your columns. We are threatened in Dublin with such a law, and I oppose it on these grounds:—

a. That the ministrations of a physician are a confidence not to be violated except for extreme cause. This you may, if you please, call sentiment, but in Ireland it is a principle of great influence upon the minds of physicians.

b. That, in the very numerous instances where it is desired to conceal the disease to avoid the application of sanitary law,

the compulsion to notify may produce the four following ill results:

1. That if I notify in opposition to the wish of my employer I may expect to get my *congé* at once.
2. That, fearing notification, the householder will keep me outside his door until the patient is dying for want of medical aid.
3. That if I declare my honest belief that the disease is infective, I shall be immediately hustled out, and a dishonest practitioner got in, who will call it herpes, or febricula, or a stomach rash.
4. That when cases of infective disease prove fatal, either with or without the services of a physician, they will appear in the Registrar-General's death return under a false name, thus vitiating our vital statistics.

My further objection is—

c. That by no possible means can any penalty be enforced on the dishonest practitioner for omission to notify, for he can always plead that he did not recognise the disease; and no man can be fined £5 for an error of diagnosis.

These objections arise in a special degree in Ireland, as compared with England or Scotland. At the eastern side of the Channel, the first attendant on a patient is almost always a general practitioner, who is not paid for his services at the time, but keeps an account, and cannot be got rid of until that account is settled—*ergo*, the feelings of his employer on the notification question are not of immediate moment, and it is not possible either to dismiss him at a moment's notice, or call in a less candid adviser.

In Ireland we are paid at each visit, and, if we do not give satisfaction, may be discarded at any moment in favour of some one whose diagnosis is less decided, and sanitary zeal less marked.

Now, Sir, I have submitted these objections to the system to a great many advocates of notification, and the only answer I have elicited were—1. Oh! for the public good the profession must give way; and 2. All these difficulties are imaginary.

Such replies are unsatisfying, and I solicit others more convincing.

I am, &c.,

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

## Obituary.

PETER D. HANDYSIDE, M.D., F.R.C.S.I., F.R.S.E.,  
OF EDINBURGH.

UNIVERSAL regret will be felt by old pupils of the Edinburgh School of Medicine now scattered in all parts of the world when they hear that Peter Handyside is no more. Old and cherished associations have been thus rudely snapped asunder, which even the knowledge that the subject of our notice had reached the fulness of life will not altogether assuage. Peter Handyside may be said to have died in harness, teaching to the very last his favourite subject, to which he had devoted a long and honourable life. Born in Edinburgh in 1808, he was the son of the late William Handyside, W.S., and brother of the late Lord Handyside, a Judge in the Court of Session. Having graduated at the University of Edinburgh, he visited the schools of Paris and Heidelberg, where he completed his training for the medical profession. For some time he was a pupil of the late James Syme, and imbibed from that renowned teacher the enthusiasm for anatomical research which gave direction and point to his future labours. On returning to his native city from the Continent, Dr. Handyside was associated with Professor Spence and Dr. Lonsdale, late of Carlisle, in the conduct of a large anatomical class in Surgeon's Square. Finding, however, that, from his position as surgeon to the Royal Infirmary his private practice rapidly increasing, he resolved to devote himself entirely to this, and accordingly gave up teaching engagements. His health, however, failing, he was obliged to seek rest in continental travel. On returning once more to Edinburgh, on the removal of Dr. Struthers to Aberdeen in 1863, Handyside became the Lecturer on Anatomy in the Edinburgh extra-mural School of Medicine—a post which, as we have just said, he held till his death, on February 21, 1881. He was the author of numerous works, relating prin-

cipally to his favourite branch of study, that of anatomy and surgery. Among these are "Outlines of Anatomy," "Engravings and Description of the Blood Vessels," "Experimental Essay on Absorbent System," "Osteo-Aneurism," "Sterioptixinae Class of Fishes," "Encephalocoele," "Theory of Death from Air Admitted to the Veins," "Arrested Twin Development," "Acrania," "Cyclo-Cephalian Form of the Etmoccephaloids," "Subarachnoid Serous Lac," "Transitions in the Foetal Heart," "The Polyodon Gladius," "Shall I study Medicine?" "Jubilee Chronicon of the Medical Chirurgical Society," "On Dearth of Candidates for Army Medical Department," and various contributions to the Transactions of the Medical Chirurgical Society. Dr. Handyside was the founder and warmest supporter of the Edinburgh Medical Missionary Society. As with other men in his position, honours came to Dr. Handyside, and he was a member of many learned societies both at home and abroad; but it will not be on account of these alone that Peter Handyside claims the affectionate remembrances of those who knew him. Dr. Handyside, by universal consent, was a man incapable of any low or mean act, and a little incident which took place just before his death finely portrays the exquisite delicacy of feeling which always characterised him, and which embalms his memory:—It appears that on his medical attendant calling one morning just before his death, and inquiring as to the manner in which he had passed the previous night, poor Handyside, with that gracious, manly bearing which marked all his actions, thanked his friend for the delightful night he had been the means of securing him. On inquiry, however, it was found that the night had not been that of the calm which he had described, but that he had silenced complaint to relieve the regret of his friends and adviser.

Dr. Handyside leaves a widow and two daughters to mourn his loss.

## Novelties.

### "THE GRADUATED PROBE,"

BY J. A. McMUNN, L.R.C.P., L.R.C.S. ED.

This probe consists of two distinct portions of equal length—one of which is grooved and converted into a director, while the other, with which we are more immediately concerned, is graduated to its full extent. The graduated scale represents three inches, and their subdivisions into eighths of an inch. The head of the probe is round the body cylindrical. The probe proper is three inches long and the director three inches also; the whole combination being exactly six inches. The value of the probe to the surgeon and medical jurist is obvious. The depth and extent of any wound are revealed at a glance, and with the greatest possible precision. The extent of cavities in necrosis, &c., may be readily determined. Its applicability is almost universal, while the combination adopted enhances its general utility. The accompanying woodcut will render the description more intelligible.

The instrument may be obtained in London of Messrs. Arnold & Sons, West Smithfield, and of their Agents in all parts of the United Kingdom.

We may add that the gold medal at the Sydney Exhibition for excellence of manufacture has recently been awarded to this firm.

### DATE COFFEE.

In our last we stated that there was considerable stir in the commercial world on the subject of Date Coffee, and that our opinion had been asked as to its suitability for invalids and for persons of weak digestion. As, however, it is our invariable rule not to express this without first practically testing the merits of an article, we handed samples of the Date Coffee to Dr. Muter, the public analyst for Southwark, Lambeth, &c., and annex herewith his Report. We may preface this by stating that Date Coffee is prepared after a process invented by a Mr. Henley, which consists of submitting the date fruit to artificial heat until it becomes in a

measure calcined. It is then crushed or ground, fruit and stone together, and sold in the proportion of three-fourths ground dates and one-fourth ground coffee, at one shilling per pound.

It would be absurd to pretend that for flavour and aroma the public will prefer Date Coffee to fine Mocha, and, moreover, it lacks that stimulating principle, caffeine, which in a great measure has made our customary breakfast beverage popular. It has, nevertheless, some points in its favour. Firstly, it is what it pretends to be, ground dates pure and simple; it is cheaper than good coffee, it needs less sugar, and it is slightly aperient, which, to persons of sedentary habits, will be its strongest recommendation. In other respects the comparative analysis shows it to differ but little from ordinary coffee.

#### ANALYTICAL REPORT.

Analysis of a sample of Date Coffee received from the Editors of the *Medical Press and Circular* on the 19th February, 1881, and also a sample of ordinary coffee for comparison:—

	Genuine Coffee.	Date Coffee.
Moisture	8.15	2.15
Caffein	.74	none
Tannin	1.67	1.60
Sugar	None	6.60
Colouring and extractive matter, soluble in water	19.94	21.15
Soluble ash	3.50	1.80
Insoluble matter	71.00	66.80
	100.00	100.00

JOHN MUTER, Ph.D., F.C.S.

South London Central Public Laboratory,  
Kennington Cross, London, S.E.

### DANGER OF PILOCARPINE IN ECLAMPSIA.

DR. ALBINI, after experiments on dogs and rabbits draws the following conclusion (*Il Morgagni*). 1. Duboisine and eserine instilled into the eye of the living animal produce this effect, which continues even after death. 2. Applied to the eye of a dead animal, they act for many hours after death, but in inverse ratio to the age of the animal and the time that has elapsed between death and the application. 3. If a little before death duboisine and atropine have produced mydriasis, the eye after death is still sensible to the action of eserine, provided it be fresh. Inversely the pupillary stenosis, due to eserine, is changed to mydriasis by duboisine or atropine. 4. Equally concentrated, a solution of duboisine is more active than that of atropine and of eserine. Thus if two eyes of the same animal submitted, the one to duboisine, the other to eserine, the latter becomes mydriatic more easily by duboisine than by atropine, whilst the former sooner loses its pupillary stenosis under eserine than if it had previously been acted on by atropine. 5. The duration of the action of eserine is shorter in the cadaver than in the living body; that of duboisine on the contrary, like that of atropine, is longer, that is to say, more persistent.

### ATROPINE, ESERINE, AND DUBOISINE.

M. SANGER publishes three cases of eclampsia treated by subcutaneous injection of pilocarpine in two centigramme doses (*La Presse Medicale Belge*). The crisis seemed to yield, but the patients experienced suffocative symptoms from inability to swallow the saliva. Two died. Pilocarpine is a very dangerous remedy in these cases, as the coma stops the reflex actions necessary for the swallowing of the saliva.

## NOTICES TO CORRESPONDENTS.

MEDICUS.—Letter in type, and will appear probably in our next.  
DR. REDMOND is thanked; he will receive a private note.

## POISONING BY GAS BATH-HEATERS.

SIR,—A paragraph has recently appeared in your Journal respecting the death of Mr. C. F. Deacon, of Anerley, Surrey, who was poisoned by the noxious vapours arising from the gas apparatus by which his bath was heated. A Dr. Turner is reported to have stated at the inquest that gas-burners were highly dangerous, and he advised that the use of them should be discontinued. To this sweeping condemnation wide publicity has been given. I have already received numerous letters from persons who have been alarmed by it, and I trust therefore you will permit me the right of a public reply. It is perfectly true that some of the methods now in use of heating water for baths by means of gas are not safe. None of the class known as instantaneous water-heaters for baths should be used in any room unless the products of combustion can be perfectly carried away at once by a flue, although small sizes may be safely used in sculleries and lavatories for heating small quantities of water quickly. They are especially dangerous in bath-rooms, which are, as a rule, small and close, and the danger increases with the power of the heater. Although I am a patentee and manufacturer of these instantaneous heaters, I have never used them or recommended their use for baths. This, however, does not warrant a condemnation of all systems, and the one I have adopted for heating baths is such that no danger or unpleasantness can arise from its use. Even in the smallest and most confined bath-room without ventilation, the fumes given off by the burner used are so exceedingly small in quantity as to be incapable of causing the slightest harm. I cannot therefore permit Dr. Turner's remarks to pass without protest. It is evident that he has formed his opinion without possessing a full knowledge of his subject, and intending only to condemn the system he knew, has at the same time condemned others which, his remarks prove, he can never have seen.

I am, yours respectfully,  
THOMAS FLETCHER, F.C.S.

4 and 6 Museum Street, Warrington,  
Feb. 26th, 1881.

["\* It affords us pleasure to insert this letter; Mr. Fletcher has done more to further scientific research by his inventions for laboratory use than any other manufacturer we know of; his gas furnaces and heating apparatus are formed on scientific principles and, from practical knowledge, we can speak of them with unqualified praise. In giving his evidence at the inquest referred to, Dr. Turner did not specify any particular appliance; it would have been better under the circumstance had he done so; he probably referred to the many common apparatus in use, which are certainly fraught with considerable danger in small closed bath or other rooms. Mr. Fletcher need not anticipate any injury to his reputation, as Dr. Turner's strictures do not apply to him.—Ed.]

AN ANXIOUS ONE will find his query answered in another column, present number.

FULHAM.—Dr. Brewer is chairman of the Asylums Board, whose meetings take place on each alternate Saturday.

DR. BOWER (Springfield).—With pleasure.

MR. CARTWRIGHT will please receive our thanks.

ST. LEONARDS.—The hospital was, we believe, founded in the reign of Stephen, and flourished under—for those times—a moderately rich endowment for two or three centuries. Very little is now left of the ruins, and, of the foundation trust, history says nothing.

INTERNATIONAL COURTESIES.—The Editor of our excellent contemporary the *Philadelphia Medical Times*, must, when in this country, have induced our friend Dr. Milner Fothergill to try his weight, for in a review of a book of this latter gentleman, *Phil. Med. Times*, Feb. 12th, 1881, he says: "The recipe for goose-pudding is rather strong for a sick stomach less capacious and well trained when in health than is that which ministers to the two hundred and eighty pounds of its genial North-of-England producer,"—i.e., Dr. Fothergill.

DR. A. M. H. will receive a private note.

BOYCOTTING THE "MEDICAL PRESS."—Commenting upon the recent childish exhibition of spleen by the Editors of the *Glasgow Medical Journal*, the *Glasgow News* says: "The practice of boycotting has received an extension in Glasgow hardly to be expected by those outside of the medical faculty. The *Medical Press and Circular* informs its readers that the *Glasgow Medical Journal* is regretfully compelled to remove the former paper from its list of exchanges. Now the *Medical Journal* is the organ of the Glasgow 'faculty,' and this may be taken as an exhibition of feeling at the strictures of the elder 'periodical. Whether the black-balling of the *Press and Circular* had anything to do with the hard hitting of its correspondent, and the 'reflex action' of these again to induce the boycotting, are subjects that an outsider can hardly appreciate. 'Can heavenly minds such 'high resentment show'?"

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This (Wednesday) afternoon, and on Friday, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Cetacea."

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8, Specimens will be exhibited by Dr. Godson and others.—The President, Dr. Matthews Duncan, will deliver his Inaugural Address.—Dr. Robert Barnes. "On so-called Missed Labour, with a Case in illustration."

EPIDEMIOLOGICAL SOCIETY.—This evening, at 8, Surgeon-General John Murray. "On the Influence of Fairs, Floods, Famines, and Seasons on the Development and Diffusion of Cholera in India."

PATHOLOGICAL SOCIETY OF LONDON.—Thursday, March 3, at 8½ p.m., the following specimens will be shown:—Unilateral Hypertrophy of Head and Face; Tumour of Spinal Cord; Sacral Tumour containing

Foetal Structure; Congenital Sacral Tumour (card); Syphilitic Disease of Skull; Malformation of Heart; Cancer of Prostate; Epithelioma of Bladder; Vesicle Calculus from a Dog (card); Cranium and Brain of Hydrocephalic Adult (card); Case of Leucoderma (living specimen).

THE ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—Monday, March 7th, at 8 p.m., Mr. Charters White on "The Histology of the Gustatory Organs of the Tongue."—Casual communications by Mr. James Parkinson and Mr. R. H. Woodhouse.

## VACANCIES.

Ardee Union, Collin Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, March 10.  
Bath Royal United Hospital.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary before March 11.  
Braintree Union, Essex.—Medical Officer. Salary, £80, with the usual extras. Applications to the Clerk of the Union by March 4.  
Glasgow University.—Examinerships in Medicine: 1. Physiology; 2. Clinical Medicine; 3. Clinical Surgery. Fee attached to each office, £40. Applications to Dr. Kirkwood, 145 West George Street, before March 15.  
Guildford Union, Surrey.—Medical Officer of Health. Salary, £200. Applications to the Clerk of the Union before March 9.  
Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary at Canterbury before March 25.  
South Dublin Union, South City Dispensary.—Medical Officer. Salary, £125, and £25 as Medical Officer of Health. Election, March 8. (See Advt.)  
West Norfolk Hospital.—House Surgeon. Salary, £107, with board. Applications to the Secretary at Lynn before March 4.  
York Friendly Societies' Medical Association.—Resident Medical Officer. Applications to Mr. J. Brown, 1 Park Street, York, by March 5.

## APPOINTMENTS.

ACLAND, T. D., M.B., M.R.C.S., a House Physician to St. Thomas's Hospital.  
BUTLER, H. P., M.R.C.S., L.R.C.P., House Surgeon to St. Thomas's Hospital.  
CARPENTER, A. B., M.R.C.S., House Surgeon to St. Thomas's Hospital.  
COHEN, A., B.A., M.B., B.Ch., Senior House Surgeon to the Metropolitan Free Hospital.  
COLLIER, M. P. M., M.R.C.S., L.R.C.P., Assistant House Surgeon to St. Thomas's Hospital.  
HOSKINS, W., M.B., C.M., Medical Officer for the Second District of the Poole Union.  
HUTTON, H. R., M.B., a House Physician to St. Thomas's Hospital.  
LUNN, J. R., L.R.C.P., M.R.C.S., Resident Accoucheur to St. Thomas's Hospital.  
OWEN, I., M.A., M.B., M.R.C.P., Lecturer on Materia Medica to St. George's Hospital.  
POOLEY, T. A., B.Sc., F.C.S., Analyst for the County of Essex.  
SMITH, R. P., M.B., B.S., L.R.C.P., Demonstrator of Practical Physiology in the Medical School of St. Thomas's Hospital, London.  
SWALE, H., M.R.C.S., L.R.C.P., Junior Assistant House Physician to St. Thomas's Hospital.  
VINRACE, F., M.R.C.S.E., House Surgeon to the Queen's Hospital, Birmingham.  
WALTERS, F. R., M.R.C.S.E., Senior Assistant House Physician to St. Thomas's Hospital.

## Births.

KELLY.—Feb. 9 at 12 Plough Road, London, S.E., the wife of Bernard Kelly, M.D., of a daughter.  
ROBERTS.—Feb. 9, at Upper Bathmines, Dublin, the wife of Browne Roberts, M.D., of a son.  
WALKER.—Feb. 23, at Shrubland House, Hackney, the wife of W. Newman Walker, M.R.C.S.E., &c., of a daughter.

## Marriages.

MACKENZIE—GORDON.—Feb. 22, at St. Mark's, Notting Hill. Surgeon-Major John Mackenzie, M.D., A.M.D., to Ashton Bostock, only daughter of Surgeon-General C. A. Gordon, M.D., C.B., Honorary Physician to her Majesty the Queen.  
SPENCE—BENNETT.—Feb. 23, at St. Matthew's Church, Redhill, Jar es Beveridge Spence, M.D., Medical Superintendent, Burntwood Asylum, Lichfield, to Elizabeth Roebuck, eldest daughter of Richard Bennett, Esq., of Redhill, Surrey.

## Deaths.

AVENT.—Feb. 21, at Lansdown Place, Plymouth, Nicholas Avent, M.R.C.S., late of H.M. 60th Regiment, aged 46.  
BENNETT.—Feb. 16, at George Street, Devonport, James Bennett, M.R.C.S.E., L.S.A.L., aged 64.  
BEVAN.—Feb. 18, at Rye Lane, Peckham, George William Bevan, Surgeon, formerly of St. Ives, Cornwall, in his 79th year.  
BOGG.—Feb. 18, at his residence, Burlington Villas, Altrincham, Thos. Wemyss Bogg, M.B., M.R.C.P., aged 44.  
BRADY.—Feb. 24, at 88 Harcourt Street, James Wm. Brady, M.B., Dub. Univ., L.R.C.S.I., eldest son of Dr. James Brady.  
BURN.—Feb. 20, at The Cedars, Shirley, Southampton, of heart disease. George Burn, M.D., C.B., Inspector-General of Hospitals and Fleets (retired), aged 70.  
HANDYSIDE.—Feb. 21, at Lansdowne Crescent, Edinburgh, Peter David Handyside, M.D., F.R.S.E., Lecturer on Anatomy, Royal College of Surgeons, Edinburgh, aged 57.  
HENDERSON.—Feb. 12, at Keith, J. L. Henderson, L.R.C.P. Ed.  
HURMAN.—Feb. 17, at Eastover, Bridgwater, H. B. Hurman, M.R.C.S.F.  
LAWLOR.—Feb. 24, at Deaford, Templeogue, Agnes, the wife of J. S. Lawlor, M.D., in the 24th year of her age.  
MACKENNA.—Feb. 24, at 31 Great Marlborough Street, London, John W. MacKenna, M.D., L.F.P.S.Glas., in his 78th year.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 9, 1881.

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## Original Communications.

### CERTAIN CONSIDERATIONS REGARDING CHOLERA AND FEVER. (a)

By SURGEON-GENERAL C. A. GORDON, M.D., C.B., Honorary Physician to the Queen.

(Concluded from page 181.)

14. Contagion plays relatively an inconsiderable part in regard to cholera and fever in the tropics. With regard to the former disease, while there are circumstances which support the theory of transmission by this means in respect to individuals and communities, there are other, and equally numerous, which point to an opposite direction, the result being, that in one set of instances it is beyond question that the disease was thus transmitted, in other instances it is equally indubitable that it was not so communicated.

It has been pointed out (b) with regard to a succession of outbreaks of cholera in India, that in places where the epidemic was most intense, the disease was often confined to very circumscribed localities, and points of immunity are mixed up with those which suffered all over the country to a varying extent in different districts; also that in the affected and non-affected localities the conditions of the people were alike, and free communication went on among them. (c)

As a matter of fact, it is within the experience of many observers in India that in times of cholera a general tendency to bowel affections prevails; that in other respects

(a) Read at a meeting of the Epidemiological Society of London, 2nd February, 1881.

(b) In the last report by the sanitary commissioner with the Government of India, namely, for 1879, Dr. Cunningham expresses strongly his views that neither propagation by men, that is, contagion, nor fouling of water by cholera discharges, can account for the diffusion of cholera. *Medical Times and Gazette*, February 6th, 1881. It is desirable to bear in mind the difference between the communication of cholera in isolated cases, and the general diffusion of that disease as an epidemic.

(c) Paper by Inspector General Lawson. See Transactions of the Epidemiological Society, 1879, p. 91.

the health standard of masses is impaired, and that during the continuance of such conditions, depressants of all kinds, medical, physical, or moral, are to be avoided. Exceptions which occur do not alter the rule as it stands. The recurrence of cholera periods is familiarly recognised as a cholera wave. There are also fever years, unhealthy years, during which diseases of whatever nature, external or internal, assume severe or peculiar types. All these phenomena pointing to the operation of a cause above and beyond a specific undiscoverable entity, transcending, but it may be, including the latter.

The theory of pandemic waves merits careful attention, for the reason, on the one hand, that it appears to be but another expression for epidemic influence; on the other, on account of the high position as an investigator, enjoyed by its leading advocate. According to him, its nature and mode of action are difficult to define; it may act by rendering the system more susceptible of the ordinary causes of disease, or it may act upon those causes themselves, giving origin to a more virulent or new form of disease.

The existence of contagious fevers (a) in India is placed beyond doubt. Such a fever has been described in 1815 and 1820 in Kattywar, Kutch, and Guzerat; (b) more recently the occurrence of malarial fevers as epidemics has been recorded as happening at intervals of ten years, (c) the circumstance of the disease on such occasions, being contagious or not, being much debated. Then comes the

(a) With regard to what is called *enteric* or *typhoid* fever, Dr. Murchison says that hospital experience lends little support to the doctrine of contagion. Dr. Wilks had never seen a case where it was contagious among the nurses of Guy's Hospital, nor had Dr. Peacock in those of St. Thomas's Hospital. Messrs. Bristowe and Holmes had seen two cases in which it was contagious in the Royal Free Hospital. Dr. Collie is of opinion that it is contagious. Dr. Sharkey believes contagion to be more frequent as a cause than is supposed.

Dr. Chevers gives "Transactions of Epidemiological Society," vol. iv., part iii., p. 338, particulars of an epidemic of relapsing fever in Zulusfyre in 1852-3, of violent remittent in Upper Provinces in 1816, in other parts of India in 1836-7, 1855, 1860, 1864.

(b) First Special Report, p. 8.

(c) Macnamara, p. 301.

Pali plague, the Maba Maree, the great sickness (a) in 1834-5, 1849, 1851-2, 1860, 1876-7, its contagiousness apparently limited to Race. But with regard to the ordinary fevers of India, such as came under my notice, out of 175 cases investigated, not one was traced to either contagion or infection.

15. *Summary.*—In summarising the remarks now made the following points present themselves when viewed from the aspect from which I consider the data thus examined:—The distribution of the diseases named in different portions of India on the occasions described is to be accounted for neither by the theory of specific poisoning alone, nor by that of contagion alone. There is every reason for believing that, although no actual relationship exists between the diseases cholera and small-pox, the same or a similar law applies to the manner of their prevalence as epidemics. Between cholera and malarial fevers a relationship is indicated as existing alike in respect to causation and phenomena. Both these diseases in India present a general relation to season. Both in India and in England a relation appears to exist between the type of prevailing fever and locality. Bowel affections generally, in India and elsewhere, present a relation to season and locality; this relation as defined as that of vegetation to the same circumstances. In endemic fevers intestinal lesions and those of the abdominal tissues occur as complications in protracted cases. Cholera in India occurs under a variety of circumstances, and in different manners, but neither furnish a specific name applied to particular cases, as indicating one particular manner of causation. Fevers vary in phenomena and intensity according to conditions, geographical, climatic, and individual. Among our soldiers in India fevers in the mass and in individual cases are less sthenic in type than they formerly were. Reasons for this circumstance are assigned. Specific poisons are of two categories as described. Innocuous liquids can, by artificial means, become converted into poisons; hence analogy indicates the likelihood of corresponding changes being effected by means of vital action. But diseased liquids do not necessarily communicate their particular disease, either when inoculated or when swallowed. Certain diseases named, which are propagated by infection or contagion, are induced by particular combinations of conditions. Fever, in some of its types and forms is of this class; so is cholera. Between these diseases themselves, and with regard to several others named as occurring epidemically, an affinity is indicated. The expression malaria is but another term for climatic influences. The existence of organisms peculiar to malaria has yet to be confirmed. No specific poison is necessary to account for the phenomena of Indian fevers. The theory of specific poison does not explain those in "typhoid" or "enteric" fever. It is opposed as insufficient by a number of authorities. General insanitary conditions predispose to disease, but do they to any one specific disease more than another? It is not established that such is the case. Polluted air induces certain diseases, but not necessarily a specific form of fever. In China air intensely polluted is compatible with health and activity. The theory of local pollution, if sufficient to account for the occurrence of some epidemics is altogether insufficient in respect to others. Although contaminated water may induce cholera, the occurrence of that disease is not always thus accounted for. Water induces cholera after it has become epidemic, not before. The relation of water supply to cholera in India is not established by recent observations. Very striking instances are adduced where the use of extremely foul water has not resulted in fever, enteric or other; while instances are recorded particularly in places where cholera is endemic or epidemic, of cases of that disease following the use of contaminated milk, instances are related of infants suckled by women ill of cholera, yet they not becoming affected by it. Cases said to have been of typhoid fever due to the use of diseased meat were subsequently stated to have been cases of trichinosis and sausage poisoning. Although specific ty-

phoid, like several other forms of fever, may be conveyed by means of milk, this circumstance by itself fails to explain the epidemic diffusion of that disease. As a rule, cholera has no relation to age. In India and the tropics generally the young and the lately-arrived suffer more by endemic diseases than the older in age and residence. Race appears to affect liability to certain special diseases in particular countries; not so in others. Infant mortality of Europeans in India is excessive. Individual conditions and habits predispose to particular forms of disease and complications. Climate influences the geographical distribution of disease, and determines its type and incidence. Although cholera has undoubtedly been propagated by means of masses of persons and individuals in numerous instances, there are others equally numerous in which it has not been so. (a) Fevers of particular kinds in India may be propagated by means of infection, but of the cases investigated by me not one was thus accounted for. (b)

Thus, by the light I possess, have I endeavoured to pass in review, some out of many points which, to me, appear most important in reference to the occurrence and prevalence of the diseases named. I am aware that I have the great misfortune to entertain an interpretation of phenomena and evidence before me, different, in several respects, from that of some very eminent authorities. I am also aware that in my manner of interpreting those phenomena, I am in accord with other eminent authorities and most careful observers; the numbers of both decidedly on the increase, not alone in this country, but more especially in India, China, and elsewhere, among our vast foreign possessions and settlements.

I have restricted my remarks to opinions only. I, however, give references in the shape of foot-notes, the better to facilitate access to the sources of those opinions. I trust that in the paper now read I have, to some extent, at least, succeeded in my endeavour to indicate the grounds upon which views expressed by me have been formed, as also the process by which I have myself been led to consider from the data before me, that the theories of specific poison and contagion are, of themselves, insufficient to account for the phenomena of the diseases to which I have had the honour to solicit your attention, and that of the Epidemiological Society.

#### OPHTHALMIA IN WORKHOUSE SCHOOLS. (c)

By THOMAS M. DOLAN, F.R.C.S., Ed.,

Medical Officer of Halifax Union Infirmaries, Yorkshire.

INHERITED diatheses, as scrofula and syphilis, insufficient and unvaried feeding, overcrowding and imperfect ventilation of school-rooms and dormitories, unwholesome clothing, and other insanitary conditions, are recognised as leading elements in the development of follicular granulations and contagious ophthalmia, amongst workhouse children.

The following narrative confirms our existing evidence on the causation of epidemic conjunctivitis, and shows its close dependence upon hygienic defects.

A few extracts from my report book will show you the previous defective conditions which led up to the annoying and troublesome outbreak of ophthalmia which is the subject of this paper.

(a) "Hygiene of Cholera," par. 11, p. 99; also p. 150-159.

(b) As expressed by the older authors, so now--

"Neither infection, nor terrestrial malaria, nor mineral vapours, nor exhalations from dead animal matter, nor intemperance of season or weather, nor famine, scarcity, or unwholesome food, nor crowding of the living—the healthy or sick, nor filth, nor stillness, humidity, warmth, or other conditions of the air, nor depressing emotions and passions, nor any physical, social, or moral vicissitude, will singly account for epidemics; but that the association of several of these causes in various grades of predominance is necessary to their occurrence, diffusion, and continuance."—Copland's "Dictionary of Medicine," 1858, p. 773.

(c) Paper read at Yorkshire Branch of British Medical Association.

Under date of 24th of January, 1876, I reported to the board of guardians that the schools, covered playground, sleeping accommodation, were deficient in ventilation, and again, under date 29th of April, in consequence of the appearance of *impetigo contagiosa* amongst some of the children, I had to make another report, anent some radical defects in the playground. I then said:—

“At present it is almost a reservoir of foul air, from the closets inside it; this air circulates into schools, day rooms, and bed rooms, the children are consequently breathing poisoned air.”

The guardians did everything in their power to remedy these defects, but yet there was a perceptible effluvia vitiating the air; the cause of which remained for some time undiscovered.

In January, 1877, a few mild cases of scarlatina appeared, with another memorandum to the following effect:—

“I beg to draw attention to the children’s bedding. It is in a very bad and unhealthy condition; a number of children wet their beds, saturating the flocks with their urine. This affects the atmosphere of the rooms, especially when heat is produced at night by the warmth of the children themselves.” The guardians at once acceded to my recommendations. With such a history, and knowing as Brudenell Carter says:—“That when granulations are once developed they are like tinder, to which any accidental circumstance may apply a spark,” you will not wonder at the following report, dated August, 1877:

“Owing to a threatened outbreak of ophthalmia amongst the children, it is desirable

1st. That suspected cases should be isolated, those positively affected being sent to the hospital.

2nd. The boys and girls should have separate towels.

3rd. Shades should be supplied to those affected.

4th. Some old linen should be provided, to be destroyed after use.

5th. All children in the schools should be placed on an improved diet.

6th. An extra number of pauper helps should be sent to assist the paid nurse.”

These are the facts leading up to the outbreak which I shall briefly describe, though I need not enter into minute details of the symptoms of this affection, as they are no doubt familiar to you all. For fuller information I may however refer anyone interested in the subject or unacquainted with the disease, to the *Lancet* report on the Epidemic of Ophthalmia, at the North Surrey Schools, Anerley, in August, 1872, or to Brudenell Carter’s work on “Diseases of the Eye.”

In the beginning of August, 1877, there were eighty-five children classified on the books of the Halifax Workhouse. In the first week five children were brought under my notice, suffering from tender eyes, which was attributed to dust, but which I saw was dependent on other causes; they were at once sent into hospital.

On the 11th I had nine children under treatment, and by the 23rd the total number affected reached forty-five, after which we had no more fresh cases, so that the progress of the epidemic was extremely short, severe, and limited.

The cases varied in intensity, some simply complained of tenderness, whilst others suffered from the dangerous discharge, so characteristic of the disease. I may say from my experience of eleven years as workhouse medical officer that nothing has given me so much trouble as the management and treatment of these children. This arose first from the difficulty of classifying them, separating the slightly affected from the badly diseased, the boys from the girls.

1. From the varying ages of the children, which ranged from three to twelve.

2. From difficulties arising about the application of lotions, towels, bathing, &c.

3. From the bad constitutions, and inherited diatheses of the children themselves.

Nothing is easier than to give orders and to issue directions; nothing is more difficult than the carrying of them out, especially when you have to depend upon such help as is ordinarily placed at your disposal in a workhouse, and have to deal with a number of children.

Cleanliness and bathing are most important, but difficult of attainment. I secured the separate washing of the children by a very simple contrivance, which I adapted on a former occasion when the children had skin disease.

In the ordinary bathing arrangements for children, I should not like to say how many are washed in the same water, as this depends upon the nurse in charge. To obviate this, I constructed a kind of flexible hose and jet, somewhat similar to that used in shampooing, by means of which hot and cold water could be turned on, so that as each child stood in the bath, a fresh supply of hot or cold water was administered to him or her. Then came the difficulty about towels.

At general bathings each child had a towel, which was not used again, until it had passed through the disinfecting laboratory.

As regards ordinary ablutions there was less difficulty, as the lavatory arrangements were good, and it was possible to keep the towels of the children separate.

This is most important, for much mischief may be caused by the indiscriminate use of towels, as for instance, when some are mildly affected, and others severely so.

The application of lotions is a matter of great difficulty, for as the disease was not equally severe in all of them, the applications varied in strength and character; for some, an alum lotion of four grains to the ounce was sufficient, whilst for others I employed a solution of nitrate of silver, two grains to the ounce.

Then came the application of some emollient, to prevent sticking of the lids, for which I had to depend upon the nurses; in the severe cases I, of course, had to apply the lotions myself, in some cases to touch the lids with sulphate of copper.

The constitutional diatheses of the children complicated affairs, but this I simplified by placing all upon improved diets, with cod-liver oil as a luxury, whilst for some I ordered Parrish’s chemical food.

As a recompense for all the annoyance and trouble I had, there was this satisfaction: the children all recovered without any permanent injury to their eyes, and there were no ill-effects afterwards. The process of recovery was slow, as I kept the children under treatment and observation a very long time, knowing the danger of discharging children, before the cure was complete, and I dreaded the repetition of the epidemic, for one was enough for a life. It was three months before I was free.

I may add that the schools had been thoroughly cleansed and fumigated, and the guardians tried to carry out my recommendations, though the results for a short time were not satisfactory.

The sequel is instructive and will be particularly interesting to the author of “Dangers to Health,” Mr. Teale.

The last case went back about the middle of November. There was no recurrence of the disease, but yet the children’s health did not improve. I had to make another report, and the children were removed from the buildings.

We had put down a new and expensive system of drainage, and one large 18-inch pipe ran close to the children’s covered play ground, into which some smaller pipes converged. We thought it well to open up this drain at various points, and we found, just at the back of the play-ground and running along the back of the school, a most disgraceful piece of scamped work.

The 18-inch large drain was full from end to end, the connecting pipes were not jointed, but rough holes had been bored, into which the smaller pipes were inserted; the level or fall was in the wrong direction to avoid cutting through the rock. In many places the pipes were



broken, and the ground saturated with filth. Here was the secret, buried beneath the soil, hence sprung the foul air which had been poisoning the children and which had caused so much suffering and annoyance.

The guardians were put to considerable expense about this drain. Since that time the schools have been in fairly good condition and I have had no outbreak amongst the children.

I may add that the guardians have adopted one very wise provision, though, at the same time, attended by certain risk, viz. :—

They now send their children to the Board Schools. Up to the present, with the most satisfactory results, not only as regards their physique but their morale.

One word as to the immediate cause of the outbreak. Our workhouse children belong to the floating population. Children are coming in and going out almost daily; so that it is quite possible some child may have been admitted with the disease in its latent stage.

With this hypothesis, and under the conditions I have described, we need not wonder at the result.

### NOTES ON PNEUMONIA.

By THOMAS MOORE SUNTER, M.D., T.C.D.,  
M.D. Oxon.;

Formerly of the 7th Fusiliers.

"UNTYPIC" pneumonia having been under discussion at a recent meeting of the Clinical Society (a), eminent members of the medical profession taking part, it has occurred to me that the present occasion might not be inopportune to introduce notes of two cases that occurred in my practice, now close upon thirty-three years ago.

No. 1.—J. M., 7th Fusiliers, æt. 21, English, sanguine temperament, robust constitution (labourer before enlistment), admitted to hospital at Waterford, May 5th, 1848, with headache, hot skin, frontal pains, and white, trembling tongue. Ordered an emetic immediately; diaphoretic mixture with antimony afterwards.

6th.—Six leeches to forehead. Spoon diet.

7th.—Complains of pain in left side of chest, but breathing is healthy.

8th.—Cough and diarrhoea. Breathing 48, abdominal; pulse 120, compressible; short, gasping, dry cough; decubitus on left side, and on face; dull percussion and fine crepitation over right lung anteriorly. V. S. ad thirty-two ounces *pestea*, *cucurbitulæ cruenta thoraci dextro*; six glasses put on at once, and about twelve ounces of blood got. Calomel and James's powder every four hours, and a drachm of mercurial ointment rubbed into right side.

9th.—Pergat; blood buffed and cupped; very firm coagulatum.

10th.—Mouth unaffected; respiration 24, diaphragmatic; pulse 96, fuller, soft. Bronchial breathing and reverberation of voice under right clavicle; dull percussion and rough respiration same side posteriorly. Heart beats very audible under right clavicle. Omit pills of calomel and James's powder; to have instead pills of calomel, opium and tartar emetic every second hour, and to rub a drachm of mercurial ointment into right side every four hours.

11th.—Slight mercurial fœtor; gums swollen. Pulse 86; respiration 24, less diaphragmatic—intercostals take more part in it. Conjunctivæ and skin have slight yellow tinge. No expectoration; retention of urine. Symptoms rapidly improved after this, and he was discharged quite well, June 2, and has continued well.

I considered and treated this case as one of "fever with cerebral lesion" till third day after admission, on which cough and hurried breathing caused me to examine chest,

when real nature of attack was disclosed. The physical signs *immediately under right clavicle* made me somewhat apprehensive of a cavity in apex of right lung, and we know how difficult it often is to distinguish between acute phthisis and acute pneumonia. Slight jaundice was present in this case—an occasional symptom of pneumonia—attributable, according to Dr. Walshe, to pressure on minute bile ducts, from obstructed right heart and vena cava.

No. 2.—E. H., 7th Fusiliers, æt. 24, Irishman (labourer before enlistment), robust, previously very healthy, admitted to hospital at Waterford, May 18th, 1848, for a *boil on forearm*.

24th.—Seized with nausea, rigors, headache, hurried pulse and breathing. Six leeches to forehead and diaphoretic mixture; spoon diet, *potus tartari*.

27th.—Pulse 126, soft. Slept some time last night, and raved some; quite rational to-day. Tongue moist, white fur in centre. Often at stool during night; watery discharges. No pain in head. No other symptoms remarkable.

28th.—Did not sleep last night. Continue mixture. 9 p.m.—*Abradentur capilli capitis*.

29th.—Called to him at six this morning. Rattles in throat; did not sleep last night; raved and tore his sheets. Pulse 156, very weak; eyes dull, conjunctivæ pale, contracted pupils; tongue moist, almost clean; livid lips; perspiration on forehead, which is livid also; soft, moist skin; tympanic abdomen. Omit diaphoretic mixture. Port wine, camphor and ammonia; blister to epigastrium; chicken broth. 5 p.m.—Sank gradually and died at 3.30. Sensible to the last.

Post-mortem; right lung adhered to right pleura by a layer of light yellow lymph, easily peeling off; upper and middle lobes closely adherent, sections of a mottled colour, like black points in grey marble; lower lobe congested; two-thirds of anterior edge of middle lobe healthy. Left lung adhering to left pleura costalis by tendinous bands about an inch and a-half long, exactly like chordæ tendinæ of heart; upper and middle lobes healthy (a large quantity of reddish frothy fluid issued from section of upper lobe), lower intensely congested, sections presenting black spots, apparently coagulated blood. Heart large; walls of left ventricle remarkably thick and muscular; consequent, probably, on abnormal action, caused by obstructed pulmonary circulation (?). Other organs not remarkable with exception of stomach, mucous membrane of which, at larger curvature had an arborescent appearance, of a deep-red colour, mixed with dark mahogany-looking spots. I never suspected a pulmonary complication in Case No. 2, looking on it throughout as one of fever, in which cerebral lesion was chiefly to be apprehended. The man had no cough, pain in side, or expectoration—though I am aware that these signs may be absent, and yet pleuritis or pneumonia be present—in fact it was only of his head he complained.

A Waterford physician of experience happened to come round the ward with me the day before death, and he agreed with me as to the nature of the case. No. 1 was in hospital same time as, and next bed to, No. 2.

Observations (January, 1881).—A change has taken place in the treatment of pneumonia since the above cases were under observation. The masterly inactivity, so to speak, which at present obtains (speaking comparatively), recalls a reply of Trousseau to the writer, when, in 1857, at the Hôtel Dieu, he asked how he would treat a case of arachnitis in a very young subject, who occupied one of the beds: "Le moins je fais, Monsieur," he said; "le mieux je fais!" Whether this change has arisen as a consequence of the improved state of medical knowledge, or that the human constitution is less tolerant of depletion, might not be so easy to say. The germ of it is, I think, contained in a remark of Graves during the period I acted as his clinical clerk at Sir Patrick Dun's Hospital, more than forty years ago, viz.:—"It is of the last importance to cure disease with the least possible loss of blood," an idea he carried out when he "fed fevers."

(a) Vide *Medical Press*, Dec. 15, 1880.

But, though the supporting system is now in vogue, who shall with certainty say that a sthenic cycle will not again girdle these islands—that the now all but dethroned remedies, venesection, antimony, and mercury, may not recover their “pride of place,” and physicians of the future be found treating pneumonia like their forefathers. (a)

I regret that force of habit, or force of routine, did not lead me to make a stethoscopic examination of the lungs in Case No. 2. It would, no doubt, have been *indicative*, as it was in No. 1, and the means of my adopting somewhat similar treatment. Whether this would have been followed by a similar result I know not.

No. 2 was a treacherous case—grave symptoms running their course with rapidity. The treatment of No. 1 may appear “heroic” in these days. But there is the authority of Sir Thomas Watson, for the statement in the latest (1871) edition of his lectures, “that though multiplied experience now shows mercury in pneumonia, not to be commendable practice, yet *different cases require different modifications of treatment, for which no particular rules can be laid down*,” and Sir Benjamin Brodie (b) says: “Soldiers are of strong constitution, good health, not much advanced in life, and from the situation in which they are placed, may well be supposed to have a power of throwing off morbid poisons, and of bearing depletion, not enjoyed by the majority.” It crossed my mind that Case No. 2 might, in reality, have been one of blood-poisoning. It was admitted for a boil,—i.e., an unexaggerated “carbuncle,” of which Brodie writes: “It seems to me as if there was something like a poison in the circulation in this disease.” (c) The treatment of No. 2 was the “expectant treatment,” as it is, I believe, called by Continental physicians and others. Though unwittingly adopted by me, the result was not encouraging. Finally, the heart beats being so audible in No. 1, immediately under right clavicle, did not necessarily indicate solidity of subjacent lung. In my experience they are occasionally audible in same situation, when lungs are healthy.

## Clinical Records.

### MERCER'S HOSPITAL, DUBLIN.

Under the care of Mr. E. STAMER O'GRADY, M.R.I.A., A.B., M.B., Ch.M., Univ. Dub.,

Fellow (by Exam.) Member Surgical and Dental Courts of Examiners, Royal College of Surgeons.

Of four cases of epithelioma which were operated on during the month of January, (d) the trouble was labial in three. Two of these patients (cases A. and B.) were non-smokers.

#### *Epithelioma of Lower Lip—Three Cases.*

A. A wiry-looking man of small stature, *æt.* 60, had had for fourteen months a warty growth on the right side of the lower lip; for three months the trouble had been increasing rapidly, and had come to involve slightly the angle of the mouth. Removal was readily effected by a somewhat modified V operation, right limb of the cut being lengthened and curved. Though a very considerable sized mass was thus excised, yet thanks to an exceptionally full lower lip the soft parts required but little lateral detachment to form a most respectable mouth. The wound united by the harelip

(a) Although as much a convert as most men to the modern practice of treating disease without directly abstracting blood, I entertain an idea that some change will yet take place, whereby the lancet may again come into use, although to a more limited extent than in former years.—Sir W. Ferguson, “Practical Surgery,” 5th edition, 1870.

(b) “Lectures on Pathology and Surgery.” London, 1846.

(c) *Op. citat.*

(d) These cases were coincident with the period of the occurrence of the severe and long-continued snow. The exceptional rigour of the weather seemed to exercise a more or less decidedly retarding influence on repair in each of them.

needles and one catgut suture on the red border; resulted well; the patient being discharged from hospital 24 days after operation.

B. A healthy-looking man, a herd, *æt.* 55, had suffered for years “off and on” from a “crack” in the centre of the lower lip; this of late had become surrounded by a rapidly extending indurated mass, from which a tail-like process ran along the red border of the lip towards the right angle of the mouth. The central portion having been dealt with by a large V, the caudate prolongation was readily included between two parallel incisions and removed. The edges of this portion of the cut having been whipped together by a continuous suture of carbolised catgut, the central portion of the wound was closed by three harelip pins with a stitch on the red border so arranged as to include both segments of the split right side. A capital result was obtained, the patient leaving hospital in a fortnight.

C. This patient looked considerably older, at least ten years so, than the 63 he returned as his age. He was much in the habit of smoking a short thick-stemmed pipe. The disease was of some two years' standing, having begun originally as a wart near the left angle; this, of late, grew rapidly, till, on admission, the mass was larger than the ungual phalanx of a man's thumb. A similar operative procedure and dressing as in the preceding cases obtained an admirable result. It would have been difficult, when the patient left hospital twelve days afterwards, to detect that he had been operated on at all.

*Epithelioma of Left Temple*, one year growing, and about size of palmar aspect of the thumb, quite free from any deep attachments, and unattended with gland complication. Patient, a man aged over 70 years, and who had been rather a free liver. Removal was readily effected by circumscribing the mass with two elliptical cuts, one above, the other below it, when the finger was easily passed through the areolar tissue from one incision to the other, completely raising the diseased portion. The hemorrhage would have been very profuse were it not for the careful way pressure was maintained by the finger tips of assistants all round the circumference of the wound. Five notably large vessels were tied, but the entire length of the cutaneous cuts, on removal of the digital pressure, continued to bleed uninfluenced by the application of styptics. Uniting the wound by three hare-lip needles, with the further application of compresses soaked in Friar's balsam, and bandaged in position, commanded the flow. The primary progress of the case was very satisfactory, but in 48 hours after the operation the two posterior needles were withdrawn, in consequence of local swelling, and the dressing being moist. Next day, an old chest trouble had become much aggravated by an acute graft into a severe attack of bronchitis, whilst locally there threatened a slight erysipeloid state of the wound. This rapidly subsided, discoloration and swelling being limited to the immediate neighbourhood of the wound, which then cleaned and began to repair. Throughout this period the constitutional phenomena were mild. During the eleventh day after the operation, at a time when the patient seemed to be in every way greatly improved, and to be doing most favourably, in the afternoon, whilst reading the newspaper, he was suddenly seized with a severe rigor, which lasted a considerable time. During it he became markedly delirious and mental cloudiness remained in diminishing degrees for a couple of days. Shortly after the commencement of this attack, as he rallied to stimulants, the pulse was 130, and the temperature 102.2°. Next day there was a rather smart diarrhoeic attack, when both pulse and temperature became reduced considerably. Three days later improvement was very manifest, though a good deal of annoyance was now caused by a small swelling which had long existed at the root of the right side of the neck. This had become inflamed, it suppurated, and subsequently opened. The bronchitic attack, though paroxysmally very troublesome, was relieved, when the severity of the weather mitigated, he rapidly improved in health. The local repair, though steadily progressive, was very slow, a minute streak of the operation wound being still unhealed when he returned home 33 days after the operation, at which time the abscess in the neck had not entirely closed either. Some portion of this long stay in the hospital was, however, consequent on his seeking an apparatus for a large and difficult to be kept up hernia. As dressing to the wound, boracic acid in glycerine and an ointment of iodoform, pitch, and vaseline answered best.

*Anal Fissure with both External and Internal Piles, and Sub-*

*sequent Formation of Fistula.*—A stout, florid, remarkably healthy-looking woman, mother of 12 children, had been suffering for over three months from the symptoms of fistula recti in an aggravated form. Examination, which could only be practised under an anæsthetic (chloroform), showed at the right side of the orifice of the gut an ulcer similar in size and shape to the face of a split almond, its lower end being flanked on each side by an external pile. These were nipped off and the fissure divided with a bistoury. Some days subsequently, and attended with much increase of suffering, internal piles, which also co-existed, became painful and bled freely. Two large bunches were tied 30 days after the division of the ulcer. Acute local suppuration of severe type supervened, resulting in suppurative and formation of a fistula, which communicated with the ulcer. A week after tying the piles the fistula was divided. Improvement was now rapid and complete, the patient being able to leave the hospital 17 days later in perfect health. (a)

*Extensive Sloughing Phagelæna.*—A strong healthy looking young man, a pavier, presented at the dispensary with the prepuce swollen to the size of a large pear, in places mottled, but, for the most part, of a deep black colour; a state of affairs which had come to pass the patient said within 48 hours. Next day the already nearly detached mass was readily wiped off, showing considerable destruction of the glans. The urethral orifice stood out prominently. The whole diseased surface bled profusely, and was dressed by the introduction of a catheter, and application of strips of lint, soaked in muriate tincture of iron, firmly bandaged on. Repair was rapid; the wound being nearly healed, when patient was discharged eight days later. He continued under observation as an extern for some time, during which no secondaries appeared, nor did the orifice of the urethra show tendency to contract.

*Amputation through shoulder* for extensive epithelioma of the hand and forearm; diseased lymphatics distinctly traceable up the limb. A couple of enlarged glands being above the inner condyle, and an indurated mass, as big as a turkey egg, in the axilla. Patient, *æt.* 72, the remains of a fine hearty man, much reduced by the hæmorrhages, pain, and above all, by the perpetual bad smell, pressed earnestly for the operation. A week after admission there was smart arterial bleeding, which was, with difficulty, controlled by local means. Under all the circumstances of the case, it was considered right, at consultation, to respond to the patient's very urgent desire. Removal of the limb was effected by deltoid and internal flaps. As the latter was being cut, the thumb and fingers of the operator's left hand following the knife, kept secure grip of the vessels (the subclavian being also commanded with a padded key), of which eleven were secured by carbolised catgut, the operation having been almost bloodless. From the internal flap, all affected gland masses were removed, and a seemingly healthy wound obtained. This was dabbled well with a 40-grain solution of chloride of zinc. Due provision was made for drainage by a large tube covering the wound, as well as by a pledget of lint prepared with turpentine, which had been applied to an oozing portion of the surface. The wound was brought together by seven points of suture, the scapula and surrounding parts being duly supported. The operation was wonderfully well-borne, followed by but little shock; nourishment was well taken; sleep obtained; bowel secretion continued abundant; pulse and temperature rates but moderately disturbed. On the evening of the third day, however, a change began to manifest itself; henceforward the patient grew feebler, and, without any notable symptom, died rather suddenly on the morning of the fifth day after the operation. Examination of the stump showed much repair had already been effected. A good deal of it was united; the suppurative action where present was of healthy type. (b)

(a) Coincidentally, or nearly, with this patient's presence in the Hospital, it happened that there were three other similar, though less formidable cases, viz.:—*A.* Multiparous female, *æt.* 50, with external piles and fissure on left side. The former snipped off and latter divided. Recovery in 9 days. *B.* Multiparous female, *æt.* 42, the ulcer placed posteriorly; division; followed by recovery in 16 days. *C.* Male labourer, *æt.* 50, much older looking, a hard living man. Fissure running into external pile on left side; divided; snipped off; cure in 12 days.

(b) Scapula humeral disarticulation at Mercer's has been attended with excellent results, this being the only fatal case out of the nine which have occurred in this Hospital since Mr.

*Amputation of Thigh.*—Patient, a man well over three score, 14 years previously he had hurt his left knee, which had since, "off and on," been bad, the trouble eventually degenerating into well-marked suppurative arthritis. The joint being greatly swelled, and the seat of intense suffering; the femur was thickened for some inches. Amputation by the long anterior rectangular flap method was effected at junction of lower and middle third of thigh, a periosteal curtain being preserved. Seven vessels were tied with carbolised catgut, and the wound well dabbled with the chloride of zinc solution. Four hours subsequently the stump was brought together, a large drainage tube being placed across it. Despite the patient's enfeebled condition, the operation was well rallied from, and save for the anxiety more than once caused by chronic chest trouble, progress continued very satisfactory. The drainage tube was removed in a week, and in three weeks from the time of the amputation, the stump was quite healed. The patient being now at least ten years a younger looking man. His subsequent stay in the hospital was merely to get provided with, and accustomed to, an artificial limb.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, Feb. 4, 1881, in the Albert Hall, Royal College of Surgeons; Dr. MAPOTHER presided.

Mr. E. WILLS-RICHARDSON, hon. sec., read the minutes of the previous meeting, which were signed.

Adjourned discussion on Mr. Wheeler's communication:—

A RECORD OF CASES TREATED ANTISEPTICALLY, AND OF CASES TREATED ACCORDING TO LISTER'S METHOD, WITH REFERENCE TO CASES TREATED WITHOUT THE USE OF ANTISEPTICS.

Mr. HENRY FITZGIBBON, who had moved the adjournment of the debate on Mr. Wheeler's communication, which was read at the previous meeting, said the question raised in that paper, as it appeared to him, was one between the efficiency of extreme cleanliness and what had been termed Listerism. The medium adopted by Mr. Wheeler, and which he had seen most successful in his hands for procuring cleanliness in the treatment of his cases, was a solution of carbolic acid of some strength or other—he believed of no definite strength, and that he sometimes used it strong and sometimes weak. To that system of cleanliness it was suggested by a speaker who criticised his paper to apply the term "Wheelerism," in contra-distinction to the system adopted by Lister, and termed "Listerism." But cleanliness of treatment was not at all peculiar to Mr. Wheeler. Indeed, he thought the adoption of the precaution of extreme cleanliness in the treatment of surgical cases of late years was very much due to Lister's exertions in the advocacy of his own system. And, again, cleanliness has been adopted with the greatest success many years ago in Philadelphia by the late Surgeon Norris, whose medium of procuring that essential to surgical success was soap and water, not carbolic acid. He believed Norris's successes were perhaps as great as those of any other surgeon before or since. Mr. Wheeler had laid some stress upon facts which he, too, had seen—viz., that in some cases where operations had been performed, such as rectangular flap amputation of the thigh, the flap being insufficiently supplied by vessels, mortification of the flap had taken place. Now, it was unjust to Lister's method to attribute that accident to the use of carbolic acid spray, or of Lister's carbolised gauze, or, in short, to the legitimate and proper use of Listerism. Those operations were generally performed with the assistance of Esmarch's bandage, and he entertained what amounted to more than a suspicion that the contraction of the vessels by that bandage produced total anæmia of large flaps for a considerable period. Consequent on the unnecessary delay

O'Grady's connection with it. In one of these cases the entire scapula was removed, as well as the limb. This, and two other cases, where likewise the entire scapula was taken away in combination with excision of the head of the humerus, all recovering well, and the two latter patients preserving useful limbs.

of surgeons in dressing their stumps because there was no hemorrhage going on, strangulation was kept up for a greater length of time than was good for the flap, causing a great amount of suffering, which could not be in any way attributed to the use of carbolic spray, even at a strength of 1 in 20. Another point had been raised against Listerism, that it could not be good to expose a large wounded surface to the cold spray. In the *British Medical Journal* published since last meeting, Bantock gave a number of cases treated with a solution of 1 in 40, and even weaker, as he took exception to the use of solution of 1 in 20, and he thought that applying it in ovariotomy to the peritoneal cavity and to the peritoneum might be injurious. No doubt injuries arising from the use of the spray in those cases were often attributable to neglect in the preparation of the lotion used. In ovariotomy he had himself remonstrated against the use of cold carbolic lotion, and made probably with cold water of a temperature little above freezing point. The spray ought to be heated to a temperature of 80° before being used, particularly in cases where the peritoneal cavity was open. Another point with respect to the use of the spray was one on which Lister himself laid great stress—that the carbolic acid used in the preparation of the lotion should be pure; for, if not, the operator's hands would suffer seriously from it; whereas, when pure, even at a strength of 1 in 20, irritation of the skin was not produced. The smarting of the hands was so characteristic of impure carbolic acid that, when he felt it, he always rejected the lotion. That was the result of using carbolic acid of inferior quality, or—he was not at all sure—of the lazy habit of some chemists in keeping it in solution with glycerine; so that the spray was not carbolic acid of 1 in 20, but carbolised glycerine, or almost pure carbolic acid, sufficient to produce cauterisation of the skin and irritation about a wound. Mr. Wheeler objected that the carbolised gauze excited eczema on the skin. So it would, if the gauze was badly made; but not, if it was properly made. Gauze should be prepared with resin, oil, and hard paraffine (1 oz. carbolic acid, 2 oz. linseed oil, 4 oz. resin, and ¼ lb. hard paraffine). With that mixture the gauze was saturated, and run perfectly dry. If the gauze had too little oil, it would produce eczema; but if properly prepared, it would not, though remaining for weeks on the surface of the body. With respect to the antiseptic properties of Lister's method, he had seen cases—and some in his own practice—where there was a certain amount of sloughing in the flaps, arising either from tight bandages, or from the pressure of Eschsch's bandage during the operation; but there had been no small injuries to the patients in the immediate neighbourhood, although portion of a flap or the margin of a wound might slough off. That he could not say of some of the cases under the care of his worthy colleague, Mr. Wheeler; for, although they had led ultimately to what might be termed brilliant surgical results, nevertheless, during the process of healing they had been most offensive, so much so that some of his colleagues thought it judicious to remove patients in a critical condition to a more distant bed. Still, by persistent washing and cleanliness, those cases had ultimately resulted in most excellent surgical results. He was, himself, a strong advocate of Lister's system, adopting it invariably in cases which he considered suitable for it. There were cases which he did not consider suitable for Listerism. In cases of chronic abscesses, which were those Lister had most largely cited, he considered that the use of the carbolic acid spray, as Lister adopted it, would actually retard recovery.

Mr. J. K. BARTON, speaking on the general question, which he took to be the merits or demerits of the spray in dressing open wounds, said he had, without premeditation, an experiment lately before him. About two months ago he had excised the knee-joint in a little boy, set. 7 or 8, in many respects an unfavourable case. On the first or second dressing, a day or two after the operation, the child showed an unconquerable aversion to the spray, crying himself almost into fits. On that account he thought it better to omit the use of the spray. He did so for a fortnight or three weeks, and the operation was turning out favourably, but there was a free suppuration from several old sinusses. Under the circumstances he tried the spray to check the suppuration with marked result, and the spray was adopted for the remainder of the dressing. In the same way he had tried Lister's treatment on sinusses that would not heal, but under that treatment almost immediately dried up and healed. With regard to the sloughing of flaps, the cases which he saw were those before using the antiseptic method,

and therefore whatever produced the unfortunate result, it could not be attributed to any change in the manner of dressing.

Mr. Wm. THOMSON thought that anyone who believed in antiseptic surgery could not sit quietly without expressing dissent which he did himself emphatically, from the views put forward by Mr. Wheeler in reference to antiseptics. The cases Mr. Wheeler had brought forward seemed to be tolerably well balanced both as to character and number, and his position was that the first class of cases dressed according to his own method as compared with the cases dressed according to the Listerian method resulted in favour of his plan, and utterly against the Listerian. In the Listerian cases the average temperature was a degree more than in the first class of cases. The cases brought forward might be an excellent testimony to Mr. Wheeler's skill and prowess as a surgeon, but he utterly denied their usefulness as a scientific test applied to a scientific method. The cases alleged to be treated by Listerism were altogether wanting in the exactness of detail necessary to form a judgment upon them as evidence. Why did he say he declined to accept those cases as proof against a scientific method? Simply because the results brought forward as the results of the Listerian method he believed to be impossible if the Listerian method had been properly practised. He had had an opportunity of visiting several hospitals, and of seeing Lister's method practised. On one occasion he remembered seeing a spray at full pressure, but there was no carbolic acid being pumped on the wound at all, nothing but a great volume of steam, which was simply urging into the wound all the germs that came within its scope. Again, he had seen other cases where a squirt of carbolic acid was being put upon the wound, and the surgeon, who happened to be near at hand, was invited to put his finger into the wound. That was surgical filth, the hand not having been purified by any immersion in carbolic lotion. Yet these cases he had heard described as carried out thoroughly according to the Listerian method. He did not impute that Mr. Wheeler had not carried out the cleanly method as he thought properly, but as a series of cases the results he got were impossible, and against the experience of surgeons who had practised Listerism in the proper way. A number of surgeons imitated Listerism with a certain degree of impartiality, but were at heart unconsciously prejudiced against it, disbelieving in the method, and being superior to the small details on which so much depended. Mr. Wheeler had mentioned several cases in which there were sinusses without giving the history as to how they were treated. In the list brought forward by him it was interesting to observe the way in which he described the results. One was described as "purulent," the next "very purulent," the next "suppuration," the next "free suppuration," and the next "profuse suppuration." He should like to ask Mr. Wheeler what was his theory of putrefaction? He had not said so in specific words, but as Mr. Thomson thought, he disbelieved in the germ theory. If he believed in the germ theory his method of treating the cases mentioned was utterly inefficient, and if he did not believe in it it was utterly unnecessary; because his position was this, that cleanliness, physiological rest, and drainage, were all the requirements needed to bring about the desired result. If cleanliness was all that was necessary, what did he use carbolic acid for? Pure distilled water was as clean as anything he could get, and last year he brought forward a case in which pure water applied to a stump had healed, while a case in which he used the Listerian method had taken two months to heal. Mr. Wheeler had made a point of the presence of germs in an abscess. Mr. Cheyne, who was assistant to Lister at King's College, had published a number of experiments with reference to the influence of the spray and the presence of germs in abscesses, and the result of his experience carried over a large number of cases was that, at all events, so far as chronic abscesses were concerned, there was no such thing as any organism existing in them. So far as acute abscesses were concerned, only a small proportion contained any organism, and these of a kind called micrococci, which had been proved by experiment on the lower animals to be innocuous. Injected into rabbits, and even into his own person, the micrococci did not produce inflammatory action, while in the case of true bacteria, the rabbits exhibited symptoms of blood poisoning and died. It was the micrococci that were found in abscesses, and not in open wounds. With regard to the effects of the spray, Mr. Watson, of New York had carried out a number of

experiments on its use and powers in preventing putrefaction, and the result of his experience in a great number of experiments, in which meat was put into a flask and allowed to putrefy, was that the meat which, before being put in, had been subjected to the action of the spray, did not become putrid for 25 or 27 days after that which had not been subjected to the action of the spray. Mr. Wheeler had made a point in reference to the German hospitals, and the filth of them, but he (Mr. Thomson) did not quite see the force of it; because if they were such pest houses as he described, and that now with the Listerian methods results were obtained in which pyæmia and septicæmia were practically excluded, the argument was strongly in favour not of general cleanliness at all, but of the special means taken to get rid of those unfortunate surroundings. It was not contended for a moment that Listerism was essential to the healing of wounds. No surgeon attempted to argue that proposition. But what he did contend for was that Listerism was the best method of antiseptics known, and gave the best results. If Listerism and Wheelerism were both stopped to-morrow wounds would still get well. But what was sought to be achieved by the Listerian method was a reduction of the death-rate from septicæmia and pyæmia, which, without its use, always amounted to a considerable percentage. Prof. Schede had collected statistics from a number of German hospitals in which antiseptics according to Lister were used, and comparing the result of a number of years' operations with the result obtained some years previously, when no Listerism was used, it appeared that out of 321 major operations, chiefly amputations and excisions treated antiseptically, there was but one death from septicæmia, while out of 327 cases in which Listerism was not used, and no form of antiseptic surgery in the common acceptance of the meaning, there were 91 deaths from pyæmia and blood-poisoning. Mr. Wheeler also took occasion to quote Sir J. Paget in reference to a point of statistics rather favourable to him, but he was not quite fair in his quotation. He (Mr. Thomson) would supply the omission. In the discussion that took place in St. Thomas's Hospital on antiseptics, Sir James Paget first spoke of the extraordinary results that followed the use of Listerism in the practice of ovariectomy, and he then went on:—"A few years ago I believed that I had never seen a patient recover after the opening of a lumbar or a psoas abscess with a free incision; I could not remember one who had not died before the opened abscess healed. Of late years, I have known such abscesses opened with complete immunity under antiseptic treatment, and there has seemed nothing but this treatment to account for the difference of the results." He thought it right as one practising antiseptic surgery according to Lister, and believing thoroughly in the principles on which it was based, that the statement in Mr. Wheeler's paper should not be allowed to go forward without some expression of dissent.

Dr. F. B. QUINLAN said everybody would be disposed to agree with Mr. Thomson that if Listerism was practised it should be practised in its entirety, and that a great number of the cases of alleged Listerism were not in reality according to Lister's method. Unless every detail was followed and every precaution used the weakest link in the chain would snap, and failure would result. He was disposed to agree with Mr. Wheeler in a great deal of what he brought forward. One inconvenience in the use of the spray had not been touched on at all, and that was that where patients were dressed in bed with it the steam wet them to such a degree that he had often seen colds and considerable injury supervene from the wet garments, and the steam condensing upon them. Rest, cleanliness, and drainage were known in the profession a long time. The drainage was recommended by Mr. George Calender, and carbolic acid was recommended by a French medical man, M. Lemaire. He had himself seen a case of Mr. Wheeler's, that of a little boy, on whom excision of the elbow had been performed, and treated with cleanliness, drainage, and rest. He never saw a case that went on more satisfactorily or had a better termination, the limb being capable of flexion, extension, and rotation.

Dr. HENRY KENNEDY said he was old enough to recollect long before Listerism or any other ism was in use, and it was then a common thing to see wounds running the same course they did now-a-days; for instance he had seen amputations of the thigh heal up without a particle of suppuration. On the other hand, he had seen erysipelas supervene, the stump slough, and other serious consequences. That was before Listerism or any other system except cleanliness was in use. In considering the question, it should always be recollected what might go on in the absence of the means advocated; for it

seemed to him that those casualties after amputation arose from the state of the patient's constitution. Again, in connection with that subject it should never be forgotten that every hospital surgeon must have seen that at times wounds would not heal at all, and at other times they would heal under disadvantageous circumstances. Therefore, the result might be attributed to causes other than whether the wound was dressed by cleanliness or by Listerism. Speaking as a reader, and more in favour of Listerism than of anything else, a number of cases of fearful compound fractures had been treated, especially in Glasgow, with exceedingly favourable results by modified Listerism. Those were cases in which twenty years ago amputation would have been performed, and yet by the use of carbolic acid they did very well without amputation. In the last volume of the Medico-Chirurgical Transactions was an important paper by Dr. Tait, of Birmingham, and it went a long way to shake one's confidence in Listerism by giving a number of cases of ovariectomy where cleanliness seemed to be exceedingly successful. Those cases were on record, and worth bearing in mind as showing the caution that should be exercised before arriving at any conclusion on this important subject.

Dr. T. STACE thought it was the bounden duty of everyone present to give expression to his feeling, as there was no chance of a division on the debate. He could not but consider that Mr. Wheeler's paper tended in a retrograde direction, and he was sorry there was no chance of comparing the statistics in it with those brought forward by Mr. Thomson, inasmuch as Mr. Wheeler's cases were remarkable in having no mortality whatever among them, whereas Mr. Thomson's showed a fair death-rate both from pyæmia and septicæmia. He denied *in toto* what he might call Mr. Wheeler's major premise—namely, that Listerism was carried out in the cases he had brought forward. Perhaps the limit of time prevented him from giving the proofs, but certainly several cases bore on their face the unmistakable stamp that Listerism was not carried out in them. He jotted down a case where the temperature rose to 105 deg.; and there was free suppuration, and a terrible smell when all the bandages were taken off the stump. It should not be forgotten that if Listerism was not carried out in its entirety a greater amount of damage might be done by bandaging too tightly. Again, as Mr. Thomson had indicated, they had no history of how the sinuses were treated, or whether they were disinfected before the wounds were bandaged up. One case of the lot falling to the ground he would let the rest go with it, so far as relying on the scientific accuracy of the way they were dealt with. Mr. Savory some time ago gave a great tirade against Listerism; but seeing his own cases it was no wonder. On a visit to St. Bartholomew's Hospital the steam spray apparatus was not working, and the hands of the surgeons were never dipped in any solution, yet Mr. Savory had tabulated the results as of cases in which Listerism was carried out. It was rather a mistake to talk so much about Lister in the matter, not that he did not think that to his genius was to be attributed all the attention shown to antiseptic surgery, but if some term, like "antisepticism," was applied, that would not excite jealousy or animosity at the name of a private individual, it would be more fortunate for the system. In his earlier experiments Mr. Lister had to go step by step, and he found out many errors which were still perpetuated by surgeons who ought to know better with his experience to guide them. They had instances of the sealing up of sinuses not purified at the time of the operation. He had listened with pleasure to the speech of Mr. FitzGibbon, who was evidently an antiseptic surgeon, and had taken great pains in working out the system. Besides his mode, he might suggest ordinary sheet gutta percha as an envelope for confining the dressing. Drawing conclusions from the use of carbolic spray Mr. Wheeler said it militated against the idea of Listerism, when the strength of the spray decreased along with it, decreased the suffering from the operation and the ill results. The whole explanation of that was that there was no more irritating thing in the world than strong carbolic acid, or perhaps no more dangerous thing to apply to a large wound. On one occasion he saw a patient poisoned by the application of carbolic acid to a large wound. He did not think Lister would now-a-days advocate carbolic acid in any shape next the wound. Mr. FitzGibbon referring to mortification in the flap carefully drew the distinction between mortification and putrefaction. Though the body was there dead, there was no smell from it or irritation, because there was no putrefaction. Perhaps nowhere in the field of surgery was there a



better opportunity of studying the value of an antiseptic agent than the root of a tooth; because the surgeon there had command over the whole thing—he could seal it and cork it up without the chance of an external agent getting at it. But until antiseptic treatment came to be used it was unknown to be able to seal up altogether a tooth in which the nerve was dead, i.e., a tooth in the root of which was a mortified nerve, or putrefaction would set up and all the serious train of symptoms that followed. By antiseptic agency that baneful influence was now counteracted, the mortified nerve reduced to a state of harmlessness, and the dental surgeon and his patient gave thanks to the genius that brought to the front antiseptic principles.

Dr. PUREFOY said Mr. Keith, who had had such extraordinary success, had further increased it by adding Listerism to his plan of dressing. Hitherto his successes reached 85 per cent. However, a recent number of the *New York Obstetric Journal* states his successes reached 90 per cent. since he adopted Lister's plan of dressing in his operations.

Mr. WHEELER said, in reply to Mr. Stoker, that if every one was to stick to their own opinion, in spite of what any one else said, why did he ever change to what he termed "Listerism?" It was necessary to make a distinction between the term "antiseptic surgery" and "Listerism." By the former, as explained in his paper, he meant adequate drainage, cleanliness, and rest, as brought forward by Callender and Heath. By the latter, as called by Hutchinson and others, he meant the spray and the gauze. Now, Lister had nothing to do with drainage; and it should be borne in mind that Heath and Callender had introduced it, and also that it was Lemaire who had introduced carbolic acid, while physiological rest was due to Hilton. Therefore, it was upon the depriving the air of its impurities by the spray that the theory of Lister was founded. Mr. Stoker had thought it very suspicious that he (Mr. Wheeler) argued that Listerism produced worse results than any other system, and that he had before heard of its producing merely equal results, but never worse. In the *British Medical Journal*, Dr. Bantock announced that he had had better results since he gave up Listerism; and similar testimony was given by Savage, Lawson Tait, Tredeleburg, and others, not to mention the opinions of Hutchinson and Bryant. In fact, Jonathan Hutchinson stated plainly that Listerism was not suited to compound fractures, or to wounds where inflammatory action had already set in. Again, Volkman stated that the spray produced an affection which he termed aseptic fever; and Bantock stated he had lost ovarian cases from the same cause. He had not the slightest objection to Mr. Stoker's denominating the cleanliness he practised and advocated as "Wheelerism;" and he could only say that if Mr. Stoker practised cleanliness, drainage, and physiological rest, he was quite certain he would get equally successful results. Next dealing with the remarks of Mr. Fitzgibbon, it was a mistake to say that he (Mr. Wheeler) used carbolic acid of indefinite strength, as he was particular to use it of strengths 1 in 20 and 1 in 40; and in many instances he had used not carbolic acid at all, but chloride of zinc—sometimes 10 and sometimes 20 grains to the ounce, as specified in the margin of his communication. He never attributed gangrene to the spray or the gauze, and had merely alluded to gangrene because Nussbaum had boasted that since he commenced Listerism he never had an operation followed by gangrene. If that were a matter to boast of, he (Mr. Wheeler) never, in the whole course of his practice, had such a calamity at all. With regard to exposure of the surface to the spray, they had the records of Bantock and Lawson Tait, of Thornton and Savage (the latter being ardent Listerites), as to septicæmia, suppression of urine and aseptic fever supervening. Mr. Fitzgibbon had expressed his opinion that, when carbolised gauze excited eczema, it was badly made, lacking sufficient oil. But that could not be so, as carbolic oil had produced similar irritation in some of his (Mr. Wheeler's) cases. Mr. Fitzgibbon had stated that some of his (Mr. Wheeler's) cases "smelled;" but that even cases of gangrene, when dressed according to Listerism, did not smell at all. That was not in accordance with the fact, as there were members of the Society present who could testify that the case of a rectangular flap operation which he had referred to, although dressed with all the elaboration of Listerism, became gangrenous, and was most offensive to the sense of smell. Perchance, one or two of his cases did smell; but, as he maintained, the same might occur in cases treated by Lister's method. Dr. Kidd and Dr. Barton had seen many of his cases, and were unable to perceive any unpleasantness about them. At present, he had under his

charge in hospital an excision of the knee, a Syme's amputation of the foot, an excision of the breast, a hare-lip, and a case of large epithelioma, removed all in the female ward, and he would be glad, if any gentleman who desired, would see those cases in the early morning, and judge for himself whether or not there was any unpleasantness about them. Dr. Barton coincided with Mr. Thomas Smith, that the spray often did not suit children; the cure of the sinuses, as he stated, was rather *post hoc* than *propter hoc*. Mr. Thomson had stated that the mean temperatures in the Listerian cases were a point higher than in his (Mr. Wheeler's) cases treated antiseptically. There was nothing extraordinary in that, as it would appear from the journals, that according as the strength of the spray was reduced, making it compatible with Listerism, the temperature proportionately reduced, and in ovariectomy after Listerism, the temperature of 107° had been recorded.

Mr. THOMSON said what he meant to convey was that the result, as regarded temperature, was impossible in cases properly Listerised.

Mr. WHEELER continued that he was about to deal with that point where Mr. Thomson had denied the usefulness of the cases as a scientific test. It was begging the question to say he had not carried out Listerism correctly; because if some of the cases quoted produced results such as would satisfy Listerites there was no reason to assume that Lister's method had been departed from in the others. It was also alleged that no history of the treatment of the sinuses had been given, although fully described that they were scraped, washed, and brought together by catgut suture. It was quite possible he had had less suppuration in the nineteen cases than in the thirteen; but the numerical difference would account for that. "Why did he use carbolic acid?" That question was asked in the discussion on the subject last session, and it was asserted that if Mr. Spence used carbolic acid at all he admitted the whole theory of Lister. The reason he used carbolic acid was this, not as a germicide, but that it was easier got than distilled water, which he would just as soon use, and he used chloride of zinc and salicylic acid for the same reason. With regard to germs within the body, he was aware of what Mr. Cheyne had said; but he was the same gentleman who had put forward the statement based upon three cases, that loose cartilages might now be removed by direct incision from the joint without fear of evil results, and he had italicised the word "*now*." Mr. Thomson was wrong in his view as to micrococci, if Nagele and others were to be believed that in these abscesses were found the chain bacteria. Dr. Bantock's results with fluids, mentioned in his communication, refuted those ascribed to Mr. Watson. However, it was sufficient with regard to the germ theory, that germs were found in the secretions which had been treated by Listerism, just the same as in wounds treated simply by cold water. Thomson objected to his saying that Nussbaum's statistics were receivable because he had introduced a system into an hospital which had been a terrible pest-house. However, read Lister's answer to that in M'Cormack's book on the subject, and it comprised nearly all that Mr. Thomson had said?

Mr. THOMSON denied having read Lister's speech, though Mr. Wheeler seemed to imply he had spied his argument.

Mr. WHEELER said Mr. Thomson had adopted from the book containing Mr. Lister's speech; but he could only explain the similarity by supposing it was a kind of animal magnetism that pervaded Mr. Thomson; he was such a thorough believer in Lister. So with regard to the pest-house, introduce Listerism, or the spray and the gauze, and the hospital must be greatly improved, the same as from any other forms of cleanliness. Sir James Paget went further than he did, and stated there were several reasons why they had such good results at present; first, the bad practices of the surgeons had been given up; secondly, there was a great deal due to Sir James Simpson for improved ventilation; thirdly, to improved nursing; fourthly, increased education; and he went further, and said there was now a rivalry among surgeons as to who would produce the best statistics. Again, having a perinæum and a split in it, it healed up, though the mucous channels were said to be filled with bacteria, that would cause suppuration and prevent union. In a speech at Richmond Hospital, Mr. Lister said: "Now, that healing without the formation of pus implied that the lymph did not putrefy, for if it had done so the putrefaction would have involved suppuration. But if the lymph had been put between two bits of glass or gutta-percha paper at the same temperature it would have putrefied. What was the



reason of the difference? Somehow there is a peculiarity in living tissue as distinguished from ordinary matter that acts antiseptically—as we may say, prevents the development of septic organism." And, further on, Lister says:—"that healthy living tissue has the power of counteracting the development of septic organism." These were Lister's words, written by Mr. Thomson, that the living tissue had got the power of acting antiseptically. In addition to this—and they knew it as a fact—that with proper and adequate drainage a fluid resulted of that density in which bacteria could live. But that recalled Dr. Kennedy's argument as to the *vis viva*. Living tissue acted antiseptically. Well's experience was that his mortality had decreased as his experience increased; and since adopting Lister's method his mortality was exactly the same as two years before he took any antiseptic precautions. That was Spencer Well's own statement in the *British Medical Journal*. That journal never went wrong, and so he found in the issue of the 29th ult. what he should designate as a hedging article, viz:—"That the spray is not by any means absolutely essential for antiseptic work, and that a septic result may be obtained without its use is at once evident from the experience of Lister himself." Thus the same results could be got without the spray as with it. Trendelenburg had given up the spray and adopted the practice of irrigating the wounds. There was the *British Medical Journal*! Mr. Stack said he had not had mortality in his cases, forgetting at the onset he had so stated. Of course he had, like every other surgeon, cases of mortality. The last case he had of ovariectomy died, and he had two sprays working. Now that his mind was opened, he believed she died of aseptic fever; that she was killed with the carbolic acid spray. Though he had not brought forward his statistics, he ventured to say without wishing to be egotistical, his cases would bear comparison with those of any other surgeon. With regard to the temperature, Mr. Stack took it down rightly as 105 degrees in the case mentioned, and he said had Listerism been carried out rigidly, that could not happen. The temperature was 105 deg., pulse 140, and he removed the carbolic dressings; she had partial suppression of urine and black urine: and she was at present alive at Ballybay. He never said there was a terrible smell.

Mr. STACK begged to say that what he said was that the case on the face of it could not have been treated by the antiseptic method, and the explanation showed it more emphatically still.

Mr. WHEELER said if using spray of 1 in 20, and lotion of 1 in 40, and putting the knives into the carbolic acid and washing his hands in it comprised Lister's method, he had adopted Listerism. But it was not clearly understood what Listerism really was. He remembered Dr. Lawson Tait pulling up Mr. Thornton on that point; and he would take leave to take issue with Mr. Stack for stating that Lister would not advocate carbolic acid in any shape next a wound. For himself he had not the slightest animosity to Lister. On the contrary, he had a high respect for him. He had met him once, and Lister had been exceedingly courteous. As to the tooth, he might observe that there were no antiseptics used in stuffing one of his, and for the last eight years he had no pain from it whatever. With regard to Mr. Purefoy's remarks, there was no doubt Keith had wonderful success. But was it the fact that in his early ovarian cases there was not any preparation of the patient beyond a purgative? Did not that prove that his more recent successes were due to his skill derived from experience. In conclusion, he would allude to Galezowski, who has justly been described as raising a laugh at the entire system for his remarkable successes with the use of a solution of carbolic acid of 1 in 1,000.

Mr. THOMSON said he would like to read the balance of one of Mr. Wheeler's quotations from Spencer Wells, viz:—"Since adopting the antiseptic method in 1878 he had 131 cases, with 13 deaths, or 10 per cent., the death-rate being exactly the same as in the last two years of hospital practice without special antiseptic measures. Before he used antiseptics the results of the intra-peritoneal method had been less favourable than those of the extra-peritoneal. The reverse was now the case. He had never seen a remarkable rise of temperature after antiseptic ovariectomy—it rarely rose above 100 deg."

Mr. WHEELER said he had read that quotation.

Mr. THOMSON said he had not read it.

Mr. WHEELER thought he had; but, at all events he had

nothing to do with Mr. Spencer Wells' temperatures, and had not alluded to them in his paper.

The Society then adjourned.

## Special.

### THE "SYSTEM" OF UNIFICATION AND THE ARMY MEDICAL DEPARTMENT.

AMONG the many changes of late years introduced in the several branches of the Army, none has been more generally opposed and condemned by officers practically acquainted with the subject than that by which, under the name of "Unification" the medical department has been thrown back to a condition out of which, early in the present century, it had been emancipated.

The circumstances from which this retrogressive movement appears to have sprung, date from 1854-6; that is, from the Crimean War. In the long interval of exemption from war against an European enemy, which had preceded that period, false economy on one hand and partisanship on the other, had so successfully combined to reduce the working power of the medical department, alike in *personnel* and *matériel*, that on war suddenly taking place, such hospital establishments as could be hastily thrown together were, very naturally, found to be unworkable, such as belonged to regiments absolutely insufficient for purposes of field service. Unfortunate as these circumstances were in themselves, they were not of necessity beyond remedy, had the directing head of the department the particular kind of knowledge that would have been useful in the emergency—that is, actual experience of war. But this was precisely that in which he was deficient. Had reference at the time been made to the autobiography of his predecessor in office, the steps might have been traced by which some forty years before, the department, by means of the "double" system, staff and regimental, had been rescued and brought into working order out of chaos such as then characterised it. Unfortunately no such reference to the history of the past appears to have taken place, at any rate to have been profited by, and so those who from whatever cause sought for an indictment against any medical administration found one, ready made as it were to hand. Destruction, not renovation and improvement, was thereupon determined, and how persistently and well the process has continued to be conducted ever since can be attested by the great majority of classes who have been affected thereby.

The general idea in accordance with which the scheme of unification now in force appears to have been set on foot, has its pattern partly in the establishment of a civil hospital such as any of those to be found in our large cities, for the general population, partly upon the model of the ambulance system of the French army, forgetful that the former in their nature "sedentary" are thereby unsuited to the purposes of our army in motion, and that the latter have for years been condemned by the *service de santé* almost without exception, that in them, to use the very words applied, "the requirements of the sick are sacrificed to administration." No doubt in the service of this country all the medical officers concerned in conducting the details of what, properly speaking, can hardly be designated a *system*, do their best to reduce to a minimum the disadvantages and evils to the service generally that it involves. But there are some inherent in itself which no exertion, no sacrifice on their part can do away with. Among these are the frequent changes that occur in the medical officers who have to treat individual sick, whether soldiers, officers, or members of their respective families; the want of acquaintance with

their several conditions and requirements such as can only be obtained by continuous acquaintance and association with these classes; and that relatively imperfect hygienic superintendence which is inseparable from existing conditions. Fortunately the system of regimental hospitals and of regimental medical establishments has not yet been wholly abolished in India.

#### ARMY, NAVY, AND INDIAN MEDICAL ITEMS.

We regret to learn that Surgeon-General Sir A. D. Home, V.C., K.C.B., at Madras is indisposed. He received a chill when visiting Ootacamund, and an attack of bronchitis has been the result.

The new Royal Warrant for the Indian Medical Service sanctions twenty-one brigade surgeons for Bengal, fourteen for Madras, and nine for Bombay. These promotions are to be made by selection from amongst the list of surgeons-major, with effect from November 27, 1880. Under the operation of this Warrant it is said that the appointment of brigade surgeon of the Hyderabad contingent is about to be created.

We understand that the abolition in India of regimental hospitals is steadily, if not very rapidly, progressing. In that country practical working of these establishments to the great benefit and advantage of sick soldiers has, more than in the United Kingdom, stood in the way of theoretical schemes. The history of previous attempts in the same direction, and of their failures admits of ready reference in the pages of official records. Hence, no doubt, much of the opposition shown against the contemplated innovation—an innovation, the object of which, if attained, will restore a state of things which had to be done away with even before this century began.

ACCORDING to the daily papers there exists a need for additional medical *matériel* to meet the requirements of the sick and wounded of the British troops operating against the Transvaal. If, as stated at the time, a chief object in reverting to a system of base and field hospitals in place of regimental and general, as heretofore, was thereby to avert all such shortcomings, the endeavour has yet to prove its success in this as in every other respect.

THE Secretary of State for War has issued very liberal orders with regard to the wives and children of the soldiers who have proceeded from India to South Africa. If they desire to be sent to their homes they are to be so; those who have no homes to return to, or do not wish to return, are to be accommodated in barracks; special allowances are, moreover, to be granted to them, at the rate of ninepence per day to the wife of a non-commissioned officer, sevenpence to the wife of a private soldier, and fourpence to each child.

AMONG the officers upon whom honorary distinctions have been conferred, the following of the Army and Indian Medical Services have been gazetted companions of the Bath in recognition of their services in Afghanistan, namely, Deputy Surgeons-General De Renzy, Townshend, and Hasard, and Brigade-Surgeon Hanbury. But in the list of honours no mention appears of the medical officer with whom rested the general organisation of the entire department on the same occasion.

We regret to observe that among the officers dead by wounds received in the late fight with the Boers are Surgeon-Major Cornish and Surgeon Landon.

THE Duke of Connaught has consented to preside at the anniversary festival of the Hospital for Sick Children, Great Ormond Street, London, to be held at Willis's Room on Wednesday, March 16th.

DR. A. WHYTE BARCLAY, Physician to St. George's Hospital, is the newly-elected President of the Royal Medico-Chirurgical Society.

DR. J. MATHEWS DUNCAN, the new President of the Obstetrical Society of London, delivered a very able inaugural address on Wednesday last.

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.”

WEDNESDAY, MARCH 9, 1881.

#### POLITICAL MIDWIFERY.

DR. MATHEWS DUNCAN'S presidential address to the members of the Obstetrical Society of London is, in many ways, an important contribution to the history of midwifery. In some respects it is less characteristic of the distinguished physician than are the lectures and essays by which he is so familiarly known; it is deficient in the peculiarities of expression that we have come to associate with Dr. Matthews Duncan's work; but it is, notwithstanding a most emphatic and forcible call to obstetricians to hold to, and urge yet further ahead, the advance that has been witnessed in their field of labour within the time the Obstetrical Society has prosecuted its good work. The address is, perhaps, the best incentive to progress that could have been offered; it is better than a simple review of the improvement a year has seen; the latter would have been useful as affording information and recalling triumphs, but the actual address itself is infinitely more serviceable; it clearly exposes what is wanting to be done, and at the same time gives due credit for what has been accomplished, in the direction of much needed political reforms. A great society, strictly medical though it be, has great duties to discharge. The recognition of these is a first necessity of its being, as the vigorous effort to accomplish them is a primary essential to its continued existence. It is good to know, therefore, that the Obstetrical Society is alive to its own importance; that it respects the demands rightfully made upon it; and that it is eager to fulfil its legitimate functions as may most advantageously serve the cause of progress. That this happy condition of affairs will continue so long as men of Dr. Duncan's

calibre and practicability occupy the chief post on its Councils, we can rest contentedly assured. The example of their own achievements, and the infection of their own earnestness, will alike tend to gather round them the best spirits of the age in which they live.

The instruction of women in the art of midwifery is a subject to which the Obstetrical Society has devoted considerable attention. The necessity for an improvement in the condition of those who, merely as a means of living, undertake the duties of an accoucheur, apparent, as it is, to every trained physician, could not fail to influence a special association of obstetricians; and in 1872 the Society proposed a scheme of examination, and offered certificates of proficiency for such candidates as underwent the test with credit. In eight years seventy-one candidates have received diplomas of proficiency, a number that is but a fraction of those who make up the class of midwives. It is reasonable to insist that the responsibilities attaching to the delivery of a parturient woman, are of a nature to require that the attendant shall at least be acquainted with the accidents and complications that may accompany labour; that the dangers and difficulties to be apprehended shall be plainly understood; and that assurance may be felt of the fitness of the midwife for the duties she is essaying to perform. It no doubt is a fact, that midwives are, as a rule, competent to discharge the task of delivery under normal circumstances; but that the majority of them are able to appreciate, and to interpret, the signs of imminent disaster, we do not for a moment imagine. In a matter of so much importance, therefore, a matter in which the safety of innumerable mothers and children is concerned, it is imperatively necessary to secure absolute legislative control over the preparation and practice of those who seek to enter the ranks of midwives. In the absence of a state department of medicine in this country, there is no body so fit to undertake this supervision as the Obstetrical Society. It should be the natural guardians of all pertaining to midwifery; and in the matter of instructing and licensing midwives, there can be no question raised as to its especial qualifications. It is to its honour that the voluntary effort in this direction has been already made; and it is to the general welfare of the country that it should receive complete authorisation to conduct the examination of midwives, with power to punish such as practised midwifery without the protection conferred by its diploma. It would be interesting to know the average success accompanying the practice of unqualified accoucheurs. The information ought not to be difficult to obtain; it would involve a considerable amount of inquiry, and some little ingenuity, on the part of those making it; it would, however, well repay the trouble of acquiring it, by the instructiveness of its details. We might anticipate that little difficulty is encountered usually in cases of normal labour; but in those instances where the regular course of Nature is not observed, and where the resources of the midwife are alone relied on to overcome the obstacles presented, there is no doubt that frequent and often preventible fatality ensues, either to mother or child, or to both. The reports of coroners' inquests, the accounts given by pregnant women of their former confinements under the care of midwives, are all of them aids in determining the extent to which unskilled

assistance is blameable with labour accidents. The magnitude of the mischief done is not appreciated, because it is not perceived at a single glance. The instances of mishap are never at any one time so numerous as to command universal attention; but were they once collected together—were, for instance, every death due to incompetency of midwives which has taken place within the past twelve months, fairly brought before the notice of the world, there would be an immediate and irresistible demand for Government interference to prevent the recurrence of such slaughter in the future. The aim of those who seek to bring about this desirable consummation should be directed to making the public acquainted with the extent of the evil being wrought in its midst; and the Council of the Obstetrical Society would be wise if it initiated an inquiry to this end. That there is unanimity of opinion among the members constituting it, on the point, there seems no reasonable doubt; there is wanting only some sufficiently determined effort to commence the inquiry, and towards this Dr. Matthews Duncan has contributed at least one man's share. So long as qualification is optional for midwives, only a very few of them will undergo the instruction necessary to give them an intelligent grasp of the elements of obstetrical knowledge. Their ranks are recruited at present from the decidedly inferior classes; most of those with whom we have been brought into contact, are but little removed from the glib, illiterate type, exemplified by the Mrs. Gamp of Dickens' experiences. These women are at the best but indifferent assistants; they never rise to the level of responsible principals; and it cannot but be a matter for serious concern that no inconsiderable number of the births that annually take place in Great Britain, are mainly superintended by them. As a question of national importance, the matter is one calling for prompt and definite settlement; a discussion of the means by which the end sought may be attained must, by right, be conducted on the bases suggested by the President of the Obstetrical Society; and to that body may safely be relegated the task of suggesting a scheme for the adequate fulfilment of the conditions to be demanded. It has already shown that the question is one of deep interest to it; it has even gone further, and volunteered such amendment of the existing evil as could be possible by its unaided powers. The attempt has been in a measure successful; it now remains for it to be encouraged in its endeavours, and to be fortified further by the Government, and in such wise that none without the stamp of approval conferred by its license, or, at any rate, an equivalent mark of competency, shall in the future be permitted to practice what is, when all is said, in its essence a branch of medicine.

There is undoubtedly in England a comparatively less frequent resort to the services of non-medical accoucheurs than is the case abroad; but even with this reservation, the number of persons who, either from prejudice or sentiment, refuse all but female assistance during labour, is, in the aggregate, a large one. Indeed, we incline to think that it is a very appreciable proportion of the whole, and that in towns as commonly as in country districts the midwife is called to render aid. This consideration, however, can only modify the terms of an arrangement, it cannot affect the prime question, which

is, that so long as midwives pursue their calling it is attended with vast risks while measures are wanting to ensure that they are not ignorant of the outlines of their duties. In outlying thinly-inhabited regions the midwife has a proper *locus standi*; far removed it may be from the situation in which the regular practitioner can make a fair living, she is valuable when at hand to respond to the call made on her services. Her occupation will admit of her depending on her special vocation only in part, and hence her time has not the value apportioned to that of a hard-worked country doctor. A trained midwife, under these circumstances, can see a normal case successfully through; and her education, moreover, will enable her to judge whether sequelæ to delivery present any feature that would make it necessary to invoke full medical assistance. When, on the other hand, unusual or dangerous symptoms presented, either during or successive to, actual labour, the midwife, being taught to perceive them and to recognise their importance, would immediately send for the nearest resident physician; and pending his arrival her efforts would be intelligently directed to supporting the patient under the adverse circumstances. Thus taught to co operate with and depend on medical men, qualified midwives would be an invaluable addition to the extra-professional resources of medicine; and they, on their part, feeling that they hold a well and universally recognised position, would be anxious at all times to deserve the confidence reposed in them. When this condition of affairs has been brought about, that body, be it the Obstetrical or any other society, to whose energies it is due, will deserve and receive the united thanks of the professional and lay public alike.

There are several points raised in Dr. Matthews Duncan's address on which profitable comment might be expended, we have, however, dwelt somewhat lengthily on what is perhaps the most important of all, and of its importance, there will be but one opinion.

#### THE TRICHINOSIS CRAZE.

We learn from *L'Union Médicale* that within the space of eight days, there has been a complete change of opinion within the Academy of Medicine, Paris, as to trichinosis and trichinæ. The panic into which the learned society was thrown by M. Laboulbène's announcement is, by this time, known to all. All the speakers joined the league against the invading plague. Some spoke of nothing less than that an army of veterinary inspectors, armed with microscopes, should be sent to the frontiers, both seaward and landward, to spy out the invisible enemy, and on discovery, to drive him far from our soil. Others proposed to employ fire or water, roasting or boiling, as a means of destroying such trichinæ as might perchance elude the official microscope. Others, more radical, considering these measures inefficacious as a means of combatting the evil and guaranteeing the public health, demanded loudly that the importation of American pork should be strictly prohibited. The Academy dissolved without coming to a decision, referring further consideration to the next meeting, but leaving the minds of all present seriously occupied with the important question which the Academy had been called upon to solve.

The eight days which elapsed bore fruit. At the next meeting the minds of all were calmer, and the subject in question was approached with greater coolness. The Academy heard, with much interest, three communications on this subject; two drawn up by members of the Academy, who are well qualified to give an authoritative opinion, M. Colin, of Alfort, and M. Davaine: a third by a savant who is not, however, a member of the Academy, Dr. Vallin, of Val-de-Grace, secretary "du Comité consultatif d'hygiène," who has made a special study of trichinosis and trichinæ. These three communications, drawn up in the leisure and quiet of the study, must have, and have had the happy effect of calming the fears that had been entertained by the members of the Academy during the oral discussion which succeeded M. Laboulbène's communication. In his paper on this subject, a paper based on numerous experiments, conceived and executed with that scientific precision and practical good sense which distinguish most of the researches conducted by the learned professor of physiology at the Medical School of Alfort, M. Colin has demonstrated that, contrary to the opinion maintained by many, if the pickle be well made, and the cooking properly conducted, nothing further is requisite for the destruction of the trichinæ, and consequently, for rendering harmless meat infected by the presence of this helminth.

All that is requisite is, that the salt and the fire should be allowed sufficient time to effect their task of distribution; two or three months for salting, and from an hour and half to three hours for cooking, according to the size of the piece of infected pork.

M. Davaine, whose competence to pronounce with authority on this question is known to all, is even more explicit and reassuring than M. Colin. He asserted that he had not participated, at the previous meeting of the Academy, in the panic which seized so many members as to trichinosis; and declared that the process of cooking pork still employed, in France is in itself sufficient to destroy the trichinæ and to preserve the consumers of pork from trichinosis. Lastly, he demanded, not without a trace of sarcasm, how many cases of trichinosis had been observed in France since the disease had been first spoken of, exclusive of the famous Crespy-en-Valois epidemic, to which one person fell a victim.

M. Davaine might have added, that the young girl of Crespy-en-Valois, who, according to M. Laboulbène, fell a victim to trichinosis, died of typhoid fever; such at least is the opinion of M. Bouillaud, whose authority is unquestionable.

As M. Davaine proceeded with the reading of his paper, the brows of the members seemed to clear, their faces to become more serene. In language, in which humour was combined with scientific rigour, the honourable academician declared that there was more danger while walking through the streets of Paris, of a chimney falling on one's head, than of contracting trichinosis by eating pork of French origin. As to American-cured hams, cooking them in the French manner, destroys the trichinæ, if present, and thus renders harmless infected hams. It is quite unnecessary, therefore, to form a corps of inspectors, and send them, armed with microscopes, to

repel the invasion of so benign and so little to be dreaded a foe.

It is to be regretted, however, that there has been so serious a disturbance of the custom of eating pork among the poorer classes in France, and of the pork trade.

The question of trichinæ and trichinosis appears then to have been solved, and a decision given, contrary to that expressed by the pessimists in the previous meeting of the Academy. The absurd part of the affair is, that this favourable, if not optimist opinion, is pronounced immediately after a ministerial decree, which adopts the opinions of the pessimists, has been promulgated, absolutely prohibiting the importation of American pork. Almost at the moment when a member of the Academy, one of those whose opinion carries most weight, declares the American-cured pork to be innocuous, a decree is promulgated interdicting it.

### THE RESIDENCY OF THE CARLOW DISTRICT ASYLUM.

In our issue of November 10, 1880, we drew attention, as our readers may recollect, to the appointment that had recently been made of Resident Medical Superintendent at Carlow Asylum. We had no intention of entering again upon this question, but we feel bound to notice the very contradictory and unfortunate statement made by the Chief Secretary a few nights ago in reply to a question from Colonel Tottenham on the subject of the Carlow appointment.

Colonel Tottenham asked under what circumstances the claims of the assistant resident medical superintendents of the Irish lunatic asylums were overlooked in the recent appointment of resident medical superintendent of the Carlow Asylum, and whether the gentleman who received the appointment had any special qualifications justifying this supersession, or had ever served as an assistant in any lunatic asylum?

To this Mr. Forster said it was not the case that the claims of any of the applicants for the appointment of resident medical superintendents to Carlow Lunatic Asylum had been overlooked. They all received careful consideration. The gentleman selected was already intimately acquainted with the asylum from the fact of his having attended there during the official visits of his father, the late visiting physician to the asylum, and having on several occasions discharged the duties of the late resident medical superintendent while he was absent on leave. The question seemed to imply that some gentlemen had been superseded by the appointment, but that was not a fact. The assistant resident medical superintendents have no claims to the appointment. They are made by the board of governors, and their claims are considered with those of other candidates.

Colonel Tottenham said the right hon. gentleman had not answered that portion of his question, whether the gentleman appointed had ever served as an assistant.

The Chief Secretary said he thought he stated that he had been there during the official visits of his father.

The Chief Secretary here plainly stated that the assistant resident medical superintendents in the Irish asylums have no claim upon the Government for promotion because they have been appointed by the Boards of Governors. Now, supposing it to be admitted that work done in the service gives no claim for preferment, and that the Government are perfectly free to treat the un-

covenanted assistants as they please, yet the very terms of the advertisement in which the vacancy was notified, pledged the Government to take into consideration "peculiar qualifications for the appointment," and this gave the assistants a strong claim, since no one will deny that they possess such "peculiar qualifications" in an eminent degree. Mr. Forster was clearly troubled by a feeling that to overlook the assistants was a step requiring defence, and he therefore explained that the gentleman appointed to Carlow Asylum was the son of the late visiting physician, and, further, that he had on several occasions discharged the duties of the late resident medical superintendent while the latter officer was absent on leave. We agree with Mr. Forster in thinking that these facts count in favour of the Government choice, but it occurs to us that Mr. Forster is not aware that the visiting physicians (a deserving body of men for whom this journal has always stood up) are appointed by the Boards of Governors, as the assistants are; and we think Mr. Forster must have forgotten that the routine duty of the assistants is to act for the superintendents in their absence. Thus, the whole answer is perfectly contradictory. If the assistants had no special claim, neither had this gentleman, who was only a perfunctory assistant, while, if he had a special claim, then by Mr. Forster's own reasoning the assistants' right to promotion on the ground of fitness stands acknowledged *a fortiori*.

But we suppose it is unnecessary for us to tell Mr. Forster that the candidate who ought to be selected is he who has had most experience of the duties and who has shown himself most fitted to discharge them. This, therefore, is a sufficient answer to "a Poor-law Physician," who writes to the *Freeman's Journal* that, in his opinion, the assistant residents "can advance no professional claim, or point to any work done, which could in any wise distinguish them from the most obscure dispensary officer from one end of the island to the other—a pronouncement which relieves us from the necessity of discussing the writer's argument, raised upon so nonsensical a premise, for it might as well be said that every general practitioner is as fit to be an army surgeon as he who has served his time in a regimental hospital or at Netley.

The real truth of the Carlow appointment is that it was a political job, perpetrated to please an influential representative and, as the Chief Secretary should say something in defence, he made the best of it.

It would, we suppose, be chimerical to hope that ministers will offend political supporters by preferring special merit to hustings services; but, at least, we may expect that—if jobs must be done—the government will not raise false hopes by advertising for "peculiar qualifications," and that, when the job is done, an attempt will not be made to cover the ministerial retreat by repudiating the principle of promotion within the department, and disclaiming any obligation to appoint the man who knows his business best.

We altogether repudiate any intention to say a word against the character or attainments of the successful candidate. We simply observe that his knowledge of lunacy administration appears to have been much less than that of the candidates who had served as assistants in asylums, and, *pro tanto*, he was not the best man who might have been selected.

## ABSENTIA FELLOWSHIPS.

THE disreputable traffic in purchaseable degrees carried on for so many years by the Edinburgh Colleges of Physicians and Surgeons has received its first *coup* in the House of Commons last week, where

Sir Trevor Lawrence asked Mr. Mundella if he was aware that the highest qualification of the Royal College of Surgeons, Edinburgh—viz., the Fellowship—is to be had without examination, and even *in absentia*, by persons holding lower qualifications, on payment and by a process of vote by ballot; if he was aware that the highest qualification of the other two Scottish medical corporations—viz., the Royal College of Physicians, Edinburgh, and the Faculty of Physicians and Surgeons, Glasgow—is given on similar terms; and if he could inform the House whether such a system has ever been the subject of representation or remonstrance by the General Medical Council.

To this the Vice-President of the Privy Council replied—I have reason to believe that with regard to the Royal College of Surgeons of Edinburgh, a Fellowship can be obtained by persons who are already members of the Colleges of Surgeons in England, Scotland, or Ireland, upon the terms stated; but I understand that Fellowship is not a licence or qualification for practice, but is a distinction conferred by the College by a three-fourths vote. With regard to the Faculty of Physicians and Surgeons of Glasgow and the Royal College of Physicians, Edinburgh, I have not yet been able to obtain certain information. With respect to the question of so-called higher titles, I understand it was discussed by the Medical Council in 1859, and it was then decided that in the opinion of the Council, in future no licence or degree should be given by any of these bodies without examination; and in the year 1870 the subject was again brought forward in reference to Clause 16 of the Medical Act Amendment Bill, but in consequence of the withdrawal of the Bill, and pending further legislation, the subject has not been at present renewed. The question of these higher titles will form part of the inquiry into the working of the Medical Acts which the Government propose to shortly institute.

As to the fact of the F.R.C.S. Edin. being a registrable qualification and a complete legal title to practise, it is difficult to understand how the Vice-President of the Council could have been led to make to the House of Commons a statement which was totally incorrect, and capable of immediate disproof. This Fellowship is readily buyable by anyone who holds a diploma from any College of Surgeons, or even from the Glasgow Faculty of Physicians. It costs £25, involves no examination, nor any evidence of special study, and can be procured by a practitioner in any part of the world (even though he never heard of Edinburgh) if he can get a couple of Fellows (who have themselves bought the privilege) to say he is respectable. A vote by ballot *pro forma* of three-fourths of the assembled Fellows is necessary, and, we are told, is almost never refused.

In witness whereof, it is only necessary for us to state that a well-known colonial practitioner, who was tried some years ago for having caused the death of a patient in an attempt to procure abortion, and who has recently been obliged to confess in the witness-box that all his published works were written by other people, and that his credentials were obtained by bribery, purchased the F.R.C.S. Edin., and his respectability being duly vouched by two Fellows, and was co-opted by the ballot vote, now holds the distinction (?)

Mr. Mundella's excuse for the sale and barter of this

Fellowship—viz., that it is not a legal licence to practise—is altogether devoid of foundation. The F.R.C.S. Edin. is one of the qualifications contained in Schedule A of the Medical Act, and it confers upon the holder every privilege as regards practice which can be possessed. In this respect it is exactly on a par with a University M.D., or the Fellowship of any college, granted after examination, and it is totally untrue that it is a mere honorary distinction devoid of legal validity.

The last lesson which may be learned from Mr. Mundella's reply is the lesson which every aspect of medico-educational affairs teaches us, *i.e.*, the utter incapacity and deliberate carelessness of the General Medical Council as to its duties. Twenty-two years ago that conclave voted its disapproval of the sale of Fellowships *in absentia*, and twenty-two years it has slept upon the question, placidly permitting the perpetration of the abuse which it had condemned. We trust Mr. Mundella will appreciate this fact, and will draw from it its legitimate deduction, when we give him the assurance that in almost every item of its functions the General Medical Council has been as culpably lethargic as in this. With such a specimen of miserable incompetency before him, the Vice-President of the Privy Council cannot wonder that the profession is weary of the incubus of the General Medical Council, and wholly contemptuous in its opinion of that body.

## Notes on Current Topics.

### Young Soldiers.

WHETHER or not the system of short service in the ranks has proved a success or signal failure as applied in the United Kingdom is a question for which one reply has been given by officers of great practical experience, another by those most facile in the adaptation of theoretical knowledge; but as applied to India there are no two opinions. The system stands condemned alike in its military as in its medical aspects. With the latter only we are immediately concerned. If, as expressed by the *Homeward Mail* in a recent issue, it is admitted that a bad article is never cheap—that a machine which will not work is dear, though bought at a low price—so, if soldiers, from their youth and physical incapacity, are unequal to the work required of them, it were far better to have none at all; to trust to other means of settling national quarrels; to save the imposts on the taxpayer, and to avoid the drain upon the male adolescents of the country necessitated by foreign service and campaigns. We quote from our contemporary on this subject of young soldiers:—

Even in peace, and under the most favourable conditions, their numbers are thinned to a lamentable extent by disease and death. In the hardships of campaigning they are simply out of the reckoning. They must be left behind, or advance with the certainty of encumbering the force with a daily increasing list of 'sick and unfit for duty.'

But it is not alone in power of resisting fatigue incidental to actual war, and the various influences which produce sickness and death among them in tropical countries that they are wanting; there is every reason to believe that the "staying power" of many men now in



the ranks of our army is less by far than that of men under the system of long service, who, in bye-gone times, fought England's battles. That there is room for such an impression will appear from a comparison such as may readily be made between the proportion of casualties to strength in battle in former times in which our troops stood their ground, and in those of more modern date in which that result was unattained.

#### Legislation for Dentists.

THE Association of Surgeons practising Dental Surgery has creditably performed the duties that attach to it as the rightful guardian of the interests of qualified specialists in dentistry. It is a misfortune, but in no sense a fault, that the efforts made to emancipate the practice of dental surgery from the surroundings amid which it is at present cast, have resulted in miserable failure; and it would be eminently unfair to saddle any other body with the blame which is wholly deserved by the General Medical Council. In his address to the Association of Surgeons practising Dental Surgery, Mr. W. A. N. Cattlin very temperately, but clearly pointed out the present position of the qualified dentist in respect to his professional status, and the injustice done to him by a continuance of the regulations which compel him to be in passive association with persons entirely without legitimate claims to rank as skilled members of the dental profession. Mr. Cattlin's scheme for the future control of medical education and examination is naturally tinged with the special views held by him; but in its general outline it should commend itself to the minds of reformers. There can be no question that a man is not entitled to specialise, is not, indeed, fit to specialise in any subject until he has first grounded himself in the general outlines of his profession. For a medical student to commence his career as one intending to be a dental surgeon, and to prosecute his studies in the sole direction of dental mechanics and pathology, would be an self-evident absurdity. He cannot hope to be in any reputable sense a surgeon-dentist, until he is first a surgeon; and yet the world, and apparently the General Medical Council, entertain an opposite opinion. The whole force of Mr. Cattlin's argument is directed against so false an assumption. He rightly demands that those who elect to specialise in dentistry shall first prove themselves competent to do so by justifying in medicine and surgery, and thus would he, and would we, seek to raise the dental practitioner beyond reproach of being only a tooth-drawer, or a mouth-filler. But this cannot be until there is a legal requirement of *qualification*. To obtain this, legitimate dental practitioners are qualified in employing every means at hand; and that they will yet obtain by right, a full and complete vindication and protection of their position, few will doubt. Mr. Cattlin's address will help this end, and we trust it may fulfil the aim with which it has been written.

#### The Treatment of Phimosis.

AN improved method of operating in cases of phimosis is proposed in the *New York Medical Record*, Feb. 19, by Dr. R. T. Levis, of Pennsylvania. He replaces the ordinary method of cutting away the preputial tissue entire, by a plan whereby only the inner mucous fold of the prepuce is removed. It is often found that this is really the part in-

involved in the morbid process, this latter not extending to the outer part of the substance. When complete circumcision is necessary, as it must be in some cases, then the customary operation holds good; in other cases, however, the proceeding Dr. Levis advises seems preferable; it produces little or no disfigurement, and is both effectual and simple. In the operation he uses an instrument which "somewhat resembles the ordinary mathematical compasses or dividers. The limbs or blades terminate in blunt points, and are deeply serrated on their outer surfaces, with points or teeth set backwards like fine saw teeth, for the purpose of holding the mucous membrane, without the risk of slipping when traction is made. The blades are forced apart by a thumb-screw. In operating, the blades closed to a point, are introduced within the prepuce up beyond the corona of the glans. They are then, by turning the thumb-screw, strongly separated, so as to render the mucous membrane tense. Traction is then made, and the outer elastic skin is drawn back fully, so as to be away from the portion to be excised, and excision is effected by transfixing the prepuce through the middle with a bistoury and cutting externally in both directions toward the blades of the instrument. Any remaining portions of inelastic tissue may be removed with the scissors, and the operation is completed by attaching the cut edge of the skin to the edge of mucous membrane remaining around the cervix by a few stitches. In this manner the inner inelastic mucous membrane may be removed while all the normal outer integument remains."

#### The Health of Bournemouth.

THE annual report of the Medical Officer of Health for Bournemouth shows a very satisfactory condition of sanitary affairs in that town. The registered births number 447; deaths, 264, 148 of whom were residents. This is less by 15 than the number for 1879. Two deaths were from enteric fever, "undoubtedly due to the entrance of noxious sewer gases into the interior of the houses." Thirteen deaths were recorded, all being under twelve months old. The medical officer concludes that this is due to the milk supply, and points to the mismanagement of farmers as a cause of it. The water supply of the town has caused some uneasiness to be felt, and at the time the report was issued an improved service had yet to be made trial of. The question of hotel sanitation is especially important in a place like Bournemouth, and it is therefore satisfactory that these houses of entertainment are subjected to a set of admirable bye-laws for regulating their arrangements. The hotel-keepers, too, exhibit an intelligent interest on the subject of rendering their houses as perfectly healthy as possible, a fact to which the well-being of Bournemouth is, in a considerable measure, due. The report, which is briefly but clearly drawn up, is generally a very satisfactory one, and will encourage many visitors in the coming season to resort to this pleasant seaside town.

#### St. Thomas's Home Hospital.

THE wards set apart at St. Thomas's Hospital, in accordance with the arrangements previously detailed in these columns, were formally opened for occupation yesterday week. The experiment will be watched with considerable interest, not alone by the but also by the governing public.

bodies of other similar institutions, who, if the success at St. Thomas's is sufficiently marked, will be encouraged to augment their receipts by following the same course of action. Whether the plan will prove remunerative remains, of course, to be seen. It could have been wished, however, that greater privacy had been secured to patients than is afforded by a mere curtain partition round the beds. We believe this mode of separation has not been found to answer in other home hospitals. One feature deserves commendation at St. Thomas's—*viz.*, that although a general resident medical officer is always at hand, patients are at liberty to be attended by any practitioner they may choose, paying him, of course, separate fees.

#### Traps for Irish Prison Doctors.

We learn that the General Prisons Board for Ireland, whose attempt to trick the medical officers out of the pensions and emoluments secured to them by the Act of Parliament will be remembered by our readers, have devised a new trap for their surgeons, respecting which it is our duty to warn the profession lest they may give to the department a chance of "serving them out." The Dublin Prisons Board have been sending telegrams to the governors of prisons requiring them to forward, by return, post a report of the dates, hours, and duration of the visits of the surgeons. These telegrams are so timed as to reach the governor about four o'clock in the afternoon when there is a probability that the surgeon is out of the way, and when there is barely sufficient time to write out the report and despatch it by post. Whether or not the governor is explicitly instructed to conceal this transaction from the medical officer we cannot say, but we know that, in the cases of which we have heard, the telegram and consequent report have been carefully kept secret.

We don't suppose that it will matter to the Irish prison surgeons what spy system the Dublin Prisons Board may be mean enough to adopt, but it is as well that prison surgeons should be fully aware that their lords and masters are not at all above employing any system of pimping espionage which suits their purpose. We sympathise with the prison governors who are thus used as *area-men*, and we suggest that if prison officers in Ireland are to be supposed to work together on friendly terms it will be better for the Castle authorities to employ a local process-server for their dirty work than to humiliate the prison governor to such a level.

#### Tenemental Dwelling in Dublin.

The latest report of the Superintendent Medical Officer of health for Dublin states that during the month of January thirty-seven houses and four cellars, unfit for human habitation, were detenanted and closed; and orders for the closing of thirty-four other houses of a similar kind procured from the magistrates.

The denizens of this kind of tenements are of the poorest classes of society. The great majority are labourers and their families; fruit, fish, and vegetable dealers; hawkers, vendors of small wares, and not a few street beggars. Such people unfortunately, too often reduce to a filthy and dilapidated state houses at first tolerably clean and in good repair. When they are turned out of one house

they go into another, and soon render it also "unfit for habitation." For the use of the great majority of these people, cottages ought to be constructed by the municipality, under the provisions of the Labouring Classes' Dwellings Act.

#### The Cork Fever Hospital Libel Case.

THE preliminary skirmishes in the action of *Crawford v. the Cork Constitution and the British Medical Journal*, came off last week in the Dublin Law Courts. Doubtless with the view of opening up the whole question which was disposed of in the fever hospital inquiry, and gibbeting Dr. Jones in the witness box, Mr. Crawford's lawyers had put the whole of the leading articles of which he complains into the legal "statement of claim." On the application, however, of the defending counsel, this ruse has been defeated, and nearly 1,200 words have been erased as being "irrelevant, unmeaning, and embarrassing."

The case will probably be tried at the approaching assizes.

#### Hospital Sectarianism.

A VALUED servant of the Charing Cross Hospital (the Secretary), has just resigned his post. The zeal with which he has for many years fulfilled the duties of his office, will render it a somewhat difficult task to replace him. The governing body of the hospital, however, bent upon increasing this difficulty, has, in its wisdom, thought fit to impose a religious test upon whomsoever may wish to become his successor. The sectarian spirit manifest in the management of the affairs of the Charing Cross Hospital since they have been handed over to the Sisterhood of St. John's House, seems to be on the increase; and this has very probably had something to do with the resignation of the Secretary. Be that as it may, from an advertisement, which has called forth much outside criticism, we learn that the Council now requires that its resident secretary "shall be a member of the Church of England." We may next hear that a similar resolution is about to be imposed upon the medical staff. At all events, the Treasurer and Council have, by their action, quite ignored the fact that the hospital derives support from all sects alike; that it was founded for the cure of the bodily ailments of the sick and needy of all denominations, and is not intended to administer to their spiritual wants. Religious tests are, for the most part, conceived in bad taste, and in a purely sectarian spirit, and when brought into hospital management are literally opposed to the broad principle of Christian charity. Religious restrictions such as we allude to are, therefore, offensive to common sense, and likely to give a dangerous innovation, and very damaging to a voluntary supported institution.

#### The Metropolitan Water Supply.

DR. FRANKLAND, in his report on the Metropolitan Water Supply of last month, says, "the Thames water sent out by the Lambeth, Grand Junction, and West Middlesex Companies was considerably better in quality than that of the previous month, whilst that distributed by the Southwark Company showed a slight deterioration, and the Chelsea Company's water was less pure than in

any month during the whole of last year. With the exception of the Chelsea Company's supply, which was slightly turbid, the water drawn from the Thames was efficiently filtered before delivery. The water derived from the Lea, and delivered by the New River Company, was of inferior quality, and that of the East London better than the supply of the previous month, whilst both waters were slightly turbid, owing to inadequate filtration. and the New River Company's supply contained moving organisms.

The water from deep wells in the chalk sent out by the Kent and Colne Valley Companies and by the Tottenham Local Board of Health was as usual of excellent quality for drinking, and that distributed by the Colne Valley Company, being also soft, was well suited for all domestic purposes.

#### Small-Pox in the Metropolis.

A SOMEWHAT noisy meeting of the managers of the Metropolitan Asylums Board took place on Saturday last under the presidency of Dr. Brewer. There were three resignations of members of the Board, and the recent agitation against the Fulham Hospital by the residents of that district, failed to alter the decision arrived at with respect to small-pox patients. From the reports presented there appears to be a considerable extension of the disease in many parishes. During the past month no fewer than 833 new cases were admitted. During this period 134 have died, 498 have been discharged, and the remainder are under treatment.

Whilst admitting the apparent injustice to the inhabitants of setting up these temporary hospitals for infectious diseases, we can only deplore the necessity which has arisen for them. They must be put somewhere, and if the Asylums Board choose the most eligible and open site for the purpose, we do not see that they can be blamed for carrying out the views of the legislature.

#### Nitrite of Amyl as a Disinfectant of Urine.

M. WEISER claims for nitrite of amyl remarkable disinfecting powers, and employs it as a disinfectant in chronic catarrh of the bladder. Using it as an injection in the proportion of 8 drops to 300 grammes of water. For the disinfection and conservation of urine to be submitted for examination, he prefers nitrite of amyl to phenic acid.

#### Salicylate of Eslerine.

THE salts of eserine are usually unstable; Merck has therefore proposed the salicylate which seems to keep better than its congeners now used in our formulae. (*La France Medicale*). The salicylate of eserine occurs in the shape of needle-shaped crystals, bright and colourless, soluble in 24 parts of alcohol and 130 of water at 16° C. Solutions to one-fiftieth are preserved limpid for a week. They redden slightly in diffused light, but without browning, like solutions of the sulphate. It is not generally necessary in ophthalmic work to use the salt so highly concentrated. The salicylate of eserine contains 66.6 per cent. of eserine and 33.4 per cent. of salicylic acid.

#### Board of Superintendence of the Dublin Hospitals.

HIS Excellency, the Lord Lieutenant of Ireland, has appointed George H. Porter, Esq., Surgeon to Her Majesty, a member of the Board of Superintendence of the Dublin Hospitals, in the room of the late Christopher Fleming, M.D.

WE hear that his Grace the Duke of Newcastle has contributed the handsome sum of 500 guineas towards a new hospital for Newark.

THE foundation stone of a new infirmary building, estimated to cost £32,000 and to accommodate 400 patients of Mile End, was laid last week.

THE Gulstonian Lectures will be delivered at the Royal College of Physicians of London on March 11, 16, and 18, at 5 p.m., by Dr. Coupland. The subject will be "Anæmia."

ST. PETERSBURGH still occupies the unenviable position of having the highest death-rate in the world, viz., 55 per 1,000 of its population. Typhus, according to the last weekly return, caused no less than 78 deaths in that city. The mortality from this disease is also very high in Paris, Madras, Bombay and Calcutta; scarlet fever in New York, and diphtheria in Paris, Berlin and Brooklyn, and small-pox in Philadelphia.

THE rates of mortality last week in the twenty-three large towns of the United Kingdom were:—Sheffield 16, Bristol 18, Portsmouth 18, Leicester 19, Birmingham 19, Hull 19, Salford 20, Bradford 20, Nottingham 21, Edinburgh 21, Plymouth 21, London 21, Wolverhampton 21, Norwich 22, Sunderland 22, Brighton 23, Glasgow 23, Leeds 23, Newcastle-on-Tyne 24, Manchester 25, Oldham 26, Liverpool 28, Dublin 38 per 1,000 of the population.

OF the diseases of the zymotic class in the large towns, last week, scarlet fever showed the largest proportional fatality in Oldham, Portsmouth and Leicester. Of the 24 deaths referred to diphtheria, 8 occurred in London, 6 in Glasgow, 4 in Edinburgh, and 2 in Birmingham. The death-rate from fever, was unusually low throughout the United Kingdom. Small-pox caused 49 more deaths in London and its suburban districts, one in Dublin, and one in Brighton, but none in any of the other large towns.

IN the principal foreign cities, the rates of mortality, according to the latest weekly official return, were:—Calcutta 33, Bombay 31, Madras 48; Paris 30; Geneva 31; Brussels 26; Amsterdam 25, Rotterdam 30, The Hague 21; Copenhagen 21; Stockholm 34, Christiania 21; St. Petersburg 55; Berlin 23, Hamburg 27, Dresden 30, Breslau 27, Munich 37; Vienna 33; Budapesth 37; Rome 29; Naples 32, Turin 35, Venice 23; New York 33, Brooklyn 20, Philadelphia 23, Baltimore 22, per 1,000 of the various populations.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**THE CHAIR OF PATHOLOGY IN THE UNIVERSITY.**—The report which was current that Professor Gairdner was a candidate for the chair vacant by the death of Professor Sanders is without foundation. We are authorised to contradict the rumour on the authority of the gentleman referred to.

**DEATH OF DR. MACKECHNIE, RUTHERGLEN.**—We very much regret to have to record the death of this young member of the medical profession. Death took place somewhat suddenly on the 28th ult., from a sharp attack of inflammation of the lungs. Dr. MacKechnie graduated M.B., and C.M., at the University of Glasgow only in 1873. He was medical officer for the burgh of Rutherglen, and held several other local appointments. He was much esteemed by the community, and his premature death is sincerely deplored.

**SINGULAR DEATH OF A CHILD FROM SWALLOWING A NEEDLE.**—The strangely erratic course of needles when introduced into the human stomach is well known to medical men. An illustrative case has just occurred in Alexandria, Dumbartonshire. About two weeks ago a little boy, seven months old, was seized with very peculiar and inexplicable symptoms of illness, the only outward indication being irritation and hardness on the left side of the chest. These symptoms increased, and the death of the child ensued. Dr. Alexander McLelland, who had been in attendance, and who had watched the case, was under the impression that a needle had been swallowed. Acting upon his impression a post-mortem examination was made, and in the lower region of the heart there was found, piercing the pericardium, a common sewing needle. It was entire, but perfectly black, indicating that it had been swallowed, found a lodgment in the stomach, and was working its way out. The agony of the child was very great.

**MEDICAL ASSISTANCE FOR THE BOERS.**—We understand that two young gentlemen from the Transvaal, who have been studying medicine at the University of Edinburgh, have been recalled for surgical service in the unfortunate contest now going on between their brave countrymen and this Country. That any such struggle should interfere with the peaceful acquisition of a knowledge essentially human, is a blot on the boasted civilisation of these latter times. Both young gentlemen had arrived at the latter part of their curriculum, and were looking forward to an early attainment of their degree. It is said that a considerable sum of money has been forwarded to them for the purchase of surgical instruments and appliances for use in the field.

**EDINBURGH INSTITUTION FOR INCURABLES.**—The annual meeting of the subscribers to the Institution for Incurables was held on the 2nd inst. at 5 St. Andrews' Square. Lord Provost Boyd in the chair, there was but a small attendance. The report was adopted on the motion of the Chairman, who said there was reason to regret there had been a falling off in the ordinary income. It would, he thought, be very unfortunate if the directors felt themselves compelled to reduce the number of pensioners; but if the public did not come forward in a liberal spirit, such result would be inevitable.

**THE VACANT CHAIR OF MIDWIFERY AT ANDERSON'S COLLEGE, GLASGOW.**—As is too frequently the custom in the medical profession, candidates are already spoken of for this chair, vacant by the death of Dr. J. G. Wilson. It is understood that Dr. Abraham Wallace aspires to the position. Dr. Wallace by education and training is eminently fitted for the position, and he will doubtless be appointed by the trustees.

**NOTES ON TRACHEOTOMY—ON THE MODE OF HEALING IN WOUNDS UNDER ANTISEPTIC DRESSING.**—Dr. David Foulis has reprinted these two papers of his, the former from the *Archives of Laryngology*, and the latter from the *Journal of Anatomy and Physiology*. Dr. Foulis's articles are well worthy of perusal, and are written in pleasing and refreshing contrast to the hyperbolic manifestoes of some of our Glasgow specialists. We do not agree with him as to "the mode of healing in wounds under antiseptic dressings," and cannot coincide with his belief that a blood-clot ever can become organised any more than a dead cat-gut ligature. The condition most favourable to the healing of all wounds is the *simple approximation* of the raw surfaces without the interposition of any chemical or other compound. The effect of carbolic acid upon a recent wound is an immediate chemical one; it coagulates the fibrine and albumen which subserve the purpose of repair, and thus converts them into foreign bodies, and consequently retards the healing process.

**MEDICAL VACANCIES IN EDINBURGH.**—The recent and much regretted blanks, caused in Edinburgh medical circles by death, have already caused a commotion, similar to that which occurs in a disturbed ant-hill. However much religious people may be agreed on a community of interest and habitation hereafter, it is noticeable enough that in sublunary spheres self-interest and partisanship cause them to deploy in an interesting and instructive manner. In Glasgow it is the U. P. body whose coherency and influence can be relied upon by aspiring young medical men; and strange to say, in the metropolis of Scotland—a fact in harmony with its peculiar radicalism—it is the Free Church that is in the ascendant, and in connection with which the chances of medical preferment are greatest. The most coveted prize which Edinburgh offers at present, is the chair vacant by the lamented death of Professor Sanders. For this, Dr. Hamilton, who has undoubted claims to this important chair, is the popular candidate. He is a distinguished pathologist, an excellent lecturer and teacher, is most popular with the students, and has devoted a lifetime to the subject he is so justly solicitous of teaching. We have no hesitation in saying that, all cliques and religious persuasions apart, Dr. Hamilton ought to be elected. Dr. Bryan Waller, and Dr. Dyce Duckworth, are also reported as candidates. We may add, *apropos* of the foregoing, that the politics are complicated. For the late Dr. Handyside's office, we learn that Drs. J. Hunter, Somerville and Cunningham, are candidates.

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, the 26th ult., there were 89 deaths in Edinburgh, and the rate of mortality was 21 per 1,000. One death from fever was reported, and scarlatina proved fatal only in three cases in the old town.

**EDINBURGH UNIVERSITY COURT.**—At a meeting of the University Court of the University of Edinburgh, held on the 28th ult., Charles R. C. Tichborne, Ph.D., Teacher of Practical Chemistry; Hugh A. Auchinleck, L.R.C.P. & S. Edin., Lecturer on Medical Jurisprudence; and W. R. MacNab, M.D., Lecturer on Botany—all of Carmichael College, Dublin—were recognised as teachers of medicine in Dublin whose lectures should qualify for graduation in medicine in the University in terms of Sec. vi. (4), Ordinance No. 8, Edin.

A MEETING of the Victoria (Philosophical) Institute was held on Monday evening, when Mr. R. Brown, F.S.A., reviewed the various theories as to the origin of language, indicating that which rested on the most complete evidence, and was in accordance with the general purpose of creation.

Correspondence.

THE CONVEYANCE OF SEA WATER TO LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—My attention has been drawn to a letter on the above subject in your issue for February 16th, in which Dr. Drysdale makes favourable comment on the plan worked out by me for the sea water supply of London and other large towns.

Knowing this matter to be of considerable interest to the medical profession generally, many members of which having already spoken highly favourable of a scheme which promises a cheap and constant supply of sea water for the metropolis, the prices now charged by the railway companies being far too high if the article is ever to become of general use, I venture to further trespass on your valuable space with an illustration of the sea water vessel mentioned.

This vessel, designed by me, and patented some months since, is by preference circular in section and sixty feet long, being gradually tapered off at each end. The water is admitted through suitable openings on the bottom of the vessel, which are opened and closed at will by means of the small hand-wheels, A A, shown on the top of the cylinder. Along the inside of the vessel at the top and for nearly the entire length of same an air chamber, M M, is constructed, quite separate from the water-carrying portion of the vessel, and into which water would never be permitted to enter. To this

chamber the buoyancy and perfect safety of the vessel is due, when fully loaded with water, no matter how rough a sea may have to be encountered. It is practically unsinkable.

This form of vessel also is designed with a view to economy of working, as well as to its safety; as in it I claim to be able to convey a maximum quantity of water with a minimum of power—that is, as compared with any other kind of vessel of same dimensions. Another valuable feature is also that the system easily admits of gradual extension, as the demand for the sea water increases.

Figs. 2 and 3 represent a cross section and end elevation of the sea water vessel already described; whilst Fig. 4 shows the mode of handling the sea water on arrival at the depot in London, where it would be pumped up into tanks, and from which it would afterwards gravitate into the water-carts as required for distribution, or the carts themselves could, if desirable, be filled direct from the vessel by means of the pumps on the steam-tug and india-rubber hose pipes.

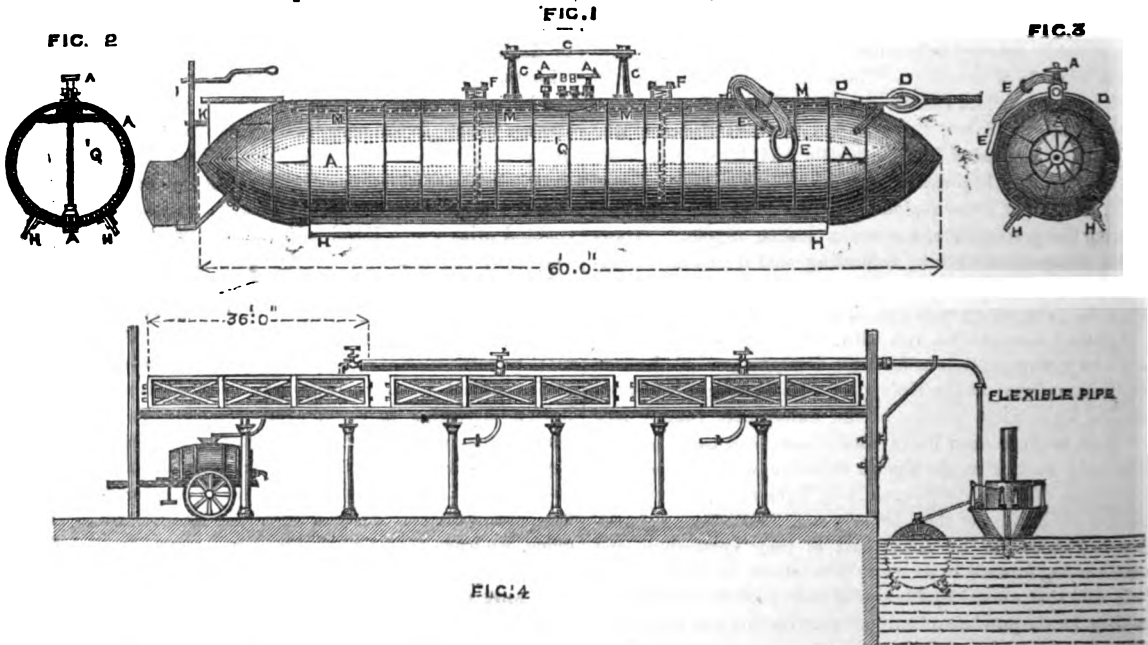
I hope soon to see this system put in operation, the success of which must be largely dependent on the amount of sympathy and interest shown by the medical profession, and its continued advocacy of the use of sea water; hence I have been induced thus to lay the matter before your readers.

I am, Sir,

Yours obediently,

JOHN BAYES, Assoc. Membr.  
Inst. C. E.

27 Leadenhall St., E.C.,  
Feb., 1881.



THE BURNING OF THE BODY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Of late the question of cremation has been revived, and not only in England, but on the Continent, and in America. A few well-meaning scientists, aware that epidemics and sporadic diseases are traceable to the malaria from cemeteries, especially such as are over-crowded, have evinced a desire to return to the Heathen mode of disposing of the dead. The subject, no doubt, is one that deserves attention, and one, moreover, that would probably be justifiable were there no alternative by which the dead might readily be resolved. That the common system of burial in strong coffins is a horrible device, sustained by crass ignorance and prejudice, is sufficiently manifest. It tends to protract for an indefinite period, the destruction of the body. No one can tell how long *materies morbi* may exist under ground. "If," observes a Transatlantic medical authority, "organic matter can be boiled and frozen without losing vitality, and seeds 3,000 years old will sprout when planted, it would be hardihood to assert that the poison of cholera or small-pox, whatever it is, may not lie for many years

dormant, but not dead, in the moisture and equable temperature of the grave."

Again, a good many, possibly the greater number, of public burial-grounds in the neighbourhoods of cities, are utterly unfitted by reason of the character of their soil, for interment. Soils differ much in the manner whereby they effect destructive changes. Some grounds there are (of which that of Woking Cemetery may be taken as an example), in which a corpse may be completely resolved in three or four years. To effect the like result, other soils (such as those of Brompton and Kensal-Green Cemeteries, twenty-five years, if not a longer period, would be required for the effectual decomposition of the body. It is owing to the latter fact, and that our present cemeterial system is so objectionable and menacing that cremation has been recommended as the quickest way of curing the evil.

There is, sir, a mode of remedy at hand, without going back to the old Roman mode of consuming our dead upon funeral pyres. Dr. Roger S. Tracy, the Sanitary Inspector to the Board of Health, although a pronounced cremationist, is forced to admit that cremation will make its way into general favour very slowly, because inhumation "has the

sanction of ancient usage, and is so intimately connected with the sentimental and religious feelings of the public." Nay, he goes farther, and even points out what he considers "the real advantages of burial as compared with cremation."

The system of earth-to-earth burial, long since advocated by Mr. Seymour Haden, and for over a quarter of a century practised daily in Woking Cemetery, while it answers all the purposes of cremation, is not open to the objections which would beset a departure from time-honoured usage. Dr. Tracy makes favourable reference to Mr. Haden's suggestion of "perishable coffins," the object being to let the earth come in contact with the body as speedily as possible, so as to hasten the putrefactive changes, which under the "earth-to-earth" process of disintegration, are, in nowise, noxious or offensive. Mr. Haden's theory is one to which Aristotle alludes while treating of the "drying and congealing power of the earth." Bodies buried in coffins that will not resist the action of a dry soil, are said to undergo a natural process of cremation, owing to the charcoal which they contain, and by which they become slowly consumed. I shall now conclude this letter, by observing, in the language of Mr. Haden, that the remedy for the evils consequent upon the ordinary mode of sepulture "is not in cremation, but in a sensible recognition of, and a timely submission to, a well-defined law of Nature, and in legislative action to enforce the provisions of that law."

I am, yours &c.,  
MEDICUS.

#### ON THE ADVANTAGE OF FURNISHING CATHETERS AND HOLLOW SOUNDS WITH CLOSELY-FITTING BOUGIES INSTEAD OF WIRE STYLETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—The object I had in view in the above communication was to advocate the extension of a practice which hitherto had only been very partially applied, for up to the present time prostatic and evacuating catheters only have been furnished with bougie stylets. So far as I know Cornay, of Rochefort, was the first to employ a bougie stylet about half a century ago. A little later Civiale used a prostatic catheter fitted with a "gros mandarin," made of whalebone or lead which completely filled the tube. About the same period Mercier invented the "invaginated catheter," and Sir Philip Crampton employed evacuating catheters with bougie stylets.

I was not aware that Dr. Bernard had advocated "armed catheters" for elastic prostatic catheters or I would have referred to his suggestion. His practice, however, would be very objectionable if applied to sounds, for the vibrations of the wire stylet might easily mislead a surgeon; whilst, on the other hand, it is incapable of application to catheters of a smaller calibre than No. 6 English gauge, as a No. 1 English elastic catheter cannot be introduced into a smaller instrument than No. 6. As, however, the smallest bougie is much thinner than the finest catheter, it follows that small catheters can be armed with bougies but not with catheters.

I remain, Sir,  
Your obedient servant,  
W. F. TREEVAN.

10 Portman Square,  
March 5.

#### TRICHINOSIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In the School of Medicine, Cecilia Street, Dublin, two subjects were dissected during the last month, the muscles of which appeared to the naked eye thickly speckled with sand-like particles of a greyish white colour. The first was a male aged about fifty years, the second a female somewhat older.

I made a careful microscopical examination of the muscles of both, and found the abnormal appearance to be due to the presence of the parasite *Trichina Spiralis*. In the first the trichinae were encysted, being visible in great numbers in the muscles of the extremities, in addition to those usually

affected. In the second case they were both encysted and calcified, being well marked in the muscles of the shoulder. I have to thank our distinguished prosecutor, Mr. John J. O'Hagan (exhibitioner), &c., who furnished me with the various muscles for microscopical examination. It may not be unnecessary to add that as both were dissecting-room subjects, the history of the cases has not been obtained.

Yours, &c.,  
JOSEPH M. REDMOND, L.K.Q.C.P., &c.,  
Senior Demonstrator of Anatomy.

March 1st, 1881.

[The occurrence of these two cases in Dublin just at the moment when the public is engaged upon the subject, is interesting and appropriate, especially as no previous instance of the disease has been recorded in Dublin for some years.—ED. M. P. & C.]

### Obituary.

#### DR. J. G. WILSON, OF GLASGOW.

WE regret to record the very sudden death of Dr. James G. Wilson, of Glasgow, an event which occurred at his residence, Woodside Crescent, on the 4th inst. Dr. Wilson seemed quite well when he rose for the day, and dressed and partook of breakfast. His carriage waited for him at the door, and he was about to set out on his ordinary professional rounds. Before doing so, however, he had occasion to go up to his bedroom, and shortly afterwards a noise, as of some one falling, was heard, and one of the servants hurrying into the room found Dr. Wilson lying on the floor bleeding at the nostrils. Professor Leishman and Dr. Wallace were shortly afterwards in attendance only to find, however, that death had already taken place. Dr. Wilson graduated at the University of Glasgow in 1853, was thus in the prime of life, and evidently robust health, and seemed to have many years of usefulness before him. About a year ago, being somewhat unwell, he requested Dr. Wallace to examine him, the result being the disclosure of what was deemed to be a slight affection of the heart, the development of which probably occasioned his death. Dr. Wilson was the son of Dr. James Wilson, a well-known Glasgow physician, to whose large practice, chiefly in Obstetrics, he succeeded. Dr. Wilson is survived by his widow, a daughter of the late Rev. Dr. Robert Buchanan, of the Free Church College. Of an extremely amiable and active disposition Dr. Wilson enjoyed a large share of public and professional esteem, and his loss is regretted by a large circle of friends. Some years ago he did much of his large practice by deputy, a custom by which, it is well known, he did *not* benefit.

#### DR. WILLIAM M'KINLAY, R.N.

ON Monday, the 21st ult., Dr. M'Kinlay, R.N., died at Fanduit, Strathbraan, in the 64th year of his age. He was a native of that place, and after studying medicine at Edinburgh University he entered the navy in 1838. While staff-surgeon in this service he was also medical storekeeper in the Government Hospital, at Port Royal, Jamaica. He had the honour of being presented with a gold medal for successful treatment of tropical disease, and he wrote a treatise on yellow fever. Nineteen years' service, much of it on a West Indian station, undermined his health, and, to the great regret of those with whom he had been associated, he resigned his commission and returned to his Highland home, where he has spent many years in literary and musical study. His medical skill was always gratuitously rendered to the poor of the district, and he was much esteemed by all who knew him.

Royal College of Physicians of London.—The following candidates having passed the required examinations, were admitted Licentiates of the College on March the 1st:—

Griffiths, Herbert Tyrrell, 38 Devonshire Place, W.  
Holberton, Henry Nelson, Hampton, Middlesex.  
James, Herbert Ellison Rhodes, Bury St. Edmunds.  
James, James Thomas, Ilwajack, Llandoverly.  
Jay, Melville Richard Hindmarsh, Fentiman Rd., S. W.  
Mathews, Sidney Robert Harvey, Buckley.  
Milne, James Kershaw, Royal Infirmary, Manchester.  
Mouritz, Arthur Albert, 23 Richmond Street, S. E.  
Nance, Henry Chester, St. Bartholomew's Hospital.



Shelswell, Oscar Berridge, 28 Trinity Square, S.E.  
Sutton, Samuel Walter, 18 Richmond Terrace, S.W.  
Thistle, Frederick Thomas, 19 Vincent Terrace, N.  
Thomas John, Ystalyfera, Swansea.

**Army Medical Service.**—The following is a list of successful candidates for appointments as Surgeons in Her Majesty's British Medical Service, at the Competitive Examination in London on the 14th February, 1881, in the following order of merit:—

Names.	Marks.	Names	Marks.
Davies, A. M.	2,320	Younge, G. H.	1,675
Hubbard, H. W.	2,290	Clements, W. G.	1,670
Fitzsimon, G. C. C.	2,090	Pattie, W.	1,625
Noding, T. E.	2,065	O'Brien, E. F.	1,620
Yourdl, J. R.	1,992	Thiele, C. W.	1,610
Culling, J. C.	1,910	Nichols, F. G.	1,580
Hackett, R. J. D.	1,955	Cox, T.	1,570
McGeagh, R. T.	1,950	McLaughlin, J.	1,570
Trewhman, G. T.	1,910	Fowler, R.	1,560
Johnston, H. H.	1,900	Craigh, S. H.	1,510
Wilson, E. M.	1,900	Lambkin, F. J.	1,500
Risk, E. J. E.	1,895	Reade, W. L.	1,490
Davies, J. D.	1,880	Peard, H. J.	1,475
Birrell, W. G.	1,850	O'Grady, G. S.	1,455
Dundon, M.	1,840	Rennie, S. J.	1,425
Lingard, T. R.	1,830	Carmichael, J.	1,405
Magrath, C. W. S.	1,810	Farmer, E. D.	1,390
Lane, A. V.	1,780	Craigh, G. W. B.	1,370
Beatty, J. W.	1,740	Wilkison, F. T.	1,370
Weston, G. E.	1,695	Semple, J.	1,345

## 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. BUZZARD'S LECTURES.**—We hope to commence Dr. Buzzard's Clinical Lectures "On the Differential Diagnosis between certain Hysterical Conditions and Myelitis" in the course of the present month.

**MR. BERRY WIGAN.**—Your paper "On Surgical Dressings in Private Practice" is marked for early insertion.

**MR. HINDLE** is thanked for his kindly offers.

**A LISTERITE.**—Lawson's absorbent cotton is imported by Burroughs, Wellcome, & Co.; Dr. De Brun's (Swiss) is supplied in this country by Krohne & Seemann. One article is probably as good as the other, both are valuable for surgical dressings.

**BOLDO.**—The leaves of this plant (*Plumum Boldo*), which is a South American drug, have been successfully employed on the Continent as a cholagogue in "hepatic torpor," in atonic dyspepsia, chronic cystitis, and urethritis. The drug is balsamic and carminative.

### A SEQUEL TO DR. TANNER'S FAST.

The following story from an American contemporary is too good to be allowed to pass without further record:—

"From Carson City, Nevada, it is reported that, some short time ago, a lady resident there undertook to preserve absolute silence for forty consecutive days and nights. In vain her family and friends besought her to forego so desperate a resolve. She was not to be moved by their entreaties. At 9 o'clock, on Jan. 20th, being then in robust health, she began to hold her tongue. By half-past ten her pulse had become so weak that the family doctor, upon diagnosing her condition, expressed grave fears for her life. At eleven the action of her heart had slackened to twenty-six beats in the minute, and her breathing was scarcely perceptible; in fact, she was rapidly sinking. As, however, she still persisted in a taciturnity that imminently threatened to prove fatal to her existence, the doctor had recourse to an extreme measure. He instructed one of her near relatives to whisper in her ear a thrilling scandal, by which the reputations of several of her most intimate female friends were irremediably compromised. The effect of this nostrum was miraculous. She sprang from the couch upon which she had hitherto been reclining all but lifeless, hurried out of the house without waiting to put on her bonnet, and ran across the street to the dwelling of a neighbour, to whom she imparted the story in question, with a gush of eloquence that could not be stanchied until half-past six p.m. She has been perfectly well ever since, and is, we are told, deeply thankful for her timely rescue from a situation of mortal danger."

**THE IRISH GRADUATES' ASSOCIATION.**—We are asked to announce that the annual dinner of this Association will be held in London on St. Patrick's Day, March 17, at the Holborn Restaurant, at 7 p.m. Dr. George Paget, F.R.S., of Cambridge, will occupy the chair. Those intending to dine must give previous notice to the Hon. Sec. (See advertisement in another column.)

**DR. ROBERT BAYLON.**—We have no special knowledge of the kind you seek. Probably if you write to her Majesty's Secretary for the Colonies you might obtain a printed schedule which would afford you some, if not all, the required information.

**MONT DORE.**—The Secretary informs us that the first issue of shares in the Mont Dore of Bournemouth (residence for invalids) has been allotted, and that the Institution will shortly be open to the profession and to patients.

**J. O. F.**—Smart, but hardly suitable for our columns.

**AN OUTRAGE.**—We sincerely hope the report is untrue which reaches us by telegram as we are going to press, to the effect that Dr. Barbour and his assistant, Mr. Dyas, whilst attending to the

wounded in the Transvaal, by invitation of the Boers, were arrested, charged with being spies, tied to a wagon for three days, and then shot. The Boers having hitherto shown evidences of their respect for the usages of civilised warfare, we cannot as yet believe this report, although coming from trustworthy authority.

**MR. ALLENSON.**—Competing Essays for the Government prize of £100 must reach the Secretary of the Military Department at Calcutta by the 31st March. If you have not already posted your essay, it can hardly reach there in time.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—This (Wednesday) afternoon, and on Friday, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Cetacea."

**HUNTERIAN SOCIETY.**—This evening, at 8, Mr. Clement Lucas, "On cases of Trephining."—Dr. Herman, "On Prolapse of the Ovaries."

**ROYAL MICROSCOPICAL SOCIETY.**—This evening, at 8, Mr. A. D. Michael, "On a Species of *Acarus* believed to be unrecorded."

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—Thursday, March 10, at 8 p.m., Microscopical Specimens.—8.30. Discussion on "The Relation between Optic Neuritis and Intracranial Disease," to be opened by Dr. Hughlings Jackson.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Friday, March 11, at 5 p.m., Gulstonian Lectures: Dr. Coupland, "On Anemia."

**CLINICAL SOCIETY OF LONDON.**—Friday, March 11, at 8.30 p.m., Mr. Berkeley Hill, "On a Case of Fracture of the Spine treated with Sayre's Jacket."—Mr. Barwell, "On a Case of Excision of the whole Tongue by means of a small Supra-hyoid Wound, with remarks on the best material for the Loop of *Ecraseurs*."—Mr. Berkeley Hill, "On a Case of Round-celled Sarcoma, in which no repetition of the Disease took place during the remainder of the Patient's Life—namely, six years after the Operation."—Dr. Radcliffe Crocker, "On a Case of General Bronzing of the Skin without Constitutional Symptoms."—Mr. R. W. Parker will show (1) a Child with Pulsating Tumour on the Forehead, and (2) Three Brothers with Undescended Testicle.

### VACANCIES.

Ardee Union, Collin Dispensary.—Medical Officer. Salary, £100, and £15 as Medical Officer of Health. Election, March 10.

Charing Cross Hospital.—Assistant Surgeon on the Staff. Candidates must possess the F.R.C.S. Eng. Applications to the Secretary before April 2.

City of London Lunatic Asylum, Stone.—Assistant Medical Officer. Salary, £120, with board. Applications to Mr. Youte, Guildhall, E.C., before March 16.

Dulverton Union.—District and Workhouse Medical Officer. Salary, £20 for the District, and £30 for the Workhouse. Applications to the Clerk, endorsed "Medical Officer," by March 11.

Durham Union.—Medical Officer for the Eastern District. Salary, £45, with the usual extra fees. Applications to the Clerk before March 18.

Halifax Infirmary.—Assistant House Surgeon. Salary, £50, with board, &c. Applications to the Senior Physician before March 15.

Hull General Infirmary.—House Surgeon. Salary, 100 guineas, with board, &c. Applications to the Chairman of the House Committee before March 21.

Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary at Canterbury before March 25.

Oxford, Radcliffe Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Secretary by March 18.

Stockport Infirmary.—Medical Officer to visit Out-patients. Salary commencing at £70, with board. Applications to the Hon. Sec. before March 21.

### APPOINTMENTS.

ANDERSON, H., M.B. C.M., Medical Officer to the Bellinge District of the Wigan Infirmary.

BEEB, W. C., M.B., M.R.C.S.E., House Surgeon to Newark-on-Trent Hospital.

ELLIS, J. L., L.K.Q.C.P.I., Medical Officer for the Maltwyd District of the Dolgelly Union.

EXHAM, A. E. F., M.B., B.Ch., L.M.K.Q.C.P.I., Medical Officer to the Fifth District of the Drayton Union.

FIRMAN, C. G., L.F.P.S.G., M.R.C.S.E., Medical Officer for the Hatfield District of the Dunmow Union.

GARMAN, J. C., L.B.C.P.Ed., L.R.C.S.Ed., Assistant Medical Officer to the Highgate Infirmary.

HOVELL, T. M., F.R.C.S.Ed., Surgeon to the Throat and Chest Hospital, Golden Square, London.

JEFFREYS, R., M.R.C.S.E., Medical Officer to the Districts of Brampton and Walton, Chesterfield Union.

PHILLIPS, L. W. K., M.R.C.S.E., Resident House Surgeon to the Western Branch of the Brighton and Hove Dispensary.

POTTER, H. P., F.R.C.S., Medical Officer for the Workhouse and Infirmary of St. Mary Abbots', Kensington.

WHITE, F., M.B., C.M., M.R.C.S.E., Senior House Surgeon to the Halifax Infirmary.

WINTERBOTTOM, A. T., M.R.C.S.E., L.R.C.P.Ed., Resident Obstetric and House Surgeon to St. Mary's Hospital, Manchester.

### Births.

RENSHAW.—Feb. 27, at Dovercourt, the wife of Bernard Renshaw, Staff Surgeon R.N., of a son.

### Deaths.

CORNISH.—March 1, at Mount Prospect, Transvaal, from wounds received at the battle of Majuba, Surgeon-Major H. Cornish, late of the 10th Royal Hussars, son of C. H. Cornish, F.R.C.S., Taunton, aged 37.

THOROLD.—Feb. 24, at Windsor Villas, Plymouth, Ellis Frederick Thorold, M.A., M.D., eldest son of the Rev. Henry Baugh Thorold, of Hougham-cum-Marston, Lincolnshire.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 16, 1881.

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## The Gulstonian Lectures

ON

### ANÆMIA,

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS,

By SIDNEY COUPLAND, M.D., F.R.C.P.,  
Physician to the Middlesex Hospital.

#### LECTURE I.—ABSTRACT.

THIS lecture dealt with alterations in the composition of the blood and a summary of the known causes of anæmia, which was held to consist in a lowering of the standard composition of the blood in those elements which are destined to promote oxidation, accelerate tissue-change and repair tissue waste. It was pointed out from analyses that hæmoglobin formed by far the most abundant of the constituents of the blood, and the essential fact in anæmia was held to be an impoverishment—either quantitative or qualitative—of hæmoglobin. There is but little known concerning its qualitative changes, although there is no doubt that they play an important part, rendering the hæmoglobin less capable of absorbing oxygen. There are many observations upon the alterations in the quantitative hæmoglobin in disease. Analysis of the blood in chlorosis proved that in that form of anæmia the reduction is mainly in the direction of hæmoglobin, the serum-albumen being of normal, or even excessive amount. The various methods adopted for the estimation of hæmoglobin were referred to, the simplest and readiest being that in which the colour of the blood was taken for comparative tests. The method devised by Quinquad, which is based upon the determination of the amount of oxygen capable of being absorbed by a given quantity of blood, was shown to yield results according with those obtained by other methods, although it does not take into account changes in the quality of the hæmoglobin. No method, however, was capable of dealing with diminution in the total quantity of blood, so that the results can only be used for com-

parison, and are liable to a certain amount of error. Passing to the consideration of the red corpuscles, it was pointed out that mere variations in their number were not always an indication of the blood value, for in chlorosis their number is often large contrasting with the amount of hæmoglobin; and Malassez has estimated the amount of hæmoglobin contained in each corpuscle—an amount not proportionate to the size of the corpuscles. Moreover, of two examples of blood containing an equal amount of hæmoglobin, but differing as to number and size of the corpuscles, the functional value of that containing the larger number is probably greater than the other. Variations in size of the corpuscles were shown to be frequent in anæmic blood, and the remarkable form changes in severe idiopathic anæmia were held to be suggestive of a profound blood-change, although, perhaps, undue stress had been laid upon such alterations, which had been regarded almost as pathognomonic. The development of the corpuscles and their formation in the adult were next briefly described, the organs specially devoted to this function comprising the lymphatic glands, spleen, bone, marrow, and perhaps the liver. The minute and fragile bodies termed "hæmatoblasts" by M. Hayem, were described and the important part assigned to them in corpuscular development by that observer, was mentioned. He had found that they are much in excess of the leucocytes, being in a constant proportion to the coloured corpuscles (viz., 1—20). The manner in which the blood corpuscles are destroyed, and the rapidity with which they are renewed, was next discussed, the chief place of their destruction being probably the liver. A brief reference was also made to variation in the other constituents of the blood.

ANÆMIA, so far, as its ascertained causes are considered, was shown to depend upon a loss of balance between the processes of blood formation and blood destruction, a deficiency in income or excess in expenditure of the blood, or both combined, and its etiology was dealt with under each of these heads. In the first place, deficiencies in quantity and quality of food, especially of the nitrogenous ingesta, were spoken of, and it was pointed out that oxygen was essential in the nutritive processes. The profound anæmia accompanying organic disease of the stomach

illustrated the effects of interference with normal digestion upon the blood, and it was important to eliminate latent disease of this organ before regarding any anæmia as idiopathic. Derangements in digestion are maintained by anæmic state they induce, and hence the liability to mistake effects for causes in regard to this matter. Of other digestive glands the liver and pancreas may, when diseased, cause anæmia, the former, however, in a more complex way than the latter, owing to the part it plays in blood destruction, whereas the pancreas is solely concerned with digestion. Passing to derangements in assimilation and absorption, the marked anæmia of mesenteric disease was held to indicate that the lacteals served for the absorption of proteids as well as of fats, to a greater extent than is generally admitted. Diseases of the blood-forming organs were next considered, and it was pointed out that these might result either in an abundant formation of leucocytes or diminished production of red corpuscles, so that a link was formed between the conditions of leukaemia and anæmia, which are but effects of a perverted action of these organs, the precise nature of which is unknown.

The causes of anæmia, due to excessive blood destruction, were then discussed. Prolonged muscular and nervous activity were shown to be efficient causes, the latter probably from direct interference with blood formation, as well as from consumption of the material of the blood. Excessive secretions, especially in the case of glands yielding highly complex and stable products, e.g., the mammary, were obvious causes of drain on the blood, and from these examples to abnormal fluxes the transition is easy. Actual loss of blood needed no exposition, and Quinquad's observation of the reduction in hæmoglobin following large serous effusions was mentioned. Copious inflammatory exudations, suppuration, and albuminuria are further instances of direct blood impoverishment. The effects of malignant growths in producing anæmia is partly due to the new cell formation, to the involvement of the organs of nutrition, and to direct loss from ulceration and hæmorrhage, but whether there is a cancerous cachexia apart from these effects was held to be doubtful. With tubercle the question is different, and Trousseau's declaration of the existence of anæmia in subjects of tubercular tendency was held to be substantiated. The effects of fever—the essential feature of which is increased disintegration of the tissues and the blood were next pointed out. Reference was then made to the special action of certain diseases on the blood and blood forming organs, viz., scurvy, rheumatism, syphilis, and malarious fever; also to the anæmiating action of such poisons as lead, mercury, and probably phosphorus, the effects of acute poisoning by the last named being those likely to follow impairment of the oxidising power of the blood. Lastly, allusion was made to the discovery of the blood sucking nematoid *Anchylostomum Duodenale*, as explaining cases of tropical anæmia, Egyptian chlorosis, and the fatal disease which attacked the workers in the St. Gothard's Tunnel.

The lecture concluded with remarks upon the influence of age, sex, heredity, occupation, light, air, and temperature, as predisposing to the development of anæmia.

## STIMULANTS IN WORKHOUSES—ALCOHOLIC LIQUORS AS MEDICINES FOR THE SICK.

By NORMAN KERR, M.D., F.L.S., London.

THE supply of intoxicating drinks to the healthy pauper is a separate and independent question, and has nothing whatever to do with the employment of these liquors in the infirmary as therapeutic remedies for the unhealthy. The beer allowance to inmates not sick is one thing, the prescription of alcohol as a medicinal agent in the treatment of the sick is another and a totally different thing. The former is a question of dietetics; the latter, of therapeutics. For the former the guardians are responsible; for the latter, the responsibility justly rests with the medical officer, and with him alone.

The fact of any article of food or drink being useless in good health is no proof that it is valueless in bad health. Some of the simplest and most deadly poisons to the healthy are most potent and effectual remedies when judiciously administered to the sick. No more poisonous agent can be found than prussic acid, yet there are few more useful medicines in the whole range of the British Pharmacopœia. We can, therefore, discuss the medical administration of alcohol to the sick-poor without prejudice, and with no regard to any opinion we may have formed as to the action of intoxicating drinks on the healthy human frame.

From a return relating to the consumption of liquors in workhouses, ordered to be printed by the House of Commons on the motion of Lord Harkness, I find that the total cost for alcoholic stimulants in the year ending Michaelmas, 1871, was, in England and Wales, £115,424. Of this sum, £82,554 was for in-door, and £32,870 for out-door paupers.

The first thing that strikes one is the extraordinary difference in the amount expended by different unions. In Cornwall the amount was £404 for 1,096 paupers, while in Sussex it was £5,071 for 3,246. In Cumberland the cost was over £327 for 632 paupers; in Berks it was more than ten times as much, or nearly £3,490 for 1,738. In the same proportion as Cornwall, Sussex would have expended about £1,200 in stimulants, whereas it really expended considerably in excess of four times that amount. Had Berks paid at the same rate as Cumberland, Berks would have paid £900, whereas it actually disbursed for stimulating drinks nearly £4,000.

In Wales, £46 was expended for 54 persons in Radnor, or at the rate of 17s. per head; there was £66 for 161 in Brecknock, or at the rate of 8s. 2d. per head; and only £56 for 550 in Carnarvon, or at the rate of 2s. per head.

If we analyse these returns for England and Wales, we find no rule for the consumption of strong drinks by either in-door or out-door paupers.

In Berks, the cost for in-door paupers for the twelve months was £1,510, and the number of inmates during the last week of the twelve months was 558, or £2 14s. per head. In Durham the cost was £811, and the inmates 785, or £1 0s. 8d. per head. In Devon the cost was £838, and the number 1,151, or 14s. 6d. per head. In Cornwall the cost was £258, and the numbers 401, or 12s. 10d. per head.

In Wales the Carnarvon guardians disbursed £18 17s. 6d. for 82 in-door paupers, or at the rate of 4s. 7d. each; the Anglesey guardians, £2 19s. 10d. for 12, or 5s. each; the Denbigh guardians, £106 17s. for 54, or nearly £2 each; and the Radnor guardians, £25 18s. 4d. for 6, or £4 6s. 5d. each.

Among out-door paupers the discrepancy is as marked. In England, the return of Lord Harkness informs us that in Berks there was spent for liquor for paupers under the medical care of the district surgeons, £1,978 for 1,180 persons, or at the rate of £1 13s. each; in Leicester, £1,065 for 751, or £1 8s. each; in Cornwall, £145 for 695, or 4s. 2d. each; in Chester, £89 for 1,080 persons, or 1s. 10d. each; in Dorset, £511 for 1,016, or 10½d. each.

In Wales the stimulant expenditure for the out-door poor is considerably varied. In Carmarthen it is £62 6s. for 134 paupers, or 9s. 8d. per head; in Radnor, £20 10s. 6d. for 49, or 8s. 4d. per head; in Brecknock, £26 2s. for 89, or 5s. 10½d. per head; and in Anglesey, £30 3s. for 140, or 4s. 3½d. per head; while in Cardigan it is £2 2s. for 131, or only 4d. per head.

Take an individual union. Rarely do we find the cost for stimulants in any district bearing any fixed proportion to the expenditure in the adjoining districts. I am acquainted with the facts of many unions where this chaotic state of matters exists. Let one example suffice. There are five district medical officers in the parish. In the same period of time, one officer ordered 2 gallons of wine, ½ a gallon brandy, and 1½ pints gin for 488 cases; a second, ½ gallon wine, and 2½ gallons brandy for 505; a

third, 3 pints wine, and 4 gallons brandy for 580; and a fourth,  $3\frac{1}{2}$  gallons wine for 1,010. The fifth ordered neither wine, brandy, nor gin, for 1,086 cases.

I am indebted to the *Leinster Express* of 3rd February, 1872, for a return presented to the Board of the Mountmellick Union, showing the daily average number of persons relieved in 91 workhouses in Ireland during the year ending 30th September, 1871, the cost of wine, ale, and spirits in each union, with the average cost per head on the number relieved, and the number of deaths during the same period in 84 workhouses, with the proportion of deaths to the number relieved.

There was no expenditure at all for alcoholic stimulants in Glenties with a daily average of 120 inmates; in Longford, with 179 inmates; in Armagh, with 344; and in Newry, with 465.

At Lurgan the expenditure was £1 11s. 11d. for an average of 385 inmates, or *three farthings each*. At Mullingar, £1 16s. 3d. was expended on an average of 327 persons, or  $1\frac{1}{2}$ d. each. At Carrickmacross there was £1 2s. for 99 individuals, and at Newtonlimavady, £1 9s. 9d. for 150, being at the rate of  $2\frac{1}{2}$ d. per head at each place. At Clogher there was £1 8s. for 125 paupers, and at Manorhamilton, £1 6s. 6d. for 120, or  $2\frac{1}{2}$ d. at each place. At Bawnboy there was laid out £1 11s. 5d. for 97, and at Gortin, 16s. for 61, or  $3\frac{1}{2}$ d. per head. At Milford, £1 16s. for 95, or  $4\frac{1}{2}$ d. each. At Dungannon there was £4 2s. 5d. for 202, or 5d. each; and at Clonee, £2 11s. for 112, or  $5\frac{1}{2}$ d. At Innishowen (celebrated for its potato) there was £4 7s. 6d. for 136, and at Omagh, £6 15s. for 199, or 8d. each. At Trales there was £15 1s. 2d. for 430, or  $8\frac{1}{2}$ d. each. At Ballyshannon there was £7 19s. 3d. for 179, and at Banbridge, £9 4s. 10d. for 201, or 11d. each.

Ballymasco, with 270 paupers, and Listowel, with 150, expended at the rate of 1s. for each pauper; Dundalk, with 260, at the rate of 1s.  $\frac{1}{2}$ d.; Bailborough, with 132, and Sligo, with 330, at 1s. 1d. each; Stranorlar, with 72, at 1s. 3d.; Mobile, with 175, at 1s. 7d.; Enniskillen, with 240, at 1s. 8d.; Balrothery, with 214, at 1s. 9d.; Belfast, with 2,243, at 2s. 3d.; Newcastle, with 239, and Larne, with 243, at 2s. 6d.; Castleblaney, with 171, and Kilkee, with 98, at 2s. 7d.; Thurles, with 235, and Lisnaskea, with 89, at 12s. 8d.; Castlederg, with 75, at 2s. 9d.; Ballyvaughan, with 150, at 2s. 10d.; Strabane, with 235, at 2s. 11d.; Boyle, with 273, at 3s.; Cashel, with 512, at 3s. 2d.; Parsonstown, with 275, at 3s. 3d.; Lismore, with 195, and Roscrea, with 167, at 3s. 5d.; Donegal, with 78, at 3s. 6d.; Ennis, with 290, at 3s. 7d.; Trina, with 249, and Yougal, with 293, at 3s. 8d.; Limerick, with 1,461, at 3s. 11d.; Clogheen, with 250, at 4s. 3d.; Lisburn, with 247, at 4s. 7d.; Irvineston, with 90, at 4s. 9d.; Letterkenny, with 104, at 4s. 10d.; Borrisokane, with 123, at 4s. 11d.; Athlone, with 305, and Tuam, with 279, at 5s.

At Tobercurry, with an average of 90 inmates, the rate was 5s.  $\frac{1}{2}$ d. per head; at Cavan, with 269, at Clonmel, with 471, and at Waterford, with 840, it was 5s. 31.; at Rathdrum, with 293, it was 5s. 5d.; at Enniscorthy, with 298, and at Granard, with 217, it was 5s. 7d.; at Tullamore, with 353, it was 5s. 7d.; Nenagh, with 394, cost 5s. 9d. per head; Clifden, with 135, cost 5s. 10d. With 187, Edenderry cost 5s. 10d.; and with 82, Killala, 6s. 2d. At Drogheda, with 390, and at Scariff, with 172, the rate was 6s. 4d.; at Ardee, with 265, and at Mountmellick, with 371, the rate was 7s. 1d.; at Croom, with 220, and at Nasa, with 279, and at Carrick-on-Suir, with 351, the rate was 7s. 3d.

Castlecomer, with 146, cost 7s. 6d. per head; Navan, with 200, cost 7s. 10d.; Ballymena, with 123, cost 8s. 4d.; Tulla, with 242, cost 8s.  $\frac{1}{2}$ d. With 169, Cellbridge spent at the rate of 8s. 6d.; with 369, Mallow, 8s. 10d.; with 210, Clonakilty, 8s. 11d.; with 1,933, North Dublin, 9s. 1d.; with 132, Castlebar, 10s. 1d. Kells, with 206, spent 12s. 6d. per head; with 153, Kilmacthomas, 13s.; with 948, Cork, 15s. 2d.; and with 144, Kanturk, 15s. 7d.; At Rathkeale, with 220, and at Urlingford, with 169, the

rate was 17s. 6d. per head; at Donoughmore, with 82, it was £1 5s. 10d.

The expenditure for stimulants in Scotland does not, in any particular workhouse, reach so high a rate as England or Ireland; but, on the other hand, neither does it go so low, there being no Scottish poorhouse where there is an utter absence of drink as in several in Ireland, and so very limited a consumption as is met with in some English parishes. In Scotland the cost ranges from 5d. per head of the total number relieved at Dumbar-ton, to 17s. per head at Thurso. There is before me a return relating to 28 poor-houses in Scotland, of the amount spent on alcoholic liquors for medicines to the sick-poor inmates therein, for the year ending 30th June, 1876. The return gives the expenditure on alcoholic drink per case, not of the total number relieved, but of the number of inmates on the sick-list only.

In Dumbar-ton, with 68 sick cases, the cost was 1s.  $2\frac{1}{2}$ d. per case; with 609 in Edinburgh, it was 1s.  $3\frac{1}{2}$ d.; with 2,449 in Glasgow, it was 1s. 9d.; with 355 in Dundee, 3s.; with 62 in Dumfermline, 3s. 4d.; with 139 in South Leith, 3s. 10d.; with 155 in Aberdeen, 4s.; with 144 in Liff and Benvie, 4s.  $1\frac{1}{2}$ d.; with 146 in Cunningham, 4s. 11d.; with 15 in Upper Strathern, 4s. 11d.; with 144 in Greenock, 5s.; with 129 in Paisley, 5s. 11d.; with 4 in Kirkcudbright, 6s.; with 662 in Govan, 6s. 5d.; with 450 in St. Cuthbert's, Edinburgh, 6s. 11d.; with 857 in the Barony, Glasgow, 8s. 5d.; with 90 in Old Machar, Aberdeen, 14s. 5d.; with 20 in Kincardineshire, 20s. 5d., with 103 in the Abbey, Paisley, 20s. 91.; with 7 in Nairn, 25s.  $1\frac{1}{2}$ d.; with 27 in Athole and Breadalbane, 25s. 9d.; and with 5 in Thurso, 48s. 7d.

A return made to the House of Lords on 11th June, 1877 (referred to in the Report of the Select Committee of the Lords on Intemperance, ordered to be printed 17th March, 1879), shows the quantity and cost of ale, wine, and spirits consumed by in-door and out-door paupers in each union in England and Wales during the year ending Michaelmas, 1876. A comparison between this and the return to the House of Commons in 1871, gives the following results, according to the *British Medical Journal*. In the year ending Michaelmas, 1871, some 10,125,050 pints of ale, wine, and spirits, were consumed by both in-door and out-door paupers, nine-tenths of this being for the former. In the year ending Michaelmas, 1876, the corresponding quantity was 6,964,005 pints, showing an absolute decrease of 3,161,045. As the mean of the number of paupers in 1871 was 1,629,628, and in 1876 730,131, the quantity per head in 1871 was 9 eight-tenth pints, and in 1876 was 9 five-tenth pints. In other words, a decrease of three-tenths of a pint per pauper. In 1871 the cost per head was 2s. 3d., and in 1876 it was 2s.  $1\frac{1}{2}$ d., or a saving equal to  $1\frac{1}{2}$ d. per pauper.

The expenditure on alcoholic stimulants in the metropolis in 1876 was 9s. 10d. for in-door, and 5d. per head for out-door paupers, whereas in the northern division it did not exceed 2s. 11d. for the in-door, and 3d. for the out-door. In Newcastle the cost was 1s. 4d. for the in-door, and 5d. for the out-door; and in Sunderland, 7d. and 2d. respectively. The medical journals pertinently ask, in the language of the *Lancet*, if the paupers in our northern towns do not suffer from the small amount of alcoholic stimulants they receive, and if not, do the London paupers get an excessive allowance?

An interesting return, ordered to be printed by the House of Commons, on the motion of Mr. W. M. Torrens, shows the average weekly cost per head of the inmates of each metropolitan workhouse for the year ending Lady-day, 1869; the average daily number of inmates, distinguishing males from females and boys and girls under sixteen; the number of deaths for the year ending Lady-day, 1869; and the amount expended in beer, wine, and spirits for each workhouse. In these 37 workhouses the total expenditure was £28,250, of which £18,651 was paid for beer, £3,415 for wine, £21 for whisky, £2,664 for gin, and £3,466 for brandy. There were 21,761 inmates, so that the cost per head was £1 15s. 11d. In Bethnal

Green 1,121 inmates cost £1,081, while in Camberwell 518 cost £909, or only £172 less. Bermondsey spent £199 for 479 inmates, while Rotherhithe spent £385 for 219, or almost double the expense for less than one-half the number. If the former had been as extravagant as the latter the liquor bill for Bermondsey would have been £837 instead of £199. Strange to say, while whisky was consumed in but one workhouse, there was only one in which gin was not prescribed.

From a report presented by a special committee to the West Derby (Liverpool) guardians in 1871, we learn that, on an average of two years ending 31st March, 1871, in Liverpool workhouse proper 19,592 cases were annually relieved at a charge for stimulants of £1,590, while in St. Marylebone it cost £2,050 for 3,437 admissions, or £460 more for 16,155 cases less. The value of this remarkable report was enhanced by a synopsis of the returns from 21 unions, showing the yearly cost of stimulants, and the rate of indoor mortality. These returns showed that nothing was expended on intoxicating drinks at Armagh, Lurgan, and Newry. The cost 5d. per head at Edinburgh, 8d. at Preston, 10d. at Birmingham, 11d. at Crumpsall (Manchester), at Liverpool 1s. 5d., at Cork 1s. 6d., at Chorlton 1s. 8d., at Aston 1s. 9d., at Dublin 2s. 4d., at Sheffield 3s., at Islington 5s. 6d., at Lambeth 5s. 9d., at St. Pancras 6s. 5d., at West Derby 7s. 3d., and at Marylebone 7s. 9d.

A second return from another special committee to the same board of Guardians, ordered to be printed Sept., 1880, comprising a statement of the cost of stimulants and rate of mortality in 36 unions during the year ending March, 1880, reveals also startling discrepancies. Liverpool, with an average of 2,797 cases, expended £757 in stimulants; West Derby, on the other hand, with an average of 1,890 cases, expended £2,043. In other words, the latter, with 907 cases less, spent £1,286 more. Greenwich, with 4,821 cases, expended £227, while Brentford, with 357 cases, spent £315. That is to say, Brentford, with 4,464 cases less, spent £38 more. Can anything be more contradictory, confused, and bewildering?

There has been a considerable reduction in several unions in the amount of alcoholic drink prescribed for the sick poor during the last few years. This has probably arisen from the great interest that has been aroused throughout the country in the temperance movement generally, and specially from the prominent manner in which the question of stimulants in workhouses has been discussed by guardians, by medical officers, and by the public over the length and breadth of the United Kingdom. To this unmistakable and very general awakening to the great importance of this deeply interesting subject I am informed, on all hands, that my paper, read to the Annual Metropolitan Conference of Poor-law Guardians, in 1876, under the presidency of the present Secretary for Ireland, Mr. Forster, has largely contributed.

That in many places there has been a decided reduction cannot be disputed. With reference to South Dublin, for example, the *British Medical Journal* in December, 1877, recorded that during the preceding year the consumption of liquor in the workhouse had been much restricted, the restriction being brought about by attention being called to the very large annual expenditure in intoxicating stimulants, and that it had been announced at a recent meeting of the guardians that the expense incurred under this head for the above period had been reduced by over £1,000. Only a few weeks ago the newspapers stated that while the expense in South Dublin for strong drink to paupers that week was 11s. 6d., in the corresponding week of 1879 it was as high as £8 7s. 3d. In a number of workhouses in England and Scotland there has also been a considerable decrease in the quantity of intoxicating drink ordered for the sick.

What results have followed from this reduction? At Wrexham, Dr. Davies reported, on 2nd March, 1876, that

he had ceased prescribing alcoholic drinks for three years, and that during the non-alcoholic period he had been enabled to treat disease with equal success with medicinal stimulants and nutritious diet. There was an increase in the cost of milk, beef-tea, and eggs, but after deducting this, there still remained an annual saving to the ratepayers of £108. Both the doctor and the master reported that the discipline of the house had been greatly improved by the absence of stimulating drinks. The Local Government Board expressed themselves well pleased with what had been done at Wrexham, and thought the system well worth a trial elsewhere. My authority is a copy of the correspondence between the guardians of St. George's Union, Middlesex, and the Wrexham guardians, ordered to be printed by the House of Commons, on the motion of Mr. John Talbot, on 1st May, 1880.

Dr. Webster, Medical Officer to St. George's, Hanover Square, London, in a report presented to the guardians, dated 28th May, 1879, states that on the opening of a new infirmary building he had reduced the consumption of intoxicating drinks very extensively. With an average of 559 inmates, the entire expense for such drinks throughout the twelve months was only £8 3s. 6d. Dr. Webster expresses his great satisfaction with the results, and records a marked improvement in the appetite of aged paupers following the withdrawal of the alcoholic liquor. Some thirty old bedridden women had been stimulated to activity by the discontinuance of their alcoholic "stimulant."

In July, 1880, Mr. Fletcher Horne reported to the guardians of the Barnsley Union that he had decreased the expenditure on intoxicants from £29 to £9 per annum for spirits, from £24 to £4 for wine, and from £18 to £12 for beer, making a total annual decrease of £48 19s. He had proceeded tentatively, withdrawing alcohol from no patient receiving it, but withholding it from new admissions. His year's trial showed him that the patients liked it, and there was no deterioration of health.

At Helston the consumption of alcoholic liquor in the workhouse has been steadily lessened till now it is almost at zero. For a whole year the drink bill, says the *British Medical Journal*, amounted to only 12s.; and for the past six months one pint of brandy, of the value of 4s., was all that was brought into the house. Even this was not used medicinally, but a portion of it was taken by attendants while engaged in nauseating work. The average number of inmates is above 150, and these enjoy good health, making due allowance for such aged and infirm people as are usually found in workhouses. Dr. Wearne, the medical officer, is congratulated by the editor on the success which has attended his management of this department.

(To be continued.)

#### A CLINICAL LECTURE ON HERPES.

By J. MAGEE FINNY, M.D. Dub., F.K.Q.C.P.I.,  
Visiting Physician and Dermatologist to the City of Dublin Hospital.

GENTLEMEN,—A considerable number of cases of herpes having come under your observation during the present and former sessions, and as, in addition to seeing those treated at our special dispensary for diseases of the skin, held each Saturday, you have had daily opportunities of studying this affection in the medical wards, I feel sure a short *resumé* of them, with some practical observations, will prove at once interesting and useful.

There are two very distinct varieties of herpetic eruptions met with, differing in their nature, site, course, and importance. These are *Herpes Catarrhalis* and *Herpes Zoster*.

A few words will suffice to describe the former, and, at the same time, to point out the diagnosis between it and



the other variety, with which, indeed, I may say, it has little beyond its name in common.

*Catarrhal Herpes*—which is also called Febrile or Symptomatic Herpes—is a very common complaint, and one you have seen frequently on the face, and occasionally on the genitals. It is conveniently divided, for the sake of description, according to these regions, into *H. facialis* and *H. progenerialis*, the symptoms of each being very much alike. It is immediately preceded by slight sensations of burning and tingling, and as if the part were swollen and stretched; there is very slight redness, and soon a number of vesicles in clusters appear. These vesicles, usually small in size, though larger than those of eczema, may dry up quickly, or, becoming confluent, form bullæ, filled with opaque or yellowish fluid, and, if scratched or broken, may have an excoriated raw surface.

*H. facialis*—a better name than *H. labialis*—is met with most usually on the lips, at the muco-cutaneous juncture; but it occurs also on cheeks, ears, and nose. Though an accompaniment of an ordinary cold or dyspeptic attack, *H. facialis* is present in pneumonia, cerebro-spinal, intermittent, and scarlet fevers. During the present session you have seen it in both scarlet fever and pneumonia, and you will recollect the different significance which may be attributed to it in these two diseases. In the latter, so usually do the patients who present it recover, that some authorities consider it a most favourable prognostic; while in scarlet fever it is an omen of a severe type, in which nasal discharges, arthritic complications, and a prolonged fever may be expected. The late Dr. Stokes used to lay down, as a maxim worthy of note, that a vesicular complication of fever was ever one of serious import.

The most extensive case of facial herpes I ever met with occurred in a patient, aged 66, who was admitted to this hospital in 1879 for pneumonia, as the whole of his right cheek, extending from the zygomatic arch to the nose was one mass of herpetic clusters, which became confluent. He made a rapid and good recovery. Notwithstanding the frequency of the favourable issue of pneumonia attended by herpes, I would not have you lay too much stress upon the value attaching to this symptomatic rash, inasmuch as most cases of sthenic pneumonia have a tendency to recovery, and many cases in which herpetic rashes are absent do equally well.

The ordinary cases of facial herpes present no difficulties of diagnosis, but you should remember it may attack the mucous membrane of the mouth and palate. Should it be confined to these places, you may find some difficulty in recognising the disease.

Within the last couple of months I came across a rather puzzling case of herpes, in consultation with Dr. William Lane, in the person of a well-known clergyman of this city. The whole soft palate, uvula, and arches of the palate were studded with vesicles standing on a reddened base. At first sight, scarlatina or diphtheritic inflammation passed through my mind; but the absence of the characteristics of those diseases, and the presence of a most copious vesicular eruption on the alæ and dorsum nasi, the upper lip, and the adjoining surfaces of the cheeks and chin made the diagnosis easy.

*Herpes progenerialis*—a better name than *H. preputialis*—usually attacks the sulcus of the glans penis or the reflected portion of the prepuce, though it may also attack the glans, or the outer skin, of the organ. It is a complaint of adult and middle life.

As I have already stated, this affection is, by most authorities, looked upon as a sub-division of *Herpes febrilis*, or, as I prefer to term it (after Liveing), *H. catarrhalis*, differing only in situation from *H. facialis*. It should, however, be noted that some writers deny it has a constitutional origin of a febrile or dyspeptic nature, and they refer it altogether to a local cause, such as coitus, or to the pre-existence of some venereal disease—gonorrhœa, chancroid, and syphilis. Should you desire to extend your inquiries in this direction, I can commend to your notice an article, by Dr. Greenough, in the

"Archives of Dermatology" for January, 1881 (Vol. VII. No. 1).

The symptoms of *H. progenerialis* will usually be slight itching and burning, and on looking at the part, a little patch of redness and swelling will be observed, and standing on the patches may be seen a little group or groups of vesicles, clear at first, but rapidly changing colour to pus.

Should the patient come under medical treatment at this early stage, there will be no difficulty in making a diagnosis; but when the vesicles are broken, and little excoriations and superficial ulcers are formed, it will need much circumspection not to fall into grievous error as to its nature; and should the individual have had impure connection, or should he give a history of venereal disease, the difficulties become proportionately augmented.

The diagnosis between herpes and a specific hard sore is readily made, but not so with respect to a soft ulcer, especially if the prepuce, owing to œdematous distension, be contracted. Under such circumstances a positive diagnosis can only be made after a few days' observation of the progress of the case, and how far it is affected by simple treatment.

Before mentioning the treatment for herpes catarrhalis, I would again remind you of its predilection for the regions of the body where the cutaneous and mucous membranes join. Nevertheless, in some individuals, you will find herpes making its appearance in a patch the size of a five-shilling piece on some part other than at the muco-cutaneous regions, mostly on the trunk, where it follows a similar course to that in the face. I would also impress upon you its great tendency to relapses, as this knowledge will often aid you in making up your mind as to its nature.

The treatment for catarrhal herpes should be of the simplest nature, and, in short, should consist of soothing applications and means to prevent the vesicles being converted into nasty sores by ill-judged irritation and stimulation.

When seen at its very commencement, before the vesicles are at all prominent or turbid, the frequent application of the liniment of belladonna will cause it to abort. It is usually further advanced when first seen, and then such treatment does no good. At this stage I advise that it should be painted with a good coating of flexible collodion, or, if much tingling and itching be present, Ferris' amyloid colloid may be substituted, provided your patient do not object to the pervading peculiar smell of that preparation.

In *H. progenerialis* the collodion is not so applicable, both on account of the numerous wrinkles of the prepuce, and because it will not prevent the inflammatory œdema (and occasionally the balanitis) which may attend it. In these cases, and in the more advanced stages of herpes, wherever it may be, a weak lead lotion, or the lin. calcis applied on a piece of cotton or soft linen, will be most suitable. Should the herpetic abrasions be slow to heal, sprinkling them with calomel twice a day, or painting them with balsam of Peru, will hasten the process.

Whatever you do, you must be prepared for the ailment running its course of seven, ten, or even fourteen days' duration; and in this, as in most other affections of the skin, it is better to do what may seem to be too little rather than err by doing too much.

(To be continued.)

TYPHOID is still very prevalent in Paris and St. Petersburg; small-pox in Vienna, Philadelphia, and Paris. Diphtheria in New York, Brooklyn, and Berlin, and scarlet fever in New York; in the latter city the mortality was greater from diphtheria and scarlet fever last week than in the whole of the United Kingdom.



## Clinical Records.

### CITY OF LONDON CHEST HOSPITAL.

#### Case of Pneumothorax—Autopsy.

#### Under the care of Dr. THOROWGOOD.

JAMES P. B., *æt.* 24, stationery packer, was admitted into the City of London Chest Hospital on June 1st, 1880. He was a fair man of light complexion and medium height, weighing 8st. 3lbs. The family history was that his mother had died of morbus cordis, his father of pleuro-pneumonia (apparently), and one sister of phthisis. His own history is one of good health up till fifteen months ago, when he caught cold, had a cough, with occasional hæmoptysis—described as dark clotty blood—and had gradually got worse.

On admission, the patient was found to be a slightly built man, thinly covered with flesh. The tongue was clean, bowels regular, appetite variable. He complained of dyspnoea on exertion, and a night cough with muco-purulent sputa, often stained of a brick colour. He formerly suffered from night sweats, but they had ceased. The pulse was 126, regular. Temperature, 101·4. Urine alkaline, specific gravity, 1010, containing no albumen.

Dr. Thorowgood made a physical examination of the chest shortly after admission, with the following result:—There was decided flattening of both sides of the chest, and deficient expansion on the left. The breathing on the left was rather harsh, and the voice resonance increased. In the left axilla there was very distinct superficial rubbing, which could be heard as far forwards as the nipple, and below this on the left axillary line a few crepitant sounds. At the left bases the rubbing sound was heard mixed with some crepitation. No tactile vibration was detected. At the left supra-scapular fossa there was decided creaking. Under the right clavicle the resonance was fairly good, but inspiration was accompanied by crepitation.

The patient went on without any marked change in his condition for two weeks. His temperature varied from 101 to 102 degs. in the evening, and underwent morning remission, to normal or 99 degs. On the 14th, however, he was seized with pain in the left side, and a physical examination being made, the breathing on the left was found to be very weak, accompanied by crepitation and creaking; percussion note good. The cardiac sounds were heard loudly over the sternum, but not at all to the left of it. The evening temperature rose to 103·2. On the 16th the left side was hyper-resonant, the breathing weak, and the vocal resonance and vibrations diminished. On the right side small crepitation was heard throughout. The heart was found to be displaced to the right. Paracentesis thoracis was performed on the left side, and about five quarts of air drawn off by the aspirator, the amount being measured by the number of times it was seeming to exhaust the aspirator.

17th.—Paracentesis performed again at midnight, and about 10 quarts of air drawn off, and two ounces of serum. At no time were the signs other than those of absence of breathing, hyperæmia, and displacement of the heart. After each paracentesis the breathing was heard at the left side, accompanied by pleuritic croaking, the heart returning almost to the normal position. At 11 a.m. a valved canula was introduced. The pulse was too fast to count, and there was great dyspnoea and profuse sweating. The finger was applied to the aperture, and the air allowed to escape slowly; occasionally some serum flowed out. Breathing was heard all over the left front; vocal resonance and vibration were perceptible.

18th.—At six a.m. the frothy serum ceased to flow from the canula, though the patient coughed. Vesicular breathing was heard, accompanied by rhonchi and pleuritic crepitation. On the right side rhonchi and small crepitus were heard. The heart sounds were heard loudly to the left of the sternum.

19th.—Yesterday afternoon, and occasionally throughout the evening, frothy straw-coloured serum passed through the canula. Some air escaped from the tube yesterday evening. On right side crepitation and rhonitis diminished, on the left breathing fairly vesicular, accompanied by rhonchus. Heart situated almost in the normal position. Sputa mucopurulent, and this morning mucoid. Patient slept fairly well last night, though somewhat delirious.

21st.—Some air and fluid emerged from the tube yester-

day, and some air came this morning on coughing, along with some frothy fluid.

22nd.—Some blood-stained serum discharged through the tube yesterday. The position of the tube had been changed previously.

23rd.—Air escaped during cough. Some clots in the discharge.

26th.—Still a good deal of air coming through the tube; the liquid discharge is not so red, and is clearer. Slight streaks of blood in the sputa. Cough more troublesome. Crepitation all over chest; no rhonchi.

28th.—Very little discharge, and not so much air coming through the tube.

29th.—Discharge purulent, but sweet.

July 1st.—Dr. Thorowgood examined the patient; no respiratory murmur over the left side, but sounds apparently transmitted from the right.

7th.—Canula replaced by carbolised india-rubber drainage tube, subaqueous.

10th.—About eight ounces of pus in the bottle each morning. Dr. Thorowgood found the right side fairly resonant, and less crepitation accompanying respiration; the left side resonant from the clavicle to the cuneiform cartilage, a few rubbing sounds audible; weak respiratory murmur; cardiac impulse imperfectly felt below the fourth rib, midway between the sternum and the nipple.

17th.—Pulse 118. Tongue red, dry, and furred on dorsum.

August 11th.—Subaqueous drainage tube removed. Sinus found to be 10 in. long projecting backwards along the base of the chest. Air extends freely into the pleural cavity during inspiration. Sinus plugged with carbolised lint. Temperature 101 degs.

12th.—Subaqueous drainage again adopted with the hope of contracting the sinus.

Sept. 3rd.—Cough troublesome last night. No dyspnoea. Some cutting pains in left side. A good deal of air driven out during the night. The drainage tube contained tenacious muco-pus.

4th.—Since yesterday, air driven through the tube with nearly every expiration. Heart heard loudest to the right of the sternum. Hyper-resonance on the left. Metallic crepitation.

7th.—Discharge from tube more abundant.

11th.—Dr. Thorowgood found that the left side was motionless in respiration. Some retraction below nipple line; whole of left chest hyper-resonant. Respiration mixed with râles. Râles over right chest.

Oct. 8th.—The tube came out while patient was asleep; no harm occurring therefrom, the tube was replaced by a piece of lint soaked in carbolised oil. No air escaped from the aperture in ordinary respiration, but a little escaped when patient coughed.

9th.—Left base, resonance impaired. Breathing enormous. Pectoriloquy slight crepitation. Resonance impaired all over left side.

16th.—A small drainage tube kept in the aperture. Free discharge of pus daily.

23rd.—Iodine lotion, one of Tr. Iodi in 16 of water, injected daily through the aperture, and then coughed out by the patient.

27th.—Still hard cavernous breathing between the angle of the left scapula and spine, with pectoriloquy. Elsewhere behind breathing feeble, and accompanied by small, apparently superficial crepitation.

30th.—Purulent discharge diminished. Lotion increased to 1 in 12. The patient continued in the same condition until the 20th of November, when he began to suffer from cough and severe dyspnoea, which he attributed to the foggy weather then prevailing. The dyspnoea continued with a few days' intermission till December 21st, when it became much worse, and he expired.

Autopsy.—Performed the day following that of death, by Dr. West, pathologist. Heart in its normal position. Left pleural cavity obliterated at the apex, all round the margins, but leaving a flat cavity laterally in which the hand might be placed. In the centre of this cavity was the aperture of the puncture, being in the fifth space, and anterior axillary line. Left lung collapsed, covered with a layer of pleura one-eighth of an inch thick, and fairly healthy except at the apex, and the margin of the base. At the apex was one cavity about the size of a walnut, with deeply pigmented fibrous walls, filled with a substance like Roquefort

cheese. At the base there are cavities with similar fibrous walls, and about the same size, but filled with a purulent secretion. They are three or four in number. The largest cavity was at the apex of the lower lobe on its posterolateral surface; irregular, ramified, trabeculated, and large enough to contain a tangerine orange. This cavity is the nearest to the surface, and probably was the one that was ruptured.

Right lung: Dense, partial adhesions at the apex. Lung puckered on the surface with numerous cavities, with pigmented fibrous walls, filled with purulent secretion; in fact, like small chronic abscesses. At one spot a small cheesy, partly calcified nodule. The middle lobe contains several hard nodules of a yellow colour, pigmented, and probably thickenings of the connective tissue. Most of them probably peri-bronchial.

Heart: Right side dilated, otherwise normal.

Intestines: A few ulcers such as are ordinarily called tubercular, situated in the ileum, with small peritoneal tubercles. About two ounces of fluid in the peritoneal cavity. Kidneys congested; epithelium fatty.

Other organs congested.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 11.

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

Mr. BERKELEY HILL on a

CASE OF FRACTURE OF THE LOWER DORSAL AND UPPER LUMBAR VERTEBRÆ, TREATED WITH SAYRE'S JACKET.—RECOVERY, WITH ONLY SLIGHT DEFORMITY OF THE SPINAL COLUMN.

The patient fell twenty feet, and sustained fracture of the laminae of the tenth and other dorsal vertebrae, as far as the second lumbar. Angular projection of these spines, and mobility of two of them. Severe concussion of the spine; paralysis was limited to loss of control of the left lower extremity for about thirty-six hours. Immediate relief to the patient's suffering was afforded by the case, which was put on twenty-four hours after the accident. Patient exhibited 101 days after the accident, having been able to sit up and walk about seven weeks after the injury.

Dr. BUZZARD demonstrated on the patient that the patellar reflex on the left side was much exaggerated, ankle clonus also being very marked, and described by the patient himself as long existing. Dr. Buzzard likened this condition to that produced by Pott's disease of the spine, in which inflammation under the dura mater induces a slight myelitis, succeeded by secondary changes. The boy exhibited was a proof that interruption of motor impulses follow under these circumstances, the growth of a callus at the point of fracture perhaps explaining the phenomenon. There was no apparent paralysis existing, but there was a history of impairment of motor transmission at a previous time. Dr. Buzzard thought the chief interest of the case was in this connection. It admirably illustrated also the beneficial effects possible when Sayre's treatment was adopted.

The PRESIDENT said it was interesting to note the mobility of the spinous processes and laminae of the neural arch. Traumatic acute curvature was a common sequence to serious falls, but need not necessarily be accompanied by paralysis. There was no absolute proof that the patient had not received a direct injury over the spinous processes. The head had been undoubtedly struck, and probably also the back as well, as this only could produce the curvature presented after the injury. He had never seen a case of this kind in which there had not been direct injury of the part. The case was most satisfactory in regard to treatment.

Mr. HENRY BAKER inquired whether the jacket had been employed only while the patient was recumbent?

Mr. BERKELEY HILL said he had not noticed the particular reflex phenomena until Dr. Buzzard pointed them out. He thought it probable the boy had, in falling, struck his spine against the sides of the flaps, so receiving direct injury. The jacket had been worn seven weeks only

Mr. RICHARD BARWELL, F.R.C.S., on

EXCISION OF THE WHOLE TONGUE BY MEANS OF A SMALL SUPRA-HYOID WOUND, WITH REMARKS ON THE BEST MATERIAL FOR THE LOOP OF ÉCRASEURS.

James A., æt. 60, without parental history of cancer, had enjoyed good health till a year ago, when a small lump appeared at the side of his tongue, this was twice removed by ligature, probably inadequately, since on each occasion it recurred quickly.

Feb. 11th.—When admitted into Charing Cross Hospital, the whole tongue, almost to the foramen cæcum, was covered by an ulcerated very dendritic growth interspersed with deep ulceration. Saliva was constantly flowing from his mouth and wetting his clothes. He was feeble from difficulty in eating, and has lost flesh, pulse 108, small and weak, no enlarged glands. The growth is the result of less than seven months.

13th.—The tongue was thus excised. An incision about one-third of an inch long, just in front of the hyoid-bone, exposed the raphé of the mylo-hyoid which being divided bared the edge of the genio-hyo-glossus, these muscles separated with the handle of the scalpel, enabled the operator to feel the base of the tongue and the deep surface of the buccal mucous membrane. A Liston's needle passed into the wound entered the mouth just behind the left last molar tooth, the thread being left. The same was done on the right side, the loop of the cord being in the mouth. To the first cord the end of an écraseur wire (to be described immediately) was tied and so drawn into the mouth, its end being freed from the first thread, was hooked into the loop of the second and drawn round the back of the tongue, out of the wound, and fastened to the écraseur. A Liston's needle was then passed into the wound through the middle of the tongue, and guided by the operator's finger, was made to emerge well behind the disease. This needle guided the wire as it was tightened along the required line. As soon as the back of the tongue was thus severed another écraseur was placed behind the incisor teeth, and its loop pressed well down in the previous section. Thus the tongue was freed from the floor of the mouth and taken out from between the lips.

Mr. Barwell says of his method that if the écraseur be slowly used it is almost bloodless, leaves no mutilation, and that he can remove the tongue from immediately in front of the epiglottis with as much ease as the tip. Moreover, as the sensory nerves of the organ are divided close to the jaw, the patient suffers hardly any pain afterwards, as exemplified by this patient. The wires supplied by instrument makers are of steel, and are tempered; they are too stiff, and indeed the twisted cords of that material are not reliable. He recommended that soft iron cords be used. From Messrs. Newall Mr. Barwell obtains the wire rope used for path fencing and for cables, and separates the strands; each strand consists of six soft iron wires twisted round a thread; it makes a very strong écraseur loop, and is so flexible as to be very manageable. Mr. Barwell also gave reasons for using an écraseur which tightened the loop, not as is usual from one end only, but from both. The patient was shown, the stump of the tongue in very good condition, cut off clean and abruptly at the back. The man was in far better health than before the operation. He had got up from bed on the seventh day, and would have been discharged two days afterwards had it not been thought that the feebleness resulting from the disease might be reduced by a little longer stay in hospital.

Mr. HEATH observed that the chief objection to Nunneley's operation was the obliquity of the cuts employed. He thought Mr. Barwell's plan possessed but little advantage over it, however, especially in regard to the division of the sub-lingual tissues, which by the latter operator were last severed, instead of first, as by Mr. Nunneley. If the operation was carefully carried out, the tongue could be drawn well forward before the écraseur was applied. Mr. Barwell's case illustrated the remarkable rapidity with which the tongue remaining after the operation grew afresh. He himself had, ten years ago, removed the tongue of a man as completely as possible, and when examining him recently he found the organ again almost its normal size. It would be difficult to imagine from the appearances presented by Mr. Barwell's patient that so great an extent of tongue had been cut away.

Mr. MORRANT BAKER explained that the difficulty of operation would be increased by disease of the organ; degenerated tissue would permit the dropping of the needles through it on traction being made, and in the same way disadvantages would attend the introduction of a wire, as suggested by Mr. Barwell. It would be serviceable when the disease was con-

fined to movable parts; but when extensive cancerous degeneration had advanced, the difficulty would be much increased. Such cases were best operated on by stripping up the parts diseased, beforehand. Mr. Baker could not quite understand how the gustatory nerve could be so divided that the remaining portion should be insensible.

Dr. POORE drew attention to the comparative fluency with which persons on whom excision of the tongue had been performed, were often able to articulate words of speech.

Mr. BARKER inquired why it was claimed that Mr. Barwell's operation possessed improvements on the usual one adopted. How, too, did it differ from Cloquet's supra-hyoid operation. Further, he asked if the form of papilloma described is at all common. He had met with it but once; the patient died, and there the growth was found to be epitheliomatous; it was more pedunculated than in Mr. Barwell's case. He would like to hear the opinion of pathologists on the question of character of the growth.

Dr. STRETCH DOWSE asked if the disease was malignant, or as in Mr. Heath's case, normal?

Dr. GILBERT SMITH described the condition of a patient in the London Hospital, with a papillomatous growth in whom the epiglottis was affected. In another case he had met with, a lady, the epiglottis was curved up and back by a papillomatous growth on the tongue.

The PRESIDENT said Mr. Barwell had rendered good service by introducing an improved *écraseur-wire*. He, himself, had frequently been disappointed with wires used in this way. The large amount of tongue possessed by Mr. Barwell's patient was surprising, on the supposition that the organ had been so extensively removed as described. The operation was a great improvement on Nunneley's. In operating for cancer, he (Mr. Lister) divided the jaw in the middle line, and excised the tongue through the opening. This plan afforded an opportunity of leaving so much of the tongue as was unaffected by disease, and further, permitted the easy control of the lingual artery. With the *écraseur* he always felt uncertain.

Mr. BARWELL, in reply, said he had never performed Syme's operation, but had seen it done several times. Though convenient for the surgeon, it left the patient in a miserable condition, often interfering with deglutition, and so hastening death by exhaustion. Paget's operation involved a large amount of hæmorrhage, sufficient, at any rate, to seriously embarrass the operator. In his own cases, as a rule, only three or four drops of blood were lost. The gustatory nerve was divided as it left the gustatory groove at the back of the hyoid bone. Usually a long slender cord remained in the mouth, but in the case under discussion, the end retracted in the groove. The form of the needles served to prevent their slipping; they were large Liston's needles, which were held firmly in place while the *écraseur* was fixed. In one instance, where slipping seemed probable, he introduced a forcep, with which the tongue was firmly held. The base of the portion of tongue removed was quite flat; not slanting, as it would have been, if it had moved during the operation. The portion left in the mouth had grown very considerably since the patient left the hospital; at that time there could be seen only a square gap, at the hinder border of which the tip of the epiglottis was distinctly visible. Cloquet, Mr. Barwell thought, had tied the tongue through the middle with a thread; he did not recollect that his operation resembled the one described. Such growths as that to, remove which the operation had been performed, were of very rare occurrence.

Mr. BERKELEY HILL on a

CASE OF ROUND-CELLED SARCOMA OF THE THIGH, REMOVED BY AMPUTATION OF THE HIP,

in which no repetition of the disease took place during the remainder of the patient's life, namely, for six years; death being caused by tuberculous pyelitis which, during the last three months of her life, formed an abdominal tumour, which was mistaken for a new formation of the original growth.

The PRESIDENT said the case was very interesting as showing that the remedial measures adopted sufficed for the cure of the most malignant form of disease, and proved that our knowledge of such structures was, at present, by no means adequate to enable a definite prognosis to be made of the course of these tumours.

Dr. RADCLIFFE CROCKER read

A CASE OF GENERAL BRONZING OF THE SKIN WITHOUT CONSTITUTIONAL SYMPTOMS,

which had been shown at a previous meeting. The patient

was a sailor, and a native of North Sweden, set 22, stoutly built, and in good health; and the pigmentation came on after exposure to severe weather eight years ago, attained its full development in a few days, and has not extended or diminished since the first week, though he thinks he is paler at some times than at others. The hands, backs of the fore-arms, legs below the knee, and mucous membrane, are unaffected, but all the rest of the body is darker. The pigmentation had no sharp line of demarcation on the limbs and face, shading off to the normal. The general line was a yellowish brown, but the neck, axillæ, nipples, umbilicus, penis, and scrotum, were black. The abdomen, head of elbow, and interscapular region were somewhat darker than the general line; while the face and limbs generally were paler. On the face the forehead was most affected. On the neck and axillæ were closely aggregated papillary growths about one-eighth of an inch long, and the natural lines of the skin everywhere were deepened. Repeated alkaline baths and friction had no effect upon the discolouration. Microscopical examination of the skin of the abdomen showed the pigment to be deposited in the deepest cells of the rete, though pigment granules were to be seen both in the layers and in and about the papillary vessels of the corium. The corneous layer encroached upon the interpapillary part of the rete mucosum so that that part formed a narrow layer of uniform thickness moulded upon the papillæ; these were elongated apparently by the protrusion downwards of the interpapillary processes. The papillary growths upon the neck consisted of an outgrowth of the papillary layer of the corium, involving several elongated papillæ. The pigment was in the same position as elsewhere, but there was no alteration in the arrangement of the epidermic layers. Dr. Crocker was unable to offer any satisfactory explanation of the pathology of this condition, but negated the idea of its being due to phthiriasis, as was suggested when the case was shown to the Society.

Dr. CARRINGTON read brief notes of a similar case.

#### THE NATIONAL HEALTH SOCIETY.

At the fortnightly meeting of this Society, Mr. ERNEST HART, in the chair,

The Secretary reported that Dr. Siemens had consented to give a lecture for the Society in May on "Stoves and Grates." Also, Mrs. Beckton (late of Leeds), would lecture for the Society in the spring. A sub-committee for the removal of dust was appointed. All information on the subject has to be obtained from Paris, Edinburgh, and Brussels. Mr. Noble Smith was appointed hon. sec. for this branch of the Society's work. Mr. J. Campbell, of the Kensington Vestry, and Mr. Edwin Chadwick were elected members of this committee. The petition on the subject of the railway across Wimbledon Common, which has been presented by Dr. R. Farquharson on behalf of the Society was read and printed copies distributed amongst the members.

A pamphlet on the importance of vaccination was read, ordered to be printed, and sent round with a letter to all the Metropolitan boards of guardians. It is hoped the boards will allow the house-to-house visitors to leave them, while the epidemic of small-pox is raging in London, at the houses they call at.

The great desirability of a constant water supply was discussed and a petition drawn up.

On the application of the London Schools Swimming Club for prizes, the Secretary was directed to make arrangements for a meeting, as the committee expressed their wish to assist the Club as much as possible.

The mortality from diseases of the zymotic class was low in all the large towns last week. Whooping-cough showed excessive fatality in Leeds, Edinburgh, and Glasgow. Of the 27 deaths referred to diphtheria, 9 occurred in London, 7 in Glasgow, 4 in Edinburgh, 3 in Portsmouth, and 2 in Salford. The death-rate from fever was generally low, but was proportionally excessive in Norwich, Dublin, and Portsmouth. Small-pox caused 54 more deaths in London and its suburban districts, and one in Birmingham, but none in any of the other large towns.

## Department of Lunacy.

### "OUR SPECIAL COMMISSIONER'S REPORT ON PRIVATE LUNATIC ASYLUMS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to express my grateful sense and admiration of the fair common sense views enunciated in the series of articles on "Private Lunatic Asylums," by your "Special Commissioner," untainted, as they are, by the medico-trades' union spirit, the large amount of clap-trap advocacy, and anonymous slander of honourable, conscientious men, adopted by some of your contemporaries, both medical and lay. One can understand the "penny-a-liner" sensational principle adopted by the daily caterer of scandal, at a penny a copy, however low, contemptible, or untruthful it may be, provided it "sells;" but that the "organ"—par excellence, does it say!—of the medical profession should resort to the same low tactics, makes one think and feel, that after all there are some sneaking rogues even in that benevolent, well-intentioned profession, who would, having the grand engine for terrorising, the press at their command, make their profit by traducing and falsely accusing men, probably more honourable than themselves, since their petty spite, or wounded self-conceit, can find no other outlet.

Either Dr. Bucknill, and all who support his views, must know, that in saying what they do, they utter a great deal of what is false, or must be speaking upon a subject of the facts of which they have not taken the trouble to acquaint themselves, and by which good men's names are vilified. While no one expects to find private asylum proprietors, as a class, to be angels in disguise, one still is tempted from intimate personal knowledge of many of them, to think that they may be, are in fact, quite as honourable and as anxious to do their duty to their fellow creatures as, (and perhaps with less incentive,) some public officials, or the money-grubbing, self-elected censors of the press.

And then these, would-be, general benefactors (but from self interest, or for any eclair that may arise from such display of concern, oh no) of the whole lunatic race, put forth as their opinion, and as a fact, the advantages, in all and every case, of public over private asylum treatment—I can only say that I have seen for some 30 years the intense anxiety, and interest taken in and felt for the unfortunate inmates of one of the oldest of the latter, and the success that has attended the always enlightened treatment adopted (even before Mr. Wakley published his views in the *Lancet*, or it had become fashionable to take up universal philanthropy) by its recently deceased proprietors; and I also know kindly disposed, benevolent medical men anxious to do all in their power, placed in public institutions with the cases of from 800 or 400 to 1,000 to 1,200 lunatics, to become familiar with, attend upon and treat, but where anything but the merest routine visits and inspection are simply impossible, in place of the minute, intimate knowledge of the 20 or 40 cases in the hands of the proprietor of the private house.

In the public one there must of necessity be a hard and fast routine, which cannot be otherwise, in it; but can be and is, considerably modified in the private house by the proprietor taking the extra trouble implied thereby, to meet the varied whims and wants of those under his care, but which the public officer is less inclined, certainly not necessitated, to take upon himself, having his "rules" and "routine" to set up to, and, doubtless, saving much personal annoyance and exertion.

Again, as to the alteration of the law in reference to the certifying, admission, and facile discharge or restoration to liberty of patients, and the inspection of private asylums, I cannot do better, I think, than refer you to the view taken of the matter by the late proprietor of this place, as embodied in a letter written some 21 years back upon the subject, and that after 20 years' experience of such work, an experience both as regards the "close study of mental disease, and practical acquaintance with the active treatment and personal management of the insane," quite equal to that of the "We" of your ever somewhat crotchety contemporary the *Lancet*.

I am not so sure of the "ample confidence" of the public in the practitioners of medicine, nor as an admirer of the profession, and neither having many and intimate acquaintances amongst its members, do I feel it likely to be increased by

the somewhat fussy over self-assertion of some of its organs and members.

And, then again, in reference to the base insinuations one sees, from time to time, made against the highly honourable men holding the office of Commissioners in Lunacy, that their visitations and inspections are not so thoroughly and carefully made as systematically to increase the liberty of the subject, or enable the patient to regain liberty so soon as he is in a fit condition to do so; knowing what I do of the action of these gentlemen for some 20 years past, I can only say that none but ignorant or unscrupulously mendacious persons could make such, or advance the puerile remedy of doubling their numbers, &c. How such proceeding could make already highly honourable and efficient men more so, is to me absurd. These gentlemen come when, and at what time they please, inspect, and report on what they please, whether to praise or blame; see every patient, and have private interviews with all who desire such, or whom they wish to speak to in private; the whole being a most onerous duty to perform, and rendered more so, since these gentlemen act in the public interest as official censors of gentlemen, no light duty to sensitive, honourable men. That, however, is a position which it is useless to place before the calumniators before mentioned, as they can hardly be expected to understand it, or such feelings.

Though the subject is one fraught with much to expatiate upon, I fear your valuable space will already be unduly encroached upon, but the great interests involved have tempted me on.

I remain, yours faithfully,

Abingdon Abbey,  
Northampton, Feb. 1881.

HENRY PRICHARD.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,  
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Throat, &c.

(Continued from page 168).

### THE ALKALINE WATERS.

We have now facing us the difficulty presented by the subject of classification. In the waters which we have hitherto considered the purgative characteristics were so decidedly marked that no hesitation could be felt in classing them as a group, such simplicity is however at an end, in the waters we are now about to consider. They consist of those waters where the alkaline condition is so strongly marked that we more or less lose sight of the purgative properties—yet it is rarely that an aperient nature is entirely absent from "alkaline waters" so-called.

### Vichy Waters.

If the German and Austrian empires luxuriate in the strong purgative waters, France seems to affect the alkaline waters. Perhaps the most well known are those of Vichy which have greatly grown in importance during the late emperor's reign. The waters of Vichy are frequently compared and spoken of in connection with Carlsbad, but nothing could better show the want of a

good classification than such a confusion of ideas, for the analogy is not borne out by the analyses.

In the Vichy waters the alkalies are in about the proportion of 17 of alkalies to 1 of purgative, whilst the alkaline earthy carbonates are in about the proportion of 3 to 1 of purgatives. Now in the Carlsbad waters this is all reversed. Thus we find that the purgatives proper (we do not include the chloride of sodium), are in about the proportion of  $2\frac{1}{4}$  to 1 of alkaline carbonates, whilst there are eight times the amount of alkaline earthy carbonates. It is very evident that such waters must be different in their action.

In speaking of the Vichy waters we may dwell a little longer than usual upon their source, as independently of their great celebrity, they are typical waters of the class we are now about to describe.

Vichy is situated at the foot of the Amergne mountains in France, and as these springs and the corresponding establishments are government property, and as the bottling is done under government supervision we may presume that every care is exercised in doing full justice to the waters. There are 8 or 9 springs the waters of which are all bottled, but as the area over which they extend is limited it is probable that they have one common origin.

This assumption is more or less borne out by the analyses which show a considerable similarity. We have re-examined four of the most important—Grande-Grille, Hôpital, Hauterive, Mesdames.

The proportion of saline substances brought from the interior of the earth by the waters of the Vichy basin is astonishing. It has been estimated by M. Bouquet at 1,861 tons per annum. The river Allier receives about three-quarters of the precious waste. The geological formation explains, to a certain extent, the remarkable permanence of their chemical composition. But, says the above quoted authority, in speaking of these springs, the mineralisation of Vichy water must be expected to slowly decrease in future—"but without professing to foresee the period at which they will cease to spring forth or will yield water in its normal state, we may safely affirm that such a change will require a series of ages similar to the geological periods, and thus, consequently, thousands of years will elapse before serious modifications, or even an appreciable change will be manifested in the chemical composition, or temperature of these mineral waters."

We are inclined to think that already a change has taken place in these waters as will be evidenced by the four analyses which we subjoin—in no case do we find the analyses give so heavy a result as regards the total solids—when compared with the published results. The discrepancy is not great, but still sufficient to indicate a tendency to a decrease in strength as regards these waters.

In the Thermal establishments at Vichy the flow of the mineral water is about 5145 litres a day (113 gallons) but during the month of July the daily consumption would exceed this limit. To remedy this periodical extra consumption immense vaulted cisterns have been constructed 12 feet deep, in which the water is stored. This of course, enables the proprietors to keep up a supply commensurate with the demand, and the superfluous

water at the hours when there is no great consumption is not lost as it was during the early days of this Thermal establishment. These cisterns will give a supply more constant in its composition for bottling, but if the water was taken from the original analysis from the Springs it would, no doubt, explain some discrepancies.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MARCH 16, 1881.

### THE PROSPECTS OF MEDICAL REFORM.

MR. MUNDELLA has announced the intention of Government to submit the Medical Bill to a Royal Commission, and we regret that such a decision has been arrived at. We were aware that influential members of the Medical Council and representatives of the Scotch bodies had urged the Government to adopt the course, and we fully understood their object in doing so. They sought in the first place to defeat reform by delay, and to procure an indefinite adjournment of schemes for improvement. For the same reason the same party promoted the Select Committee, but now, when they saw that a few weeks would bring the work of that Committee to an end, they pooh-poohed its re-appointment, and fell back on the new ruse of a Royal Commission. The Medical Council was especially urgent in favour of this expedient, because it had good reason to believe that the Select Committee, having condemned the Council out of the mouth of its own witnesses, was about to report in favour of direct representation; and, therefore, finding the Government very ready to escape from the question, the Royal Commission was started by the obstructive party, and it has been decreed.

While we regret the unnecessary delay which a superfluous inquiry will cause, we are far from regretting the inquiry

itself. Probably it will go deeper in the probing of the medico-educational slough than the Select Committee would have gone, and the deeper its inquiry reaches the more certain and complete will be the resulting reconstruction. The more the sale and purchase of licenses is exposed—the more openly the insufficiency of medical education is displayed—the more freely the light of inquiry is admitted to the obstructiveness and incapacity of the General Medical Council—the more comprehensive will be the reform and the more surely will it come in the end.

As to the trust to be placed in the Royal Commission and its final verdict, all must depend upon the selection of its constituent members made by Government, and if that selection be one-sided or retrograde, we warn Mr. Mundella that such verdict will not settle the question. We do not ask for the appointment of partisans of reform, or of direct representation; but, on the other hand, we may state at once that the profession will not submit to a decision emanating from arbitrators of the high-respectability type, which absorbs most of the Crown seats in the Medical Council. We appeal to the judgment—not of persons of the old *laudator temporis acti* type—but to large minded and liberal educationalists, who are capable of forming an opinion as to what is practicable and just and for the public benefit, untrammelled by effete prejudices or the axiom that what our grandmothers did must necessarily be right.

We are quite sure that the Medical Reform party have the courage and patience of their convictions, and we know that they will never let the agitation for reconstruction rest until a fair reform is achieved. Time is nothing, ultimate success is everything. Let us be firm and untiring—not desperate because the obstructives score a temporary success, but steadily determined to carry the points which all accept as indispensable. An agitation thus conducted never yet failed, and Medical Reform will not fail.

#### THE SMALL-POX HOSPITAL CASE.

THE difficulty of providing in an adequate manner for the wants of the metropolis, in respect to accommodation of those of its inhabitants afflicted with small-pox, is further increased again by the recent decision of the House of Lords concerning the Hampstead Hospital. In consequence of the ruling arrived at, this institution can no longer be made available for the purpose it was designed to serve; a determination which, while it must seriously embarrass the Asylums Board, and may well lead to a multiplication of danger, is yet no more than might have been justly anticipated as the natural end of the wrangle. In a sense, too, it is right and proper; and, in view of the innumerable available sites to be obtained, there seems no excuse for the policy of compulsion to which the parish authorities are apparently committed. A small-pox hospital, so long as the perversity of humanity encourages the existence of the disease, is admitted to be an urgent necessity wherever the nursing of large numbers of people entails risk of infection from isolated cases. This being so, it remains only to select

an eligible site for the hospital; having due regard to convenience of access, to the prejudices of the people, and to the safety of the surrounding neighbourhood. All these, we venture to affirm, may be secured in any one of a dozen or twenty spots within easy reach of any district it is intended to make provision for, as was the Hampstead building. By erecting a suitable hospital in an open situation, in a locality not yet built over, and securing an area of land around it extensive enough to ensure no risk of infection beyond; and, further, barring the progress of house building inside of this limit, future objection against the hospital will be deprived of force. Land-owners not unnaturally feel aggrieved, at the contiguity of an institution specialised as a centre of small-pox infection, with the consequent depreciation in the value of building sites; but it may reasonably be hoped that the near future will see such an intellectual advance among the people as will enable them to perceive the truth now familiar to the medical man, viz., that infection does not extend beyond a certain and moderate distance, in those cases where scientific knowledge directs measures adopted for its destruction. Once regularly established in a locality, and the only prominent building in the locality, such houses as are built subsequently would be erected in the full knowledge of the dangers, imaginary or real, to be dreaded; but owners have a right to complain if, after the erection of their property, there is brought into its midst that of which the mere name will suffice to clear the houses of tenants and leave them empty for years. One point dwelt on in connection with the recent quarrel, viz., the danger of infection from patients during transit, must continue to exist, so long as the official guardians of the people's health are unawakened to the necessity of strict regulations regarding it. The carriages used for the conveyance of small-pox patients to special hospitals should be conspicuously plain, that proximity to them may be avoided; and that, further, the police may be enabled to see that those in charge of them did not, while on this duty, come into relation with the general public, on any pretext whatever. The necessity for special small-pox hospitals, only they will deny, who are blind to every evident need; but the manner of their provision is a legitimate subject of discussion. So long, indeed, as there is any difficulty in the way of rigorously enforcing regulations for immediately isolating cases of small-pox as they occur, under whatever circumstances, so long will there continue to be extreme risk to the unvaccinated, or improperly vaccinated, among the population. Private houses, as hospitals for infectious diseases, are a fatal blunder; but they will continue to exist so long as there is no adequate provision made for the treatment of such cases in institutions specially reserved for them; and notwithstanding the failures attending their efforts up to the present, the Metropolitan Asylums Board must persist in its intention of making ample provision of the kind. Its difficulties, however, will increase instead of diminish with time unless it recognises the essentials to a proper site, viz., open situation, distance from other habitations, and power to forbid future building operations inside of a fixed line round its own property.



## HEALTH OF THE NAVY.

THE Statistical Report on the Health of the Navy in 1879 has been compiled and published with praiseworthy promptitude, considering the amount of labour its preparation necessarily involves. The total force in the service afloat in that year was 44,745, of which number the ratio per 1,000 admitted on the sick-list was 1,116.9; daily sick 44.90, died 8.58, invalided 2.85, equal to a total rate non-effective of 11.43 per 1,000—a most favourable result in any class, but particularly so considering the nature of duties performed by the men of the fleet, and the climates in which they have to serve. Diseases of the febrile class are those by which they most generally suffered; the admissions on this account were 3,292, of which number 67 were fatal, and in 89 cases their subjects had to be invalided. Of enteric fever 73 cases were reported during the year, namely, 6 on the home station, 7 on the Mediterranean, 1 on North American and West Indian, 34 on the West Coast of Africa and Cape of Good Hope, 3 in the Pacific, 6 on the East Indian, 4 on the China, 3 on the Australian station, and 9 in the “Irregular” force—namely, ships proceeding to, or returning to, their several stations, or employed on *special* service. Twelve cases only of yellow fever are recorded, namely, 5 on the North American and West Indian station, 3 on the South-east Coast of America stations, and 4 in the “Irregular” force. Cases of ague were most frequent on the Mediterranean, East India, and China stations. Remittent fever was also very prevalent in the Mediterranean, where it was scarcely to be looked for to so great an extent; also on the West Coast of Africa, its natural home; on the India and China Stations, at the Cape of Good Hope, and in the “Irregular” force. Four cases of cholera occurred, all on the China station; of this number 2 died.

The proportion of cases of rheumatism to strength was 52.78 per 1,000—not by any means a large ratio considering the circumstances of naval life. With regard to venereal diseases the results obtained are certainly remarkable. Compared with the previous year, there was an increase of primary syphilis in the fleet to the extent of 5.75, per 1,000 strength, and of secondary syphilis to the extent of 1.07. Only on two stations was a decrease in this class of diseases observable—namely, Mediterranean to the extent of 1.69, and Australia to no less than 19.59 per 1,000. Elsewhere the increase has been notable, as—On the home station, 6.16; North American and West Indian, 17.73; South-east Coast of America, 29.06; Pacific, 12.82; West Coast of Africa and Cape of Good Hope, 10.78; East Indian, 9.3; China, 5.61; and in the “Irregular” forces 3.6 per 1,000. Throughout the service 12 men were invalided for primary, and 51 for secondary syphilis; there was one death by the latter form. Is it the case, then, that a *pandemic* wave of syphilis has set in? Here is a *bone* to pick, alike by the advocates and opponents of the Contagious Diseases Acts.

#### THE CROWN REPRESENTATIVE FOR IRELAND IN THE GENERAL MEDICAL COUNCIL.

THIS office, vacated by Dr. Hudson as far back as nine months ago, has been filled by the nomination thereto of

Dr. Alfred McClintock, President of the Royal College of Surgeons in Ireland. Shortly after the death of Dr. Hudson, a deputation from the Dublin Obstetrical Society waited on the Lord Lieutenant to represent to him the claims of obstetric science to a special recognition in the General Medical Council. The reply of His Excellency was not favourable. Nevertheless, the views then urged upon Government were warmly seconded by the Obstetrical Society of London, and have had their effect. Many weeks ago it became known that Lord Spencer, in whom—as Lord President of the Council—the nomination lay, had made his choice, but the name of the chosen representative was kept strictly secret for some unexplained reason, and the General Medical Council was allowed to assemble for its dental meeting with two vacant seats. Ten days ago the President of the Dublin Obstetrical Society was officially informed that the name of an obstetrician would be laid before Her Majesty for approval, and this statement was succeeded in a few days by the announcement in the *Gazette* of Dr. McClintock's appointment.

We can with all sincerity congratulate, not only Dr. McClintock, but the profession, on his preferment. As an ex-master of the Rotundo Lying-in Hospital, an author of the highest literary and scientific repute, and a practitioner of long experience, he has long since acquired a claim to consideration, while he possesses qualities specially fitting him for the public position for which he has been chosen. Dr. McClintock has, as Vice-President and President of the Irish College of Surgeons, shown an unusual capacity for administrative work—a clear head, great industry, and conscientiousness in the discharge of duty, and an admirably precise, logical, and eloquent method of speech. On medico-educational questions he has displayed an earnest desire for improvement of the existing condition of affairs, and if he had any individual interest in maintaining the *status quo*, we believe he is not the man to allow personal or pocket considerations to influence him against his honest conviction. We can hardly expect that a representative of Dr. McClintock's seniority will prove to be a very aggressive reformer, or an obtrusive direct representationist, but we cannot doubt that he is well aware of the need of a thorough reconstruction of the Medical Council, and that he will support by voice and speech any reasonable or practical proposal for the resuscitation of that body from the melancholy condition of second childhood into which it has fallen.

If the Crown representative for Ireland speaks at the Council meetings, we shall be disappointed if he does not show that he has something to say, and say it in a comprehensible way—not halt between two opinions—and propose nothing which is impractical, in all of which respects he will be a welcome novelty in the Council Chamber, and his speeches an oasis in the desert of unfruitful talk.

#### INVENTION IN MEDICINE.

MEDICAL science has a peculiar charm for men of luxuriant imagination and feeble judgment. There is nothing easier than to *discover* and to invent, both in medicine and surgery, and this can be done almost not only with entire impunity, but with profit, as the great mass of the

people, and not a few of the profession, too, thirst after the marvellous. A new medicine appears, no matter whence derived, and its wonderful virtues are published with a persistence and a perseverance worthy of a better cause. It is well always to suspect the veracity or the ability of men who discover unlooked-for phenomena from trivial and common-place causes. Hence curers of consumption, cancer, &c., should be scanned with doubtful eye. One man invents a bag for obstetric instruments, another a second bag, a third improves upon the armamentaria possibly by the addition of a toothpick, the bag and contents are faithfully paraded in public advertisements in conjunction with the ingenious inventor's name, and then a newspaper war follows as to the respective claims of the "inventors." In other departments surgical ingenuity is strained in its sublimest heights by the invention of steam engines for the destruction of *hypothetical* entities, and the modern surgeon, like the priest of old, performs his thaumaturgy, amid a cloud of incense, and an abominable smell. A medical contemporary (*The British Medical Journal*) in its last week's impression, says:—"It seems a pity that, by the introduction of two kinds of catgut, additional complications—those recommended by Mr. Lister, and those advocated by Dr. MacEwen, who claims a certain priority in a document with which he has favoured us—should be added to the antiseptic system. As far as we can gather from Mr. Lister's paper, he has already tried combinations of chromic acid with glycerine; but the results have not been the best attainable. Before leaving Edinburgh it was rumoured that Mr. Lister had, by a combination of this kind, obtained a satisfactory article; but he has apparently, since that time, found objections to it. It would be interesting, with a view of deciding as to which is to be the cat-gut of the future, if Mr. Lister would give some details of his experiments, &c." We are very much surprised that it occurred to no ingenious surgeon—Dr. MacEwen, for instance—to suggest that the "cat-gut of the future" might be that of the Kilkenny cat! It ought to hold. So long as we have known anything of Mr. Lister, or his strange theory, it has been characteristic of him to invent to-day, and abandon to-morrow. The result, now is, that everything relating to so-called antiseptic or Listerian surgery is unstable as the wind, and that never was so great a reputation raised on a foundation so chimerical and baseless.

## Notes on Current Topics.

### The Services in Parliament.

In the scheme of army re-organisation recently brought forward by the Secretary of State for War there are several points in reference to the soldier that have an important aspect when considered from a medical point of view. The more important of these are the following:—The term of enlistment is for the future to be twelve years, as at present, but instead of six years, as heretofore, with his regiment, the period will be seven, the remaining five, in place of six, being with the reserve. Instead of enlisting at eighteen, it is proposed that the minimum age of the recruit shall be nineteen, or that he have the "physical equiva-

lent" of that age. No man under twenty years of age or with less than one year's service, is to be sent to India. Recruits to be six months on probation, at the end of which time they are to be medically declared fit for the service before being finally approved. A regiment going out to India will be composed of men of all periods of service from six months to six years; those of the former category, and all who subsequently join a battalion there, will serve their six or seven years in that country until the headquarters return home; this to be after a term of fourteen instead of ten abroad as at present and for some years back.

It is tolerably clear from the nature of these measures that the ground is being cleared for a more easy return to the system of long service, the departure from which during the last few years has proved so great a failure alike in a military and a medical sense, no less than financially, to the country.

### The Wounded in Southern Africa.

"THE wounded at Mount Prospect are not doing so well as could be wished. There are a good many cases of hospital gangrene." Such is the information telegraphed to the *Times*. The occurrence of the disease so called has ever been one of several incidental to the aggregation of large numbers of wounded men. This was the case in the wars that took place in the early part of the present century, and the circumstance was then looked upon as furnishing the strongest possible reason for the modification to a great extent of general hospitals, and their replacement by regimental.

In the occurrence of hospital gangrene at the present time, when hygiene is believed to have attained a state of perfection unknown at a former period, we are inclined to look upon the affection as bidding defiance to all rules of sanitation so long as large accumulations of wounded take place. This is an evil inseparable from the general hospital system, and no doubt the circumstance will once again, as it has already done, force itself upon public attention, and furnish an argument for a return to regimental treatment of wounded soldiers.

### Italian Wines.

SINCE the introduction of the low import duty on foreign wines, Great Britain has come to be regarded as a wine-consuming country worthy the attention of producers in all lands. Wines good and bad, and wines whose connection with the juice of the grape is decidedly remote, find their way here in enormous quantities, until the statistic is fairly puzzled as to their ultimate destination; and the national exchequer is enriched thereby.

The success of the Spanish, Portuguese, French, and Hungarian wines has been so great that reference to them is superfluous; the Greek wines have been favoured by the select few, whilst those coming from the Antipodes and the Cape have failed to meet the popular taste. Italy is now endeavouring to force her way to the front; and profiting by the havoc of the phylloxera during the past few years in the vines of the principal wine-producing countries, she is putting her productions on the English market with every prospect of success. At present Italian wines are but little known in this country, and some years may yet elapse before popular prejudice

is overcome in favour of them; but we say this unhesitatingly that when they are better known the demand will be proportionately great, and "Veltliner," now purchasable for a few shillings per dozen, will rise with the tide to a higher figure. There is also an excellent light fruity Italian champagne in the market at about 30s. a dozen, and a Vermouth in large litre bottles at 36s., which probably will attain the highest popularity of all the Italian wines. The Italian Vermouth has tonic properties of no mean order; it is a totally different article to that nasty French production of the same name, and the pleasant bitter flavour is obtained, we believe, by the presence of certain herbs and grasses peculiar to the locality, before fermentation takes place.

#### Parasitical Pork.

CERTAIN of the daily papers have essayed to calm the troubled minds of lay readers in reference to the disquieting rumours of extensive sales of trichinous pork; and though, from the point of view of the non-understanding paragraphist, it may be a smart thing to ridicule the over-anxious spirit of the medical inquirer, yet, to the reflecting admirer of pork in any form it must be more satisfactory to be told even evil tidings with authority, than the most welcome news authenticated by nothing more than the lively imaginations of journalists. The trichinosis scare is, undoubtedly, well founded; and now that attention is more generally drawn to the danger amidst us, there is not wanting a considerable amount of proof that it is "all too present." There appeared, during the past week, a letter in the *Newcastle Daily Journal* from a correspondent who describes the condition of some American bacon purchased for home consumption, and which was found, when examined microscopically, to be literally crammed with trichina spores. This correspondent aptly remarks: "These parasites are not very desirable food, either cooked or uncooked. The importation or sale of such dangerously diseased meat ought to be rendered impossible. Other countries are prohibiting its introduction from places where the disease is known to exist. We must either do the same or compel all food to be thoroughly examined by competent persons." Another chief reason why imported pork is so commonly infected with parasites is suggested in the same letter—viz., that the meat imported in England is the surplus production of America and Germany; and that since those countries naturally elect to keep for their own use the choicer portions, we get only the inferior qualities, for which, too, dealers exhibit a decided preference. In connection with the same subject, "J. P.," in the *Globe* for March 5, describes the manufacture of sausages from "rotten sheep" as being very largely conducted. He had been assured by a Radnorshire farmer that "there is a greater demand for diseased than for sound sheep; they all go to Birmingham, and we don't quite know what becomes of them." "Sausages," and "food for the poor," are their presumed destination. There is, assuredly, good reason for insisting that governmental supervision over, not only the importation of dead meat, shall be exercised, but also over the condition of all material used at home, for food purposes.

#### "A Terrible Mistake."

THE *Louisville Medical News* records as "a terrible mistake" that two children were recently poisoned at Chicago through muriate of morphia being dispensed by a druggist instead of muriate of quinia. Commenting upon the ease with which, from the similar appearance of the two drugs, the mistake may be made, the paper in question advises the invariable employment of the nitric acid test, before adding the salt to a mixture, and asks, "Would not any druggist do well to exclude morphia by means of a test so easily performed before dispensing any alkaloid of cinchona?" We think he would indeed do well—a good deal better than is to be expected of chemists, at any rate, on this side of the Atlantic. Dispensing assistants may be constituted of material to justify this aspiration in America; they would grievously disappoint the unwary enthusiast who depended on their energy to take any avoidable trouble in this country.

#### The Inhibitory Thermic Centre.

THE question whether there is an inhibitory thermic centre has been the subject of investigation by Dr. H. C. Wood, and the conclusions arrived at have been published under the direction of the Smithsonian Institution. Commenting on them, the *New York Medical Record* says, "The results of Dr. Wood's studies taken in connection with previous experiments by Jürgensen, Traube, Leibermeister, Senator, Sanderson, and others, make our knowledge of the essential character of fever a tolerably complete one." Dr. Wood finds that section of the nervous tract at the junction of pons and medulla, by which of course the vaso-motor centre is unaffected, leads to a large increase of heat production, which latter, moreover, is often independent of any change in either the blood pressure or heart beats—an important consideration. Further experiments at locating this inhibitory centre, led to the belief that it is situated in the pons, and the bearing of this in the production and on the course of fevers is clearly an intimate and noteworthy one, since on it must depend the regulation of the heat in this condition.

#### Fatal Accident to Mr. Spedding.

MR. SPEDDING, the well-known Baconian scholar, has succumbed, in St. George's Hospital, to injuries received by him while walking in the street—a hansom-cab having knocked him down, and run over him. The left ear had been almost entirely torn away; and Mr. Holmes is of opinion that fracture of the base of the skull had also occurred.

#### Hot Water Compresses in Tetanus.

WARM or hot baths in tetanus have frequently been found to give great relief; but in many circumstances it is practically impossible to give them. In view of this, in the treatment of tetanus and trismus, Dr. Sporer has successfully employed hot-water compresses. He dips a large enough piece of coarse flannel in water of a temperature which can just be borne by the hand (50 dg. to 55 dg. C.), and applies the compress to the occiput and along the spine.

### The International Medical Congress.

THE Museum Committee announces that, in connection with the Congress, a temporary museum will be opened in the rooms of the Geological Society. All objects of novelty or rarity having reference to the processes of disease or the results of injury, will be acceptable for exhibition. The committee in charge of it will be especially obliged by the loan of drawings, photographs, and models, for the efficient display of which careful arrangements will be made. The following are some subjects to which it is intended to devote special attention :—

1. *Injuries to Bone*.—Fractures of carpal end of radius, recent and old—specimens proving bony union after transverse fracture of patella—rare forms of fracture, dislocation, and separation of the epiphyses; repair of skull bones after injury, especially of basis cranii.

2. *Bone Disease*.—Osteitis deformans; collections of scoliotic and other pelvic deformities; specimens of necrosis without suppuration; mollities ossium; specimens of rickets in the lower animals.

3. *Results of Operations*.—Arteries after catgut or other ligatures; osteotomy for genu valgum; specimens showing repair after excision of joints.

4. *Joint Disease*.—Charcot's joint disease; rare forms of rheumatic arthritis and gout.

5. *Skin Disease*.—Rodent ulcer and allied forms of cancer of skin; molluscum contagiosum.

6. Parasitic and other diseases which occur solely or especially in particular countries; madura foot; ainhum, &c.

7. Lymphadenoma.

8. External hydrocephalus.

9. Rare and important specimens of comparative pathology from the lower animals, or from vegetables.

Specimens, drawings, &c., of any other disease of special and peculiar importance, will also receive the careful consideration of the committee.

The Museum Committee will also be glad to receive and exhibit all preparations and drawings used for the illustration of papers in the various sections, or having reference to the subjects discussed.

Arrangements will be made for the exhibition in groups, on special days, of which due notice will be given, of *living examples of certain rare diseases, &c.* The committee will be much indebted to all who can afford help in this department. Should any member of the Congress desire to exhibit a living example of any very rare malady not here mentioned, it is probable that by early application facilities may be afforded. In all cases in which a series of living specimens is collected, there will also be a special group of drawings and preparations to illustrate it.

The following are the subjects selected by the committee for illustration, in this manner :—

1. Addison's disease (bronzed skin and disease of suprarenals).

2. The coincidence of true gout and rheumatic arthritis.

3. Charcot's joint disease.

4. Myxœdema.

5. Syphilitic bone disease in children, simulating scrofula and rickets.

6. Mollities ossium.

7. Primary muscular atrophy.

8. Rupture of brachial plexus or other large nerve trunks.

9. Scleroderma or morphea.

10. Keloid of Alibert, especially with reference to its spontaneous disappearance.

11. True leprosy.

12. Lupus erythematosus.

13. Xanthelasma.

All communications regarding this section should be addressed to H. Clutton, Esq., 16 Palace Road, St. Thomas's Hospital, London, S.E.

### The French Army Medical Service.

AN important step has been taken by decision of the *Senat* to emancipate the *Service de Santé* of the French army from the control of the Intendance. For many years back the efficiency of the power was paralysed by the state of subordination to *commisariat* in which it was so long held. Now, at long last, brighter days are before it; and we can congratulate our *confrères* on the prospect.

### Election of Physician to St. Vincent's Hospital, Dublin.

DR. M. F. COX, of Sligo, has been appointed to the Physicianship of this Hospital, rendered vacant by the death of the late lamented Professor Cryan, F.C.P. Dr. Cox was a very distinguished student of the Catholic University, where he gained scholarships and numerous prizes, and was also auditor to their Historical Society. In their Medical School he was equally successful, and in St. Vincent's Hospital he gained, by competitive examination, the Resident Pupilships and the Senior Prize in Clinical Medicine and Surgery. He is connected with the Irish Colleges of Physicians and Surgeons, and is a Member of the Royal Irish Academy. He has been for several years practising in Sligo. While doing justice to Dr. Cox's well earned claim to consideration in his student career, we cannot hesitate to repeat our deprecation of the system pursued at St. Vincent's and occasionally in other Dublin hospitals of lifting gentlemen of very limited experience into the responsible charge of wards full of sick and dying patients. We do not hold wholly responsible for this the Medical Board of St. Vincent's, who have the prerogative for appointment, nor the Sisters who choose one from the names so elected, because we do not see that, generally speaking, any course is open to them, if they desire to choose a young man, but to choose an untried and inexperienced one. There does not exist in Dublin—and more's the pity—the reasonable and salutary system which obtains in London of appointing one or more assistant physicians and assistant surgeons to each hospital. The function of such officers is generally fulfilled, often very unsatisfactorily, always with risk to the patient, by resident pupils whose education is usually incomplete, and whose responsibility is undefined, and these resident pupils are rotated out of office each year and other beginners got in. This plan is objectionable in every sense, and it affords no probation stage in which the fitness of an hospital surgeon or physician may be tested, and it is upon the managers of hos-

pitals who permit such a system to continue that the blame rests of the appointment of immature medical officers. At all events, it is clearly wrong that young gentlemen who are not familiar with the responsibilities of medical practice should be placed in charge of the lives of the sick poor in hospital, and a system which makes this an everyday abuse in Dublin cannot be defended.

### The Spoon-Feeding of Coroners' Juries.

WHATEVER may be the practice elsewhere, undoubtedly Dublin is the *locus* of a system of substituting coroners' notions for the opinions of juries. We have noted more than once the disposition of the coroner for this city to make himself judge, jury, and law-giver in the cases which it is his duty to investigate, and our attention is called to the comprehensiveness of this functionary by an unusually flagrant exercise of his authority last week. A man fell into a dock, and on being taken out was found to be dying. Messengers were dispatched for various doctors, and it was reported that one medical practitioner refused to come unless promised his fee; but another did attend, and it does not appear that any delay resulted from the refusal. Thereupon the coroner is reported to have delivered himself of a speech to the jury as follows:—

"A coroner's court was a social court that derived much of its influence from its power of bringing public opinion to bear on matters not strictly within the power of the law, and therefore the jury had a right to express their opinion on the conduct of the doctor if they thought fit. In the course of many years' experience he was happy to say he had never known an instance of a medical man refusing to attend promptly to an accident until this case."

But the coroner was not satisfied with thus thrusting his own ideas upon the jury. He considered that any expression of censure on the medical man who did not come should be coupled with a commendation of the doctor who, in the cause of humanity, so promptly attended.

Thus instructed, the jury—probably constituted of dock labourers, corner boys, and other equally discriminating personages—were induced to pass a public censure upon the medical practitioner who was denounced. A more unjustifiable abuse of judicial position we have never known—stepping outside the very limited duty which the law entrusted to him, the Dublin coroner elects himself the arbiter of the elegancies of professional practice, and through the mouths of a dozen poor ignorant creatures, dictates a vote of condemnation, for which there was no sufficient ground in the testimony before him.

We take the liberty to inform this functionary that he totally misconceives both his authority and his position when he elects himself the dictator of a "social court," or presumes to supervise the conduct of professional men. On the part of the profession we repudiate his opinions, and decline his patronage, and we recommend him to confine himself to his legitimate business of finding out the causes of death, for the better performance of which duty there is much room in the city of Dublin.

### The History of Dental Registration.

IN a handy volume just issued by Mr. Miller on behalf of the General Medical Council, the minutes of the whole of its dental proceedings, from January, 1879, to the present time, are detailed, and he has placed at the disposal of the public the records which would otherwise have been difficult of access amongst the other proceedings of the Council.

We cannot recommend the volume as a pleasing retrospect of progress achieved, or as an encouragement to those who aspire to raise the status of the dental profession. It is useful, however, not only as a book of reference, but as a history of mistaken legislation and muddled administration. As such the book has no equal.

### The Trichinosis Craze.

THE whole of Europe seems suddenly awaking to a scare about the trichinæ in American pork, one government after another becoming affected to such an extent as to threaten the total importation of hog's flesh from the United States. In France, as we stated last week, it has been absolutely prohibited; several smaller States have followed the example, and there seems every likelihood that Spain, which consumes a very large supply annually, will do likewise. Last week the discovery of trichinæ spiralis was made in six bodies of persons of the lower classes who died in the Madrid hospitals. Upon the President of the College of Surgeons informing the authorities of the fact, Count Xiquena and the Alcalde immediately gave stringent instructions to the municipal officials to examine the pork which enters largely into the consumption of the lower classes in Spain. It seems that besides the pigs killed in the municipal slaughter-house under supervision, more than twelve thousand are annually consumed, without proper examination, in suburbs and villages around Madrid, and smuggled in for the lower classes. There are also large deposits of salt pork and preserved meat from the United States largely used for provincial consumption; and the Madrid press believe that the greater part of these imports come in by contraband, and without proper inspection, as it is sold very cheaply, to the lower classes principally. In Great Britain we have not rushed into the scare, and the Local Government Board has contented itself by issuing a Circular to the sanitary authorities throughout the country, suggesting that special precautions should be taken in regard to foreign pork and bacon. Attention is called to sections 116—119 of the Public Health Act, 1875, relating to unwholesome meat; which the inspectors are enjoined to use special vigilance to carry out.

### The Value of the Dentaphone to Deaf Mutes.

IN the December number of the *Archives of Otology*, Dr. E. Triebel, Superintendent of the Berlin Royal Asylum for the Deaf and Dumb, gives the results of experiments with the dentaphone on the inmates of that institution. Having seen it stated in a prospectus of the American Dentaphone Company in Berlin, that "persons whose sense of hearing was defective, or indeed those who were perfectly deaf, could use this instrument with the

utmost facility, and with astonishing results," he was naturally anxious to convince himself of its actual value. He therefore made extensive and critical experiments; first on persons entirely deaf, those who had been born so, and others who had lost their sense of hearing in early childhood. "The result was utterly negative, inasmuch as not one out of the above-mentioned could hear any sound whatever with the aid of the dentophone even when the greatest effort was employed by the speaker."

The author then selected a large number of persons who still possessed some sense of vocal sounds, choosing some who had been born deaf, and others who had been afflicted later. The result was precisely the same. He next proceeded to experiment with those still possessing the capacity for recognising words, and he discovered "that they could only understand very loud spoken words by means of the dentophone, but with no greater distinctiveness, and with no more facility, than if the words had been spoken in the ear without any instrument at all."

The conclusions arrived at are that where deaf mutes are concerned, the dentophone—in its present condition at least—cannot be put to any practical use, even as a means of advancing articulation. Judging also from four experiments which he has made on healthy persons, Herr Triebel is inclined to doubt whether the instrument can give any noteworthy assistance to any one whose hearing is in the least defective.

#### New Method of Trephining the Mastoid.

DR. BAGROFF'S method of trephining the mastoid is by combining the use of the galvano-cautery with that of the gouge. As soon as the bone is laid bare by incision of the skin and periosteum, the first application of the galvano-cautery is made for a few seconds until a blackish eschar is produced. The bony tissue thus becomes friable, is attacked with the gouge, and when the whole of the calcined layer has been removed the cautery is again applied. The alternate action of cautery and gouge enables us easily to lay bare the mastoid cells without danger of lesion of the venous sinus, and facilitates the change of direction one may wish to make in the channel which is established.

Bagroff thinks this proceeding would be applicable to the ablation of osteomata from the auditory meatus. Local anæsthesia having been produced, the galvano-cautery should be applied at the most accessible point. An eschar being produced, one may cut into the tumour by means of a special gouge. By a combined use of these two means, the osteoma may be pierced from side to side, when its extirpation becomes easy.

#### Resorcine.

At a recent meeting of the Paris Hospital Medical Society, M. Dujardin-Beaumez stated that he had been making experiments with this new production, obtained from *assafoetida*. It is a crystalline body, white, odourless, soluble in all proportions. It stops fermentation of all albuminous substances of milk, urine, &c. The Germans have used it principally for dressings. There

are great analogies between resorcine, carbolic acid and salicylic acid.

In ulcerations of all kinds it may be used as a topical application; M. Beaumez has dressed with it chancres and mucous patches and obtained satisfactory results. In diphtheria it may replace carbolic acid, of which it has not the unpleasant smell. It may be useful in local affections of the stomach.

Resorcine is poisonous in doses exceeding 6 or 7 grammes, the toxic effect then produced being similar to those of carbolic acid.

M. Beaumez thinks this substance may give good results in surgery as an antiseptic, but in medicine, where 2 grammes may be given without danger, its efficacy has not yet been demonstrated.

#### Resection of the Small Intestine.

M. KÆBERLE, of Strasburg, recently brought before the Paris Academy of Medicine (*La France Médicale*) a case in which he had resected two metres (2 yards and 6 inches) of the small intestine. The patient, a girl, 22 years of age, had for many months suffered from attacks of internal strangulation. She came to Strasburg in November, four weeks after the last attack. Colic was then very severe and resisted all methods of treatment. The belly was much extended, and the pain appeared soon after meals. It was difficult to determine the cause of obstruction, and M. Kæberlé performed gastrotomy. The loops of small intestine exposed in the wound were distended and abnormally vascular. There was a cicatricial obstruction, in front and behind which the intestine was dilated; this led one to suppose a second cause of obstruction, and such was found with  $1\frac{1}{2}$  metre intestine between the two structures. Not to interfere was to expose the patient to certain death; resection of the intestine seemed the only thing applicable. M. Kæberlé performed this and resected the cut extremities of intestine. At the end of a month the patient was perfectly cured. Lister's dressing was not used.

THE Lord Mayor presided at the opening ceremony of the London Temperance Hospital, situated in the Hampstead Road, on March 4th, at which a large and influential gathering took place.

WE have pleasure in announcing that Dr. A. H. McClintock has been appointed a member of the General Council of Medical Education of the United Kingdom in the place of the late Dr. Alfred Hudson.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Brighton 17, Leicester 18, Bristol 19, Birmingham 21, Leeds 21, Hull 21, Sunderland 21, Sheffield 22, Newcastle-on-Tyne 22, Oldham 22, Portsmouth 22, Edinburgh 22, Glasgow 22, London 23, Nottingham 24, Bradford 24, Norwich 24, Plymouth 24, Manchester 25, Salford 25, Wolverhampton 25, Liverpool 26, and Dublin 36.

In the principal foreign cities, the rates of mortality, according to the latest weekly official return, were:—



Calcutta 37, Bombay 35, Madras 39; Paris 29; Geneva 19; Brussels 27; Amsterdam 27, Rotterdam 29, The Hague 27; Copenhagen 27; Stockholm 28, Christiana 16; St. Petersburg 54; Berlin 22, Hamburg 21, Dresden 24, Breslau 24, Munich 37; Vienna 31; Buda-Pesth 37; Rome 28; Naples 30, Turin 38, Venice 22; New York 34, Brooklyn 22, Philadelphia 23, Baltimore 19, per 1,000 of the various populations.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**EXTENSION OF MEDICAL BOYCOTTING IN SCOTLAND.**—Some time ago Dr. James Diamond, Muthill, raised an action in the Perth Small-Debt Court against James Millar, farmer, Muirside, Muthill, concluding for £3 10s. for medical attendance and medicines supplied to the defendant's daughter. The defence stated was that Dr. Diamond had improperly treated the disease, he having supposed that it was diphtheria, while, in point of fact, it was only a simple cold; and that, in addition, the account was over-charged. After several discussions before Sheriff Barclay, the case was remitted to Dr. Bramwell, to make all necessary investigation, and to report (1) whether the patient suffered from diphtheria, or merely from a sore throat, and (2) whether the charges made were, in the circumstances, fair and reasonable; and, if not, what charges should be allowed. Dr. Bramwell, after investigation, reported that Dr. Diamond's treatment was correct. The case came up for decision a few days ago before Sheriff Barclay, and, in the course of his remarks, Mr. Mitchell, solicitor for Dr. Diamond, said that it was entirely owing to some dispute between Mr. Cerr, Lady Willoughby d'Eresby's factor, and the pursuer, that the doctor had had to come into Court at all. While the factor and the doctor were on friendly terms everything went smoothly, and the doctor's services were duly appreciated; but immediately after the disagreement the factor's powers, which, as his Lordship knew, were not small, were exercised in a hostile manner to the pursuer. Another doctor was called in and patronised, and the pursuer *was starved or boycotted out of the district*. The documents in process showed that while the factor and the doctor were friendly the doctor's salary was increased; but that immediately on the doctor refusing to coincide with the factor's views and exercising his own judgment, asserting there was diphtheria in the district, a great change in the attitude to the doctor took place, rendering it necessary for him to leave the locality. Mr. Henry White, the defendant's solicitor, stated that after the strong report which had been lodged he could not contend against judgment. The Sheriff said that he had no alternative but to give judgment for amount claimed, with costs. Apropos of the foregoing, on which we congratulate Dr. Diamond, we may remind our readers that, at least among the successful and fashionable members of the profession in Scotland, almost all affections of the throat are "diphtheria;" and the matter of diagnosis, at least, in Glasgow, seems of infinitely less moment than in Perthshire!

**THE LECTURESHIP ON ANATOMY, SURGEON'S HALL.**—The vacancy in the lectureship of anatomy at Surgeon's Hall occasioned by the death of Dr. Handyside, is being advertised. From the advertisement we learn that Dr. Moinet is the secretary of the school. What school? Hitherto we have been given to understand that Dr.

Stevenson Macadam is the recognised secretary of the Extra Mural School. Has Dr. Moinet started a school of his own? Considering the popularity of the University Professor and of Mr. Symington, the existing extra mural lecturer on anatomy, intending candidates should think twice before they embark in the expensive luxury of attempting to teach anatomy in Edinburgh.

**EDINBURGH ROYAL MEDICAL SOCIETY.**—The annual dinner of the Royal Medical Society of Edinburgh was held in the Waterloo Hotel on the 8th inst. About forty gentlemen were present. Mr. Dobbie, senior president, occupied the chair, while Mr. R. A. Lundie, another of the presidents, was croupier. Amongst the guests were Dr. Haldane, Professor Balfour, the Rev. Principal Rainy, the Rev. Professor Charteris, Professor MacLagan, Professor Simpson, Professor T. R. Fraser, Professor Turner, Mr. Imlach, Dr. Clouston, Dr. Byrom Bramwell, &c. In responding for "The Universities of Scotland," proposed by Mr. Lundie, Professor Turner in a speech which was listened to with attention, said that at present the examination system—not merely the class, but the degree examination system—had developed itself to such an extent that students were harassed by it to a degree which the men of the standing of the chairman's father never experienced. It had often appeared to him (Professor Turner) that the examination system had reached a pitch when too great a strain was put upon the students and the candidates for degrees. It would be well if they could alleviate the stringency of that examination system in such a way as to allow for a greater development of individual talent—to allow the really able men to feel that they might follow out their own thoughts and line of study with a greater liberty than was undoubtedly competent for them at the present time.

**THE EDINBURGH COLLEGE OF SURGEONS AND ITS FELLOWSHIP "DISTINCTION."**—That the strictures recently published on the Fellowship "distinction" are bearing good fruit is evidenced by the fact that an examiner and prominent member of the "party of progress" has resigned his examinership. The "party of delay" must surely now see the error of their ways, and that it would have been far better to have put their "house in order" in a quiet way themselves than to leave the dirty work to other hands. He must be a bold man, not to give him other qualities who after the recent exposure of the practice of awarding the Fellowship "distinction" in the medical journals and in the House of Commons, will come forward as a candidate for the honour. The root of all the evil that has now come upon the College is the well-known fact that for many years past the College has been governed by a clique. All the officials elect themselves. The council elects the president; the president elects the council who have just previously elected him; the examiners elect themselves; every examiner is prepared to examine upon anything and everything, and thus the affairs of the College are all carried out in the same happy family manner. One cannot but regret to see this happy state of things breaking up; but even the College, like all other mundane institutions, is liable to change. Change is of two kinds, retrograde and progressive. The College has now its choice and that choice must be made at once; delays are dangerous; and public opinion will not be satisfied till that change is made, and for the better.

**THE VACANT CHAIR OF MIDWIFERY AT ANDERSON'S COLLEGE.**—Since our last impression the young obstetricians of Glasgow have "quickenened," and quite a host of candidates are announced for this chair. Among them we may

mention the names of Drs. W. L. Reid, Wallace Anderson, Sloan, Shand, Robert Bell, Murdoch Cameron. In support of his claims, Dr. Reid may urge his invention of a forceps; Wallace Anderson that he has lectured—we understand, with acceptance—at the Infirmary; Sloan his connection with “the Maternity,” and his belladonna ointment for pectoral innunction; Shand a good preliminary education (which the mere fact of being a medical practitioner does not always guarantee), and some years’ close and intelligent attention to the subject. As for Dr. Robert Bell, his candidature simply excites a smile in the ranks of the profession of Glasgow, as it is calculated that during the few years he has been in practice he has been a candidate for nearly fifty different appointments, ranging from the School Board to the—well, we are not quite sure about the Principalship of the University; and as for his writings, they are of so comprehensive a nature as to range from the potato-disease to retro-flexion of the uterus as caused by constipation of the bowels! Such an Admirable Crichton ought to stagger “the Philosophers” of Anderson’s School. We don’t know what Dr. Murdoch Cameron’s claims are. We shall watch the struggle with interest. *Floreat res mulierum!*

THE REV. JOSEPH COOK ON ALCOHOL AND THE BRAIN.—The Rev. Joseph Cook is one of those American lecturers who, from strong devotion to godliness and a good fee, vouchsafe to lecture the good people of Scotland into a better and holier frame of mind. It not unfrequently happens that a good cause is much damaged by ignorant advocacy, and both in the realms of religion and science this is the fate that has attended the public appearances of this Transatlantic philanthropist (!) There is no class of men who are more alive to the evil effects of intemperance than medical men; at the same time, and from that conviction, they must deplore such *ad captandum vulgus* arguments as those advanced by the Rev. Joseph Cook in his Free Assembly Hall lecture in Edinburgh. The lecturer, we are informed, proceeded to illustrate, by pouring alcohol on the white of an egg, the effect of drinking upon the albumen in the system! and he further stated that by hardening the albuminous substances in the body *alcohol left scars on the brain and nerves which could not wash or grow out any more than scars in the skin*. In a professional journal it would be insulting to the sense of our readers to point out the groundlessness and fallaciousness of such statements and experiments. We repeat our unqualified belief in the prejudicial effects of an inordinate indulgence in alcohol; but we assert no less strongly our belief that the cause of temperance is not to be advanced by such ignorant statements as those referred to; and we heartily wish that, with Moody and Sankey, and Dr. Talmage, America would kindly keep such lecturers to herself.

MEDICAL RELIEF IN SCOTLAND.—We are pleased to notice that the question of Poor-law medical relief to Scotland has recently been brought officially under the notice of the Government. We have had occasion more than once in these pages to point out the unsatisfactory relationship of public medical officers to the authorities, and especially the uncertain tenure of their office, and the want of a superannuation allowance. These ought to be made the subject of a representation on the part of the profession in Scotland to the Government, and as the present is a most opportune time, we hope the matter will be heartily and vigorously taken up by those immediately concerned. If the profession does not move in the matter, apathy on the part of the Government cannot be wondered at. We shall be glad to give all the assistance in our power to buoy such a move

ment, believing that the interests of the profession and the public demand it.

EDINBURGH.—THE PROPOSED FEVER HOSPITAL.—On the 8th inst. the Lord Provost’s and Public Health Committee had a meeting to consider the letter of acceptance on the part of the managers of the infirmary of the offer of £16,000 on behalf of the corporation, for the central block of the old infirmary buildings, but declining to allow the western block to pass into the hands of the Town Council at so low a figure as £7,000. After a long discussion, the Committee, we believe, agreed to refer the matter *simpliciter* to the Council, a special meeting of which is to be held forthwith.

HEALTH OF EDINBURGH.—For the week ending with Saturday the 5th inst., the deaths in Edinburgh amounted to 96, and the rate of mortality was 23 per 1,000. At least 60 deaths were due to diseases of the chest, while there was only one fatal case of fever. There were five deaths from scarlatina, and ten from whooping-cough.

GLASGOW DEATH RATE.—By a very singular coincidence the Glasgow death-rate for the week ending with Saturday the 5th inst., was 23 per 1,000 per annum, the same as in the preceding week, and the corresponding week of last year.

A WELL-MERITED COMPLIMENT.—We have much pleasure in stating that at their last meeting the directors of the Glasgow Royal Infirmary unanimously elected Dr. Andrew Buchanan, Emeritus Professor of Physiology in the University, honorary consulting surgeon to that institution, a distinction well-earned by his long and honourable connection with the hospital, and the high respect in which he is held by the profession. It is understood that this is the first appointment of the kind ever made, and it is equally honourable to both parties. His old pupils dispersed throughout the world will be pleased to learn that, notwithstanding his advanced age, Dr. Buchanan’s good constitution has withstood, in a most satisfactory manner, the severe winter weather experienced in Glasgow. His mental faculties are as vigorous and clear as ever. He has lost none of his genuine appreciation of humour, and a good professional story derives an affectionate pleasure from the third generation around him, and his leisure is still occupied by the study of matters relating to the profession which he loved so well, and during his long life did so much to advance and adorn. “I am senior, sed cruda des viridisque senectus.”

ROYAL SOCIETY OF EDINBURGH.—At the seventh ordinary meeting of the Royal Society of Edinburgh of the current session, held on the 7th inst., under the Presidency of the Right Hon. Lord Moncrieff, Dr. D. J. Cunningham, Senior Demonstrator of Anatomy in the University, stated to the Society the interesting results of a series of observations he had made “On the Intrinsic Muscles of the Mammalian Foot.” The typical arrangement of these muscles, he pointed out, was found in certain of the marsupials, and the deviations from the typical arrangements found in the other mammals were of two classes—those, namely, which were to be accounted for by division of typical muscles, and those explained by the principle of fusion. Certain of these deviations clearly demonstrated the operation of a process of retrograde degeneration of muscles to suit morphological and functional alterations in the several parts.

It is announced from Calcutta that the Government has sanctioned the formation of a native army hospital corps, to be established on a footing similar to that on which the English army hospital corps is based.

## Literature.

### CANCER OF THE RECTUM: ITS PATHOLOGY, DIAGNOSIS, AND TREATMENT. (a)

THIS is a useful little work upon the subject of malignant diseases of the rectum, consisting largely of the Jacksonian Prize Essay of 1876. The author starts with the explanation that he uses the word cancer as equivalent to malignant growth, and thus sarcomata and other growths are classed as cancer. To employ the word cancer in such a signification is to return to the times when pathology was fit only for men of science and not for surgeons. The tables and the author's reasoning on the question of heredity are interesting. He shows that according to the Registrar-General's reports cancer has steadily increased from 1851 to 1876, being one in seventy-three in the former year, gradually increasing in percentage to one in forty-four in the latter. In a future edition statistics might be still more elaborated. The author puts the lowest estimate on the view that cancer is to any extent hereditary; and with him we entirely agree. A useful table would be one showing the number of children possessed by cancerous persons and whether the number of deaths among those children, from cancer is greater than one in forty-four, the percentage of deaths from cancer in the year 1876. Our tables are carried out the wrong way; we trace upwards instead of downwards, and so get confused, for it follows that every person living who has forty-five relatives may be expected to have one of those die of cancer.

The chapter on Diagnosis would be more correctly described as the recognition of cancer than diagnosis. The diagnosis of cancer may be generally sufficiently evident but cases occur in which benign diseases are mistaken for cancer, for instance we can recall the case of a medical gentleman who suffered for two years from a gradually increasing growth of the rectum. It was diagnosed to be cancer by men of reputation, and he was advised to get rid of his practice and to carry out necessary arrangements during the short time yet allotted to him. All this advice he mournfully carried out, when at the end of the second year of suffering more than a pint of matter was discharged from the rectum, and from that day he rapidly recovered. He has now a family to keep but no practice. To obviate such unfortunate mistakes as these, the chapter on diagnosis ought to include every disease which bears any resemblance to cancer, and such an explanation as shall render the recognition of one from the other simple. The treatment is gone into at length; but operative treatment by excision should be a little more carefully valued. It is an operation not to be lightly undertaken; and it is rather unfair to patients that works should suggest to inexperienced surgeons, dangerous operations without clearly pointing out the risks entailed, and the circumstances and conditions which contra-indicate an operation.

### DOMESTIC HYGIENE. (b)

THE growing needs of the people with respect to improved sanitary arrangements, both in towns and houses, have created demands for manuals in which the several readers can find information divested of technicalities, and complete enough to afford him a guide to the means of healthy existence. Of the number of books written with this end in view, none can be recommended with so much confidence as the attractive and able manual of Dr. Wilson. It contains a mass of valuable instruction on all important parts, so displayed as to receive the attention and consideration of the reader, while the practical rules for personal conduct, and the plainly worded warnings of evils to be guarded against, make the work an invaluable addition to the library of every householder. Commencing with a statistical exposition of the evil consequences to the nation of preventable diseases, the author next sketches the structural arrangements of the human body, incorporating so much physiological explanation as is necessary in the account to render it clear to the non-scientific man. The causes of

(a) "Cancer of the Rectum: its Pathology, Diagnosis, and Treatment, including a portion of the Jacksonian Prize Essay for 1876." By W. Harrison Cripps, F.R.C.S. London: J. and A. Churchill. Pp. 191. 1880.

(b) "Healthy Life and Healthy Dwellings." By George Wilson, M.A., M.D., &c. London: J. and A. Churchill. 1880.

disease and values of food and diet, are followed by directions relating to personal hygiene; the essentials of a healthy dwelling are next detailed, and the work concludes with a chapter on infectious disease. In this last section, Dr. Wilson insists on the public necessity of registration of infectious disease—a point on which he is in agreement with those who have appreciated the vast importance of the question in its bearing on public health. The volume is one that can be unhesitatingly recommended as scientifically accurate, intelligibly written, attractive to read, and elegant in appearance.

### ANTISEPTIC SURGERY. (a)

MR. MACCORMAC has done good service by collecting into a single volume an account of the debate which took place in December, 1879, and January, 1880, at St. Thomas's Hospital, on the subject of antiseptic surgery. Mr. MacCormac's own contribution is a very considerable one, the task of opening the discussion having fallen to him. The address, he then delivered, and which constitutes the initial part of the work under notice, is a most careful and praiseworthy abstract of the notable facts connected with the practice of Listerism.

An elaborate analysis of statistical details is a valuable feature of it; and historically it possesses features to give it paramount interest. The subsequent debate, in which Messrs. Bryant, Lister, Spencer Wells, Hutchinson, and many others took part, is presented in verbatim, corrected reports of the speeches delivered. Mr. MacCormac's words, when replying to the debate, will be echoed by every reader of this report of it—viz., "that this discussion is one of the most valuable contributions to surgery which has been made for some time." We may apply a very similar expression of opinion to the remaining portion of Mr. MacCormac's book, and say of it, that, as an epitome of the principles and practice of antiseptic surgery, it is, *per se*, the most valuable contribution to surgical literature recently published; and especially will it have a value for students and young practitioners who feel confusion at the contradictory statements they are continually hearing respecting the virtues or demerits of Listerism. The Antiseptic Theory, Antiseptic Materials, and Antiseptic Practice, respectively, are the heads of the work under which Mr. MacCormac further treats his subject.

The second section, "Antiseptic Materials," is particularly interesting; the various substances proposed, or employed, are described, and their virtues and shortcomings reviewed in a manner that will, we imagine, prove of considerable assistance to such as make use of the information embodied in it.

"Antiseptic Practice," as might be supposed, is a deeply interesting chapter, and it also lays claim to much completeness. The more important, typical operations are described as conducted under rigid antiseptic rules, and described clearly and well. This treatise on Antiseptic Surgery should be familiar to the more ambitious students; and we cannot recommend them a more valuable exercise than will be found in its perusal.

### CUNNINGHAM'S DISSECTOR. (b)

DR. CUNNINGHAM'S Dissector's Guide has obtained the favourable notices of students who have used the first part in prosecuting their study of practical anatomy. The objection raised to it hitherto, that it has been insufficiently explanatory, cannot be maintained against the more recent instalment of the work, which is copiously complete for all ordinary requirements.

The anatomy of the abdomen is here treated of in a bulky volume of over 300 pages, and it is creditable to its author that it is possible to say of it that it is not too long for the object in view, that, viz., of directing the student's work. That crux of the dissecting room, the peritoneum, is very clearly and elegantly described, its course and relations made clear by aid of a series of very skillfully devised and well executed drawings. The pelvic fascia, too, is much more

(a) "Antiseptic Surgery." By William MacCormac, M.A., F.R.C.S. E. & I., &c. London: Smith, Elder, and Co. 1880.

(b) "The Dissector's Guide." By D. T. Cunningham, M.D., C.M., &c. Part II.—Abdomen. Edinburgh: MacLachlan and Stewart. London: Simpkin and Co. 1880.

comprehensively explained than is frequently the case in anatomical text books. Throughout the work especial care seems to have been devoted to those points that most trouble is experienced with by students, and which teachers, unfortunately, do not always succeed in satisfactorily elucidating. The diagrams and figures throughout are excellently and clearly drawn and executed, and the book is clearly and boldly printed on good paper.

### SURGICAL LECTURES (a).

IN these Lectures, which are mostly reprinted from the medical journals, the Author dwells on various subjects which have specially engaged his attention during seven years' work as a hospital surgeon. The treatment of club-foot has at length been brought within the range of osteotomy, in otherwise incurable cases. Excision of the cuboid bone, or of a wedge-shaped portion of the tarsal arch, has proved effectual for the reduction of obstinate talipes varus; and Mr. Davy's experience, although not original, must be credited with having done much to recommend this procedure. He has also removed a wedge-shaped portion of the tarsal arch, anteriorly, in the case of talipes equinus, of nineteen years' duration; but the man having died two weeks after the operation from septicæmia, the permanent benefit that might have resulted could not be determined. Less advantage can be claimed, we think, for the treatment of spinal curvature by Davy's hammock-suspension, instead of Sayre's original method by means of the tripod. Spinal extension, judiciously regulated, is necessary to ensure some separation of the carious bodies of the vertebrae for a cure to be effected. The open treatment of wounds advocated by Mr. Davy possesses the obvious advantage of simplicity, as compared with the troublesome and expensive mystery of Listerism; and the results, in a healthy hospital, are certainly equally successful. To surgeons who have adopted the ritual of the "antiseptic system," more as an article of surgical faith than as justified by experience, the admonition of the Author is full of wisdom. "By so pointedly directing attention to the dressing of wounds, the minds of surgeons are in danger of becoming narrow; for the wound itself is but a single element in a surgical case, and in many instances the amount of suppuration is of no vital import, the bugbear pyæmia is to be combated by sanitation, only one condition of which is supplied by the dressings." "In ordinary surgical work, I question the necessity for the antiseptic system; the game is really not worth the candle."

It is impossible to conclude this notice without mentioning Davy's lever for compressing, per rectum, the iliac arteries or even the aorta, this method of controlling hemorrhage having proved most effectual in amputation at the hip-joint.

The colloquial style of these Lectures renders them pleasant reading, and the occasionally quaint expressiveness or graphic illustrations by which the Author conveys or enforces his meanings, are a relief to the dull level of ordinary discourses. The subject matter also, although not for the most part original, is yet an honest and valuable contribution to surgical literature.

### BUCK'S HYGIENE AND PUBLIC HEALTH. (b)

THE second volume of this important treatise on Hygiene, is devoted to the Hygiene of Occupation and Public Health. The first division is again sub-divided into five parts, viz., occupation, hygiene of camps, of the naval and merchant marine, of coal mines, of metal mines, from the pens of Drs. Roger S. Tracey, Charles Smart, Thomas J. Turner, and Mr. Henry C. Sheper, the editor of the *Miner's Journal* and Mr. Rosentour E. Raymond, editor of the *Engineering and Mining Journal*.

The first paper, by Dr. Tracy, is a most exhaustive one, as it enters into all the details of the special occupations in which we find disease, arising either from vapours and gases, dust, vicissitudes of weather, artificial heat, over use of certain organs as the eyes, vocal organs, constrained attitude, sedentary life, mechanical violence, &c.

The second paper will prove interesting to our volunteer medical officers, as it is written for a condition of military

service, somewhat similar to our own, whilst the marine medical officer will find in the third paper by Dr. Turner, "On the Hygiene of the Naval and Merchant Service," a useful guide for those conditions with which they have to deal.

The next sections are of special importance to those practitioners who live in our mining and coal getting districts, as they are from the pen of experienced engineers, and of great practical importance. The second part is devoted to such subjects as infant mortality, vital statistics, the adulteration of food, public nuisances, quarantine, contagious diseases, syphilis, disinfectants, village sanitary associations, and school hygiene. The papers are written by authors of standing reputation in the States.

We would direct special attention to the article on Village Sanitary Associations, for it is in such localities we find the greatest amount of ignorance, though it is there we ought to be best able to check epidemic disease, and to solve any problems in connection with sickness. We regret that this paper is not printed in pamphlet form for popular reading; we believe it would do an incalculable amount of good if the suggestion made was carried out.

We have to congratulate the publishers on the production of this work, and on securing the services of so many able men to write special articles on subjects with which they were conversant, as they have produced a guide for the sanitary student unequalled of its kind in English literature.

## Correspondence.

### HIGHER TITLES.

"Palman qui meruit ferat."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would appear from the tone of letters, articles, and a question in the House of Commons, that both the public and the profession are, to a great extent, ignorant of the meaning and significance of the higher professional titles. May I be permitted to offer a few remarks on this much vexed question?

The Doctorate of Medicine is conferred by the great majority of British universities without examination.

The Fellowship is conferred by the Royal Colleges of Physicians of London and Edinburgh without examination, and by the King and Queen's College of Ireland on similar terms.

The Fellowship of the Royal Colleges of Surgeons of England and Edinburgh is also conferred by election, and without examination. The London College also admits *all comers* to its Fellowship by examination. The Royal College of Surgeons in Ireland only confers its Fellowship by examination.

The Fellowship of either of the Colleges of Physicians and Surgeons are not professional qualifications, but are simply higher denominations, and do not confer any greater privilege than a vote on the general management of college property.

The degree of M.D. holds the same relation, except where it has been obtained without residence, and as a primary degree, as was the case in some of the northern universities some twenty years ago. In such cases it is a simple license to practitioners in Scotland, and not in England.

I, myself, consider a degree or Fellowship obtained by election, the recipient having obtained the minor degree or diploma of his College by examination, and having, for a number of years, borne an honourable name in his profession, a much higher distinction than a similar degree or diploma obtained by a six month's "grind." I think the time has come when some sweeping change should be made, and the confusion at present existing on the subject of qualifications removed.

In conclusion, allow me to point out that "the most coveted distinction, viz., the 'F.R.S.' is conferred by election," and has more weight as a higher title than either M.D., F.R.C.P., or F.R.C.S.

Yours, &c.,

WILLIAM DONOVAN.

Whitwick, March 7, 1881.

[Our correspondent is in error as to the legal validity of these higher degrees. They are as perfect titles to practise as any licenses or diplomas can be. It is true they are not usually granted except to those who are already qualified for

(a) "Surgical Lectures." By Richard Davy, F.R.C.S. London: Smith, Elder and Co. 1880.

(b) "Buck's Hygiene and Public Health." Vol. II. New York: William Wood & Co. 1880.

registration, but, if it pleased any College or University to grant its higher degree to an unqualified person, that person might claim registration, and would be, *ipso facto*, as legal a practitioner as any other. In fact, the Medical Council was obliged to refuse to register *per se* degrees, conferred *honoris causa*, because a University or College might grant such degree to a non-medical person, and might, thereby, admit him to practice without the essential education or diploma. No doubt, as our correspondent says, a higher degree granted by election to a qualified practitioner of long experience, and, bearing an honourable name, scientifically and personally, might be tolerated. But what guarantee have we that any of these desirable qualities are looked upon as essential by those who grant the degree? Is there not a danger that the £25 may cover a multitude of sins? Was it by virtue of his "honourable name" that Mr. Beaney, of Melbourne, became a Fellow of the Edinburgh College of Surgeons *in absentia*? And what is the analogy between the F.R.S., which is granted without payment to men of the most exalted scientific rank, and the F.R.C.S. Edin., which is obtainable by unknown persons at the antipodes, and paid for in hard cash?—Ed. M. P. & C.]

#### NOTE ON THE TREATMENT OF TYPHUS FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—At present, when typhus fever prevails so widely, I venture to draw attention through your pages to a remedy which, I have reason to believe, is not as extensively used as it merits. I speak of barm, which, when I was appointed to the Cork Street Hospital, I found had been long in use in the institution. It was used whenever fever of the typhus type prevailed, and I began to order it, and I rather think more extensively than any of my predecessors.

That barm exerts a salutary influence on typhus fever I cannot doubt. On a former occasion I entered more fully into the subject than I wish to do now. I may, however, observe that under its use petechiæ rapidly change their hue from dark to red. On one occasion, too, when this type of fever prevailed far above the average, I tabulated over three hundred cases which were treated by barm, and found the mortality was under nine per cent. ; and when I add that all these cases were densely spotted, I cannot but consider the result as very satisfactory. It should be stated also that no case was excluded from this list, though several of them died within forty-eight hours of their admission to hospital.

Barm, when given in full doses, acts slightly on the bowels. I would state, in conclusion, that I have the strongest conviction typhus should be regularly treated from its commencement, not merely watched.

I remain, yours,  
HENRY KENNEDY.

#### RECOGNITION OF PROVINCIAL HOSPITALS FOR EDUCATIONAL PURPOSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to call the attention of union hospital and other provincial physicians to the fact that the new Irish University will practically have the whole medical examinations of Ireland in their grasp for the future, and that as the selfish Dublin medical element will not be quite so powerful in its management as in the recesses of their Colleges of Surgeons and Physicians, there is now a good prospect that the fair claims of provincial men to participate in medical training may at last be respected, and the recommendation of the General Council at last enforced. I will be very happy to draw up a memorial to the Senate on the subject, and I now solicit the signatures of my workhouse brethren. It is not too late, as changes will of course be made from time to time by the Senate, and it is not clear that the last touch has even as yet been given to the programme. I could adduce many reasons why every countryman ought to try and have his hospital frequented by pupils, but though I know some have no taste or ambition on this point, I yet am so convinced that

the great majority really anxious, as I am myself, that I do not think it necessary to give reasons for my view. I hope if the selfish Dublin element show their hostility, that we shall one and all know how to mark those who may do so. In my Carmichael Essay, and I hope in the *Medical Press* the whole claims we can urge will be found.

I am, &c.,

Cashel, Feb. 26.

T. LAFFAN.

[It would be a practical way of approaching the question, if our correspondent would suggest some means by which the *bona fides* of study in provincial hospitals could be ensured. There are 163 workhouse hospitals in Ireland, besides 30 county infirmaries, and numerous other hospitals which might seek recognition as centres of medical teaching. A licensing body, to grant such recognition, must be satisfied—a. that the teaching arrangements are adequate; b. that the study is likely to be genuine. What guarantees on this subject can Dr. Laffan suggest? In Dublin, the competency of an hospital to teach its pupils is liable to be tested by official inspection, and is actually tested by public opinion, neither of which means are applicable in the case of a provincial hospital.—Ed. M. P. & C.]

#### THE DUALITY OF THE CHANCRE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On Monday last, March 7th, I was examined for four hours before the Committee of the House of Commons appointed to examine as to the working of the Contagious Diseases Acts. I found that there existed in the minds of the members of that Committee, none of whom were medical men, a great amount of confusion about the term "primary venereal sores," and I was asked over and over again, "Can we not by treating the hard sore prevent the occurrence of syphilis?" My reply was, "No; when that sore appears, which is some three weeks or a month after infection, the wolf is already in the fold."

It appears that Mr. Myers and some other army surgeons are still wedded to the idea which I thought had been exploded twenty-five years and more ago by the splendid researches of Dr. Bassereau, that the "soft sore" and the initial lesion of syphilis are related or identical. Such an idea is simply untenable in the light of modern knowledge of facts, and I look upon it as quite a lamentable blot on our English medical statistics, which, indeed, makes them valueless, that the two sores should be confounded in the Army Medical Blue-Books. The soft sore has no incubation at all, for in twelve hours we can see it with the magnifying glass after inoculation. The incubation of syphilis again is usually three weeks, in my experience, and often much longer. The soft sore is always a well-marked, suppurating sore, and may be inoculated a thousand times on any healthy patient without giving him syphilis; whilst the hard sore is often a most insignificant affair, especially on women, painless in many instances; and when its secretion is inoculated on persons without syphilis, it always gives that disease. Everyone in Paris agrees with this; and in London H. Lee, B. Hill, and the *élites* agree with it. Why, then, do the army doctors keep up this confusion!

I am, Sir,

Yours obediently,

C. R. DRYSDALE, M.D.,

Physician to the Rescue Society of London.

17 Woburn Place.

March 11th.

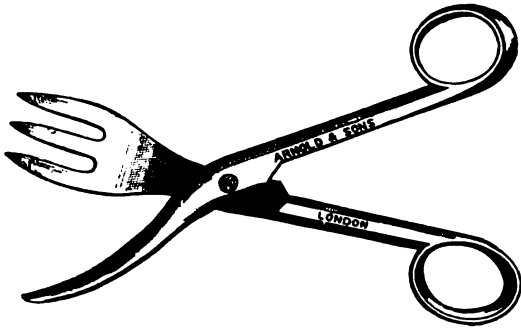
#### THE DESIDERATUM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The instrument of which the enclosed is an illustration (and which I have named "The Desideratum" for the purpose of registration), was invented by me to obviate as far as possible the awkwardness and inconvenience attendant on the eating of their meals by persons deprived of the use of either arm.

You will perceive that it is on the principle of the abacus,

being formed of a fork and cutting blade, which enables the person using it to divide at will and raise his or her food.



It can be had to suit either the right or left hand, and with or without an indentation (which acts as a tooth) on the fork edge.

Messrs. Arnold and Sons, of West Smithfield, have most intelligently carried out my design.

Your kindly allowing this instrument to become known to the profession and the public through the medium of the *Medical Press and Circular*, will much oblige,

Yours faithfully,

JOHN C. HOGAN, M.B.

Lister's Avenue, Lavender Hill, S.W.

#### THE BILL FOR NOTIFICATION OF INFECTIOUS DISEASE IN DUBLIN.

We understand that the Irish Colleges of Physicians and Surgeons have had this Bill under consideration, and, while disapproving of its provisions, have resolved to petition for its remission to a Royal Commission to inquire as to the best method of carrying out notification. This proposition, if intended to refer to the whole subject of the best means of detecting infective disease in large towns, is a good one; but if intended to refer to the application of the system to Ireland, as proposed by Mr. Gray's Bill, is extremely dangerous to the interests of the profession. The only question seriously in dispute in Ireland is whether the medical attendant should, or should not, be compelled, under legal penalty, to notify the occurrence of infectious disease to the sanitary authority. The members of the profession in Dublin, so far as they have expressed their opinions, have declared by a large majority, and in emphatic terms, that they protest against being made the unpaid sanitary detectives of the Dublin corporation, and the College of Physicians and Irish Medical Association have enunciated this opinion.

Are the Dublin physicians now going to leave it to the decision of a Royal Commission whether or not they are to be afflicted with the performance of this function? If so they would simplify matters by at once accepting the process-serving duty which Mr. Gray and the corporation kindly offer them, for it needs no great discrimination to see that the judgment of the Royal Commission will infallibly be against them. It is easy to anticipate how an insignificant knot of Dublin doctors will fare when their interests are adjudged by a number of English lawyers, upon whose minds the whole force of the partisans of compulsory notification will be brought to bear. These gentlemen will be told that the system has worked admirably in English towns—that the objection to it in Ireland is only unreasoning prejudice—and that, if they will only force it on the profession in Dublin, no difficulty or objection will, after a little be made. Naturally, not understanding any distinction between the systems of medical practice in England and Ireland, they will give judgment in favour

of compulsory notification—*cetera va sans dire*. Now it is necessary for the profession in Dublin, if they do not desire to have compulsory notification imposed on them, to take some speedy means of making their influence heard and felt. Mr. Gray's Bill is down for second reading in less than a fortnight, and, if a vigorous protest against it be not made, it will certainly pass, because, with such good prospects of adoption, it will certainly not wait for a Royal Commission. It has its origin in a Dublin organisation representing English medical opinion; it is promoted by the corporation; it is approved by the Chief Secretary, and if the profession is not alive to the imminence of the danger it will certainly become law before a month has passed, in which case the Dublin physician will find himself forced, under a £5 penalty, to serve the corporation with a notice of every case of infective disease he may see, whether his patient likes it or not—and at the munificent rate of 1s. for all the cases which turn up in the same house within a month.

Possibly the profession in Dublin may like the prospect which a few perfervid sanitarians have provided for them. We do not; and we therefore discharge the duty of again warning the physicians of Dublin.

#### THE INTERNATIONAL MEDICAL CONGRESS, 1881.

THE Reception Committee are already in a position to give a fair idea of the nature of some of the entertainments and excursions which will take place during the week of the Congress, and which will be of a most attractive character, especially to our foreign visitors. On Tuesday, August 2nd, an informal reception will be held in the afternoon at the Royal College of Physicians, which occasion, it is thought, will afford an excellent opportunity for introductions. On the evening of Wednesday, the English members will entertain their foreign *confrères* at a *conversazione* at the South Kensington Museum; the Lords Commissioners having most liberally remitted the charges for lighting usually made on these occasions. Entertainments will also be given on Tuesday and Friday, but up to this time their nature has not been definitely fixed upon. On Saturday, August 6th, there will be no business meetings later than 1 p.m., and excursions will be made to various places of interest in the neighbourhood of London. On this day the Harvey Memorial Committee purpose that the Statue of Harvey shall be unveiled at Folkestone, and, for this occasion, most liberal arrangements have been made by the South Eastern Railway Company. A special train will take between one and two hundred members of the Congress with other distinguished persons to Folkestone free of cost, where they will be received by a deputation of local authorities, and conducted to the statue, which will be unveiled. After the completion of the ceremony the Mayor and Corporation will entertain their visitors at a banquet in the Town Hall. This visit will afford our foreign colleagues an excellent opportunity of seeing an English watering-place at its best. On the same day a charming excursion has been planned by Dr. Langdon Down, who has generously invited 500 members of the Congress to a garden party at Normansfield, Hampton Wick. Dr. Down will meet his visitors at Teddington Station, and will guide them through Bushey Park to Hampton Court Palace. The party will then proceed by water to Normansfield, where a select party of Dr. Down's friends will meet them. Sir Joseph Hooker will receive a number of members the same day at Kew Gardens. On Sunday special services will be held in St. Paul's Cathedral and Westminster Abbey, at which Canon Liddon and Dean Stanley will respectively officiate.



## NOTICES TO CORRESPONDENTS.

MR. I. SUTTON should apply to the Secretary at the Royal College of Surgeons for the information.

DR. J. S.—Shortly.

DR. WARREN.—The book is in hand, and the review promised at an early date.

DR. PIERSON (Scarborough) will please receive our thanks.

DR. JOHNSON.—The action comes on in the Court of Queen's Bench this week, and will probably be decided by the time you receive the present number. It is simply another instance of the "law's delay."

STUDENS.—Ziemssen's "Cyclopaedia" cannot be obtained except by subscription for the whole series of volumes. You might, perhaps, succeed in getting the one you want at a second-hand bookseller's.

ZOEDONE.—Such has been the financial success of this enterprise that the original shares are worth more than double the amount paid for them, and now the same Company have started "The Indian Zoedone Company," for which they are to receive £25,000 for permission to manufacture and sell zoedone throughout our Indian possessions. Verily, by a happy notion, huge fortunes are made in a few months, whilst the toilers of a lifetime struggle on for a bare existence. But zoedone is a legitimate article, and we are glad to chronicle its success; its enormous consumption must have done something towards reducing that of spirituous liquors.

AN IRISH DISPENSARY EPISODE.—A correspondent sends us the following amusing incident which occurred in his district last week:—Rustic, running along the road at top speed: "Ho, doctor, what are you going to do with that mad man? He killed his wife yesterday and the day before." Doctor: "And is she dead yet?" "No," from rustic. "Then summon him."

THE USES OF PAPER.—The bronze age and the iron and glass age is likely to be followed by the paper age. Some time back there were some very remarkable exhibits of paper manufacture shown at an exhibition in Germany. At the Melbourne Exhibition, however, there is exhibited, we read, a dwelling house entirely made of paper, and furnished throughout with the same material. Even the stoves, in which large fires are kept burning daily, were also made of paper. The manufacturer of this curious construction has given banquets in his paper house, at which the table-cloths, dishes, knives and forks, and even bottles and tumblers were made of paper.

THE SUPPLY OF SEA-WATER TO LONDON.—The signature to the letter on this subject in our last was mis-spelled Bayes, it should read "John Hayes," Assoc. Memb. Inst. C.E.

IRISH GRADUATES' ASSOCIATION.—Members of this Association are reminded that the annual dinner takes place to-morrow at Willis's Rooms, St. James's, at 7 p.m., Dr. G. Paget, F.R.S., of Cambridge, in the chair. Dinner-tickets, 7s. 6d. each for members and their friends, can be obtained of Dr. Thompson, Leamington, or Dr. Daniel, 20 Cathcart Road, Kensington.

SURGICAL SOCIETY OF IRELAND.—The case of "Uterine Fibromyoma," communicated by Mr. Thornley Stoker to the Society, and published in our Journal on the 16th of February, was, by a typographical error, made to appear all through the paper as an instance of fibro-myxoma.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday) and on Friday next, at 4 p.m., Prof. W. H. Flower, "On the Anatomy, Physiology, and Zoology of the Cetacea."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day, and on Friday next, at 5 p.m., Gulstonian Lectures: Dr. Coupland, "On Anaemia."

ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.—This evening, at 7.45, communications from Mr. Edward Bartlett, &c.—Council Meeting.

SOCIETY FOR THE ENCOURAGEMENT OF ARTS, MANUFACTURES, AND SCIENCES.—This evening, at 8, Mr. T. P. Bruce Warren, "On the Manufacture of Aerated Waters."

HARVEIAN SOCIETY OF LONDON.—Thursday, March 17, at 8.30 p.m., Mr. Bryant, "A Case of Gastrostomy for Cicatricial Stricture of the Oesophagus."—Dr. Gowers, "On the so-called Tendon Reflex Contractions."

ROYAL INSTITUTION.—Tuesday, March 22, at 3 p.m., Prof. Schöler, "On the Blood."

## VACANCIES.

Charing Cross Hospital.—Assistant Surgeon on the Staff. Candidates must possess the F.R.C.S. Eng. Applications to the Secretary before April 2.

Durham Union.—Medical Officer for the Eastern District. Salary, £45, with the usual extra fees. Applications to the Clerk before March 18.

Glamorgan Infirmary, Cardiff.—House Surgeon. Salary, £100, with board. Applications, under cover, to the Secretary before Mar. 29.

Hull General Infirmary.—House Surgeon. Salary, 100 guineas, with board, &c. Applications to the Chairman of the House Committee before March 21.

Kent and Canterbury Hospital.—House Surgeon. Salary commencing at £80, with board. Applications to the Secretary at Canterbury before March 25.

Manchester, St. Mary's Lying-in Hospital.—Medical Officer to visit patients at their homes. Salary, £80, with board and residence. Applications to Dr. Badford by March 18.

Stockport Infirmary.—Medical Officer to visit Out-patients. Salary commencing at £70, with board. Applications to the Hon. Sec. before March 21.

West Sussex Infirmary, Chichester.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Secretary before April 9.

## APPOINTMENTS.

BRAMISH, W., M.D., L.R.C.S. Ed., reappointed Senior Physician to the Cork Fever Hospital.

BUDDS, W. T., L.K.Q.C.P.I., L.R.C.S.I., reappointed Physician to Out-patient's of the Cork Fever Hospital.

BYRNE, Dr. E. H., Physician to the High Street Dispensary, Dublin.

CAMPBELL, W., L.R.C.S. Ed., Medical Officer to the Hastings Dispensary.

COLBORNE, H., M.R.C.S.E., Medical Officer to the Hastings Dispensary.

COX, Dr. M. F., of Sligo, Physician to St. Vincent's Hospital, Dublin.

CROWE, J. W., L.K.Q.C.P.I., L.R.C.S.I., Honorary Physician to the Hartlepool Hospital.

FIELD, J. W., M.R.C.S.E., L.R.C.P. Ed., Assistant Surgeon to the Tewkesbury Hospital.

HOSKYN, D. T., M.R.C.S.E., Medical Officer for the Prestelgne District of the Knighton Union.

HOUGHTON, W. B., M.D., M.R.C.P., Lecturer on Forensic Medicine at Charing Cross Hospital.

JENKINS, J. H., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for Sixth District of the Liskeard Union.

JENKINS, T. G., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Second district and the Workhouse of the Ruthin Union.

JONES, J. F., L.F.P.S.G., L.R.C.P. Ed., Medical Officer for the Llanegryn District of the Dolgelly Union.

JONES, H. M., M.D., F.R.C.S.E., reappointed Physician to the Cork Fever Hospital.

KIRBY, T. C., L.K.Q.C.P.I., M.R.C.S.E., Consulting Physician to the North-West London Free Dispensary for Sick Children.

MOORE, T., F.R.C.S., Visiting Surgeon to the "Dreadnought" Seamen's Hospital, Greenwich, vice Davies Colley, F.R.C.S., resigned.

ARMY MEDICAL DEPARTMENT.—The following appointments were officially gazetted on Friday, March 11th:—Deputy Surgeon-General S. H. Fasson, M.D., to be Surgeon-General, vice H. Kendall, granted retired pay; Brigade Surgeon W. Stewart, M.D., to be Deputy Surgeon-General, vice S. H. Fasson, M.D.; Surgeon Major C. A. Innes, M.D., to be Brigade Surgeon, vice A. Semple, M.D., granted retired pay; Surgeon Major N. Norris to be Brigade Surgeon, vice W. Stewart, M.D.; Surgeon Major T. Y. Baker retires on temporary half-pay.

To be Surgeons, dated Feb. 5th.—S. A. Crick, M.B., J. E. Dodd, M.B., A. J. Struthers, M.B., G. E. Twiss, R. F. Adams, M.B., C. G. D. Mose, A. B. Cottell, T. Archer, M.D., S. G. Hamilton, H. J. E. Moberly, A. P. Hart, M.B., H. J. Barnes, E. H. S. Sawyer, M.B., W. G. A. Bedford, M.B., R. Jennings, M.D., S. C. B. Robinson, H. S. Parker, T. F. W. Fogarty, M.B., R. W. Ford, G. Coutts, M.B., A. Sharpe, M.D., C. L. Young, C. Reid, M.B., W. J. Baker, A. T. Sloggett, E. B. K. Elmes, H. K. Allport, M.D., E. Butt, S. Townsend, M.D., T. P. Woodhouse, J. Gibson, M.B., J. H. A. Rhodes, A. Hickman, M.D., T. C. Nugent, G. S. Lewis, L. W. Swabey, R. Haselden, E. E. R. Morse, W. J. Lyons, M.D., W. Rowney, M.D., T. E. Lucas, M.B., C. J. Addison, A. G. Kay, M.B., W. W. Pope, E. Porter, M.B., R. C. K. Laffan, C. A. P. Mitchell, M.D., G. J. Coates, M.D., G. W. H. Cook, T. B. A. Tuckey, F. A. Harris, C. B. Lewis, T. H. Parke, F. A. B. Daly, M.B., A. S. Rose, M.B., D. L. Porter, J. Batteray, M.B., J. Macnaonach, A. H. Morgan, C. H. Dixon, M.B., T. Moynihan, M. W. O'Keefe, M.D., T. J. O'Donnell, J. Osburne, H. E. R. Wolrige, R. P. Hetherington, M.B., E. C. Johnston, M.B., T. A. Dixon, W. C. T. Poole, M.B.

## Births.

COLGATE.—March 8, at Tresserras, Eastbourne, the wife of Henry Colgate, M.D., F.R.C.S., of a son.

NELIGAN.—March 8, at Denny Street, Tralee, the wife of J. W. Neligan, M.B., of a daughter.

STONEV.—March 7, at Abbeyleix, Queen's County, the wife of Hugh B. Stoney, M.B., of a daughter.

## Marriages.

CHAPMAN—CRUMP.—March 9, at St. Margaret's, Westminster, Walter Chapman, F.R.C.S. Eng., of Lower Tooting, Surrey, to Martha, widow of Albert Crump, of Forest Hill, Kent.

## Deaths.

DEMPSTER.—Feb. 27, at Duncannon, co. Waterford, James Carroll Dempster, M.D., Deputy Surgeon-General.

EARLE.—Feb. 23, at Warbeck Road, Shepherd's Bush, Frederic J. Earle, M.D., Surgeon-Major her Majesty's Bengal Army, aged 53.

FOSTER.—Feb. 26, at Park Place, Leeds, Edwin Foster, L.R.C.P.L. aged 73.

GODRICH.—March 7, at Fulham Road, S.W., of apoplexy, Francis Godrich, M.R.C.S.E., aged 65.

HADEN.—March 9, at Gordon Place, Kensington, Emma, widow of Charles Thomas Haden, M.D., in her 83th year.

HANRAHAN.—March 7, at Castletown, Queen's County, Mary, the wife of William Hanrahan, M.D.

RICHARDS.—March 7, Samuel Richards, M.D., of Bedford Square, in his 73rd year.

THORNTON.—March 4, suddenly, at his residence, Bank Lodge, Scarborough, Wm. Henry Thornton, M.D., F.R.C.S.E., J.P., aged 55.

TRUMAN.—March 2, suddenly, at New Basford, Notts, Samuel John Truman, M.R.C.S.E., aged 85.

WILLIAMS.—March 11, at Wrexham, Margaret Rinmer, wife of J. Llewellyn Williams, M.B., aged 52.

## UNIVERSITY of DURHAM.—A FIRST

EXAMINATION for the Degrees of M.R. and M.S. will commence on MONDAY, APRIL 25th, at the University College of Medicine, Newcastle-upon-Tyne. Names of intending Candidates must be forwarded to the Registrar of the College, Dr. LUKH ARMSTRONG, together with the Fee, £5, and the Schedule of the Certificates required, duly signed, not later than the 23th inst.

## OBSTETRICAL SOCIETY of LONDON.—

THE QUARTERLY EXAMINATION for MIDWIVES will be held on WEDNESDAY, APRIL 13th. Candidates should apply at the Society's Library, 291 Regent Street, W., on or before March 31st.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 23, 1881.

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## The Gulstonian Lectures

ON

### ANÆMIA,

DELIVERED BEFORE THE ROYAL COLLEGE OF PHYSICIANS,

By SIDNEY COUPLAND, M.D., F.R.C.P.,  
Physician to the Middlesex Hospital.

#### LECTURE II.—ABSTRACT.

THIS lecture was occupied with the subject of idiopathic or essential anæmia. After alluding to the earliest recognition by Addison of cases of progressive fatal anæmia in adults with no discoverable lesions beyond fatty degeneration of the heart, and referring to the cases published by Dr. Barclay in 1851, Dr. Wilks in 1857, Dr. Habershon in 1863, and Dr. King in 1871, the new departure arising out of Biermer's essay on a form of "Progressive Pernicious Anæmia usually accompanied by Fatty Degeneration of the Circulatory Passages, and secondarily by Hæmorrhages of the Skin, Retina, Brain and its Serous Membranes" was pointed out; and the rapid growth of the literature on the subject during the last decade was attributed to the impetus given by Biermer's work. At first it was thought that a new disease had been added to the nosology; but Drs. Wilks, F. Taylor, and Pye-Smith re-asserted the claims of Addison, and proved conclusively that such was not the case. It was further pointed out that the new terminology had been made to embrace not only cases of the class described by Addison, but others arising from known causes; and it was held that pernicious anæmia includes but does not comprise idiopathic anæmia. Out of 110 cases collected from various sources (probably not one-half of the whole number that had been published), 56 occurred in males, and 54 in females; the ages varied with the sexes; 59 per cent. occurring between the ages of 40 and 60 amongst the males, and 63 per cent. between 20 and 40 amongst

the females. Müller's statistics of 44 cases from Biermer's clinic showed a far larger proportion of females, viz., 35, of which number no fewer than 28 occurred between the ages of 20 and 40, a preponderance corresponding to the period of child-bearing. The onset was sometimes sudden, more often insidious, hastened or determined by direct losses of blood or other discharges, and other prodromal influences. The symptoms were fully comprised in the phrase "progressive anæmia," increasing pallor, inertia, breathlessness on exertion, and palpitation; frequently with no change in general nutrition of body, or even an excessive amount of subcutaneous fat; and in later stages, sometimes dropsical effusions. Nervous symptoms, such as neuralgia, headache, vertigo, tinnitus, and a degree of dyspnoea sometimes painful, but (so far as the lecturer knew) not ever of the type of Cheyne-Stokes respiration, in spite of the presence of cardiac degeneration with which that type of dyspnoea is often allied. Pulmonary œdema, or passive pleural effusions towards the close, liability to syncope, quick feeble action of the heart, with undulating impulse, and sometimes signs pointing to dilatation, "hæmic" bruits, excessive arterial pulsation, and sometimes jugular pulsation, with loud venous hum. In addition, hæmorrhages frequently make their appearance, and may become profuse; menorrhagia, epistaxis cerebral hæmorrhages, subcutaneous, sub-serous and sub-mucous ecchymoses, and occasionally hæmorrhagic foci in the viscera. Retinal hæmorrhages were the most frequent—met with in 30 out of 39 cases—but their appearance does not appear to imply a fatal termination, nor their absence necessitate a favourable prognosis, for out of 30 cases, eleven are said to have "recovered," and out of 9, in which there were no retinal hæmorrhages, 6 terminated fatally. Usually no enlargement of liver, spleen, or lymphatic glands; and in only a few cases has tenderness over the bones (pointing to medullary affection) been observed. In a few cases albuminuria occurs, but the urine is generally free from albumen; it is notably deficient in nitrogenous matters, and also in chlorides, but the phosphoric acid is said to be relatively increased (Edelfesen). In one of Dr. Finny's cases a notable excess of iron was found in the urine. The

remarkable and irregular pyrexia, with the occurrence of sudden exacerbations, often characterised its course, and illustrative charts were shown. This paradoxical "anæmic fever," (compared with the pyrexia of leukæmia and Hodgkin's disease) is attributed by Immermann to the retrogressive tissue-changes, for it certainly cannot be due to increased metabolism by oxidation. The duration of the disease, so far as can be gathered from its uncertain onset, was from 1 to 6 months in 32 out of 110 cases; from 6 to 12 months in 24; and from 1 to 2 years in 25. Some cases appear to have permanently recovered, e.g., Quincke's cases treated by transfusion; others relapse in a longer or shorter time after improvement or apparent recovery, and the majority end fatally. There is no clinical distinction between the cases which recover, and those which run a lethal course. Death takes place by asthenia, sometimes in coma, or in syncope, sometimes in dyspnoeal attacks, or in convulsions. The post-mortem appearances present, besides passive serous effusions, and hæmorrhages, fatty degenerations, especially of the heart.

Brief details were given of 6 cases in the Middlesex Hospital during the past 10 years; three in young women, with a history not differing from that of chlorosis, but all fatal; one, after profuse and uncontrollable uterine hæmorrhage, attributed to the anæmic condition; one in a male, æt. 43; one in a female, æt. 46 (with relapse after 14 months interval, and still under treatment), and one in a boy, æt. 7, the youngest case Dr. Coupland was aware of. These cases illustrated some of the various types of idiopathic anæmia.

The term "pernicious" has been applied in two different senses, and some confusion has arisen in consequence. Thus it had been held to imply simply a severe form of anæmia; and it had also been used in a specific sense. From a consideration of the conditions under which it is met with, it seems more rational to use it in the former sense (although we may be ignorant of the exact process by which any given anæmia becomes "pernicious.") On this view there may be simple and pernicious forms of both varieties of anæmia, the symptomatic and idiopathic; varieties destined one day to be merged into one when etiology is perfected. The prodromal conditions of these cases were then analysed, and it was shown that in 70 out of 110 cases these sufficed for the production of an anæmia, even of severe form, such conditions being bad living and food, repeated pregnancies, gastro-intestinal disturbance, hæmorrhages, malarial influences, and nervous derangements. Attempts to explain those cases in which no sufficient etiological factors existed, as well as to throw light upon the reason why an anæmia becomes pernicious, had been made by investigations into the blood, and the condition of the bone-marrow. The changes in the blood, which consisted in diminution in hæmoglobin and corpuscles, and extreme variations in the size and form of the latter, might be due either to imperfect blood formation, or increased blood destruction. The marrow changes, which were not constantly found, and had been by some attributed to the cachectic condition, and not as the source of it, were those of hyperplasia. There is no *prima facie* reason against a primary myelogenous anæmia, which would bear relations to leukæmia and pseudo-leukæmia (Hodgkin's disease and splenic anæmia); whilst in chlorosis, everything points to an idiopathic anæmia, which is dependent upon imperfect evolution of the blood.

SURGEON-MAJOR F. B. SCOTT, M.D., has been selected by Sir Frederick Roberts as the medical officer to be attached to his head-quarters staff. He held a similar appointment on the staff of Lord Chelmsford during the Zulu campaign, and subsequently accompanied the Empress Eugénie on her mournful pilgrimage to South Africa.

## Original Communications.

### VERTEBRÆ IN PROCESS OF DISINTEGRATION BY CARIES NOT NECESSARILY ACCOMPANIED BY PAIN OR BY TENDERNESS IN THE OVERLYING SOFT STRUCTURES.

By R. WILLS RICHARDSON,

Surgeon to the Adelaide Medical and Surgical Hospitals, Dublin.

It is remarkable that the absence of tenderness in the soft parts over deep-seated caries, in the bodies of vertebræ, for example, has attracted the attention of but few writers upon caries; it being by no means exceptional to meet with cases in which the bodies of two, three, or even of more vertebræ, have been destroyed by the disease, tenderness in the overlying soft parts being absent during the whole course of the demolition. I have repeatedly pressed with my fingers the skin and underlying spinous processes of vertebræ, in the bodies of which caries was progressing, and have percussed them with the rubber-ringed stethoscope ear-piece without causing pain, which these tests would almost to a certainty have caused, had the subcutaneous soft parts been inflamed.

My trials of the hot sponge test have enabled me to record my testimony in favour of Sir Benjamin Brodie's observation, that it is much more likely to cause pain in the hysterical affection of the spine than when it is the seat of caries. It is almost unnecessary to observe that the pressure and percussion tests should not be applied with a force sufficient to cause pain in uninfamed structures.

The frequent absence of tenderness from the coverings of deep-seated caries did not elude the observation of Stanley, who mentions that, "In bones that are deeply situated, caries is often accompanied by very little evidence of inflammation, either in the bone or in its investing soft parts. Thus the scrofulous caries of the spine often advances to the destruction of the bodies of many vertebræ, without tenderness in the bones or in the soft parts investing them." (a)

Such, likewise, was Nélaton's experience, who speaks of pain as a symptom of Pott's caries as follows: "I have mentioned above that dorsal pain usually precedes the deformity of the spine; it is not always thus, however. Sometimes, in effect, a gibbosity is seen to develop itself without the patient having experienced any pain." (b)

Nélaton's observation would have been more decisive, had he stated whether it included the development of tenderness by pressing the soft coverings of carious bone. I have notes of several cases of scrofulous caries of vertebræ in which the absence of tenderness in the soft structures over the diseased bones was conspicuous. This freedom from tenderness in the soft parts situated over the bodies of vertebræ more or less disintegrated by caries was demonstrated in the following cases:—

Case.—H. A. W., æt. 9, was admitted to the Adelaide Hospital with well-marked curvature of the spine, the three superior lumbar spinous processes forming a very prominent angle. A large cold abscess engaged the lower part of the right lumbar region and also corresponded to the greater portion of the dorsum of right ileum. The cartilaginous junction between this bone and the sacrum seemed healthy.

Firm pressure applied to the coverings of the projecting processes, and percussion of the latter with the rubbered ear-piece of the stethoscope, failed to cause pain whenever these trials were made.

Case.—A. M. G., æt. 2, was admitted to the Adelaide Hospital with disease of the spine. Angular curvature was well marked, the spinal process of the 10th dorsal vertebra being most prominent, having, we were informed,

(a) A Treatise on Diseases of the Bones. By Edward Stanley, F.R.S. London, 1849. P. 53.

(b) *Éléments de Pathologie Chirurgicale*. Par A. Nélaton. Deuxième Edition; Tome Deuxième. Paris, 1868. P. 183.

almost "suddenly become so" three weeks previous to her admission. She had become very thin, and the liver was enlarged.

Tenderness was sought for in the projecting and in the other portion of the spinal column by percussing moderately with the fingers and the stethoscope ear-piece, but without success.

In this case also, the disease seemed to be progressing, if there has been no inaccuracy in the statement furnished to the clinical clerk, that the "spine became very angular not many days previously."

*Case.*—M. M. H., set. 3½, was admitted to the Adelaide Hospital with angular curvature of the spine, the spinous process of 5th dorsal vertebra being most prominent. Her father stated that he observed "nothing wrong" until a fortnight before she was admitted, when she complained of backache and painful breathing, attributed to a fall off a chair a few days previously.

When admitted she had no pain. The backward projection of the 5th dorsal spinous process was accompanied by slight lateral curvature to the left. During the six weeks she remained in hospital the projecting and the other portions of the spine were tested, from time to time, for tenderness after the manner followed in the last case, but with negative results.

*Case.*—H. B., having a large psoas abscess, placed himself under my care. The spine was, I may say, almost daily examined for several months for deformity and for tenderness. At first there was no deformity, and on no occasion could I find any evidence of tenderness, when tested in the manner I have mentioned.

With regard to the psoas abscess, I allowed it to open spontaneously, as recommended by Dupuytren in his observation on the treatment of this abscess. The opening formed a little below Poupert's ligament, and gave exit to a large quantity of whey-like fluid, and many pus-floes. Eventually the sac contracted, and closed.

Mr. B.— returned to the country, and I did not see him again for many months, when he consulted me for difficulty in breathing. This was caused by a large pleuritic effusion at the right side.

In consultation with the late Dr. Stokes, it was decided that I should draw off the fluid from the pleural cavity in case its absorption did not soon commence. This, however, rapidly took place, and the paracentesis was not required. During this illness the soft parts over the spine, were free from tenderness on every trial. There was no deformity, and when Mr. B.— had recovered sufficient strength, he was permitted to return home.

Several months having expired, he called upon me, but on this occasion, with shortened stature, and strongly marked angular dorsal curvature.

The projecting spinous processes, and their coverings, as well as those of the cervical and lumbar vertebrae, were again tested, but as regards pain, with negative results.

Although the notes of this case are brief, it had a tedious history. Mr. B.— eventually died of the so-called uræmic poisoning, caused, probably, by renal "amyloid" degeneration. Let me observe that spontaneous pain should not be confounded with tenderness to pressure.

Mr. Stanley's observations upon the diagnostic value of pain in caries of the spine are of much interest, and are fully corroborated by the cases I have narrated.

"The reply of experience," he has recorded, "will be that pain in the spine is not sure evidence of disease in it; nor is the absence of pain sufficient proof of the soundness of its structures. The many acknowledged sources of tenderness in the spine forbid the conclusion, in any case, that, independently of other circumstances, it must be the effect of organic disease. And the absence of pain in the spine is no proof of the soundness of its structures, since disease is often observed running its course to destruction of the parts it has attacked without an uneasy feeling in them. But, notwithstanding its always doubtful character, pain in the spine, if persistent, limited to a small

district, and not yielding to treatment, is a symptom not to be disregarded. I have known instances of attacks of pain in the lower part of the spine confidently treated as lumbago, which proved to be the precursor of complete and permanent paraplegia, from disease in the spinal cord. And I have, also, known instances of pain in the spine treated for a long time as lumbago, which proved to be the accompaniment of destructive disease of the vertebrae."

"Pain limited to a small district of the spine, of the same character as that which belongs to disease of the vertebrae, is often the first and continuing symptom of disease in the spinal cord; and hence, the obscurity in the diagnosis of these affections is, in some cases, so great, that the treatment throughout is conducted with uncertainty, whether the disease be in the vertebrae or in the cord."

"How much caution should be observed in deciding upon the significance of pain and tenderness in the spine, even when long persistent, and fixed in a small district of it, is to be learned from cases such as I have known, where the pain in the spine of this character had been for many months treated with confidence of success, and by means wholly unsuited to the real nature of the disease, which proved to be an aneurism making its way through the bodies of the vertebrae."

"Here it will be well to advert to the not infrequent instances of scrofulous disease in the spine advanced to the stage of destruction of the softened vertebral bodies, with the accompanying angular projection of the spinous processes, but throughout unattended by a single symptom, local or constitutional, that had given warning of the existence of the disease. It has several times happened to me as it must have done to others, to be told that in a child, apparently in perfect health, the discovery had by accident been made of a projection of one of the spinous processes so marked as to permit no doubt on the point of one or more of the softened vertebral bodies being crushed, and, perhaps, wholly removed." (a)

#### STIMULANTS IN WORKHOUSES—ALCOHOLIC LIQUORS AS MEDICINES FOR THE SICK.

By NORMAN KERR, M.D., F.L.S., London.

(Continued from page 222.)

WHAT has been the result of the reduction of alcoholic stimuli on the mortality of the patients?

From one medical officer, and from one alone, has come forth the opinion that his diminishing the supply of intoxicating drinks to his pauper patients has increased the mortality. The solitary witness on this side of the question is Mr. Anderson, Medical Officer of the Walton (Liverpool) workhouse. At a late meeting of the guardians this gentleman stated that he had tried administering alcohol only to urgent and severe cases, with the result that the diminution of the stimulant had increased the death-rate. The length of time the experiment had then been tried was eight weeks. During that period in 1880 the expenditure on alcohol was £31 17s. 7d., and the deaths were 63. During the corresponding period of 1879 the expenditure was £122 7s. 8½d., with 23 deaths. In 1878 there were 22 deaths, with a charge for stimulants of £85 19s. Mr. Anderson believes also that convalescence has, from the same cause, been prolonged.

Unfortunately, though the medical officers who had previously given utterance to an opposite opinion appended to their reports the statistical data on which their opinion was based, we are not favoured with any returns from Walton. As the matter stands we have only a personal opinion. No statistics are forthcoming, so we trust that the Local Government Board—or, still better, Mr. Anderson himself, of his own accord—will produce the returns indispensable to the formation of an accurate conclusion. As the medical journals justly observe, Mr. Anderson's is so obviously a bare statement as to be without scientific value. We cannot be in a position to pronounce a sound judgment till we learn all about the nature of the fatal

(a) *Ibid.* P. 135.

cases, the atmospheric conditions, the age, occupation, and habits of the deceased, the substitutes given in lieu of alcoholic stimuli, the particular form of drink supplied to all patients for whom stimulants were ordered, the prevalent diseases and rate of mortality of the surrounding district, the materials for a critical comparison of several years' complete returns of the disease and death-rate in the house, and the actual quantities of alcoholic drink given.

The few figures we are supplied with seem to me to point to the difference in the quantity of alcohol given not being the most potent factor in the causation of the increased rate of mortality. For instance, between 1878 and 1879, there was a difference of only one death, 22 having died in the former, and 23 in the latter year. Yet the consumption of liquor was less by £36 8s. in 1878 than in 1879.

In the absence of a full official return of the mortality for some time past in Walton workhouse, I am compelled to fall back on the statement of facts by one of the guardians, given in the *Liverpool Mercury* of 27th Nov., 1880. This gentleman asserts, and he appeals to the official records for the corroboration of his statement, that from some cause or other, altogether apart from stimulants, the mortality during 1880 has been quite exceptional, bearing no comparison with 1879. In the five months ending August 31, 1880, during which time stimulants were in full use, there was 1 death in 65 per month, against 1 in 89 per month during the corresponding period of 1879. For the 4 weeks preceding Mr. Anderson's experiment, the deaths had reached 1 in 48. The guardian goes on to say that though in August and September there was much diarrhoea among the old people from the oppressive weather, though stimulants had been suddenly swept away, without any substitute having been given in their place, the mortality fell from 1 in 48 to 1 in 67 during the 4 weeks succeeding those in which £70 worth of stimulants had been used. It was during the last 4 weeks of the non-alcoholic experiment that the death-rate rose, reaching as high as 1 in 43. Such are the guardian's averments. If alcohol were withdrawn from chronic cases and no substitute given for it, I would expect an increased mortality; but I trust that all the facts will ere long be brought to light, in the hope that we may be able to eliminate all the other contributory factors, and thus learn the truth as to what influence the diminution of alcoholic drink has exercised in the interesting experiment at Walton, for the institution of which Mr. Anderson merits hearty commendation.

Meantime, it is only fair to give the following evidence relating to the earlier experience of the West Derby guardians. They report that in the year ending December, 1871, the cost of stimulants was £1,062, with an average weekly number of inmates amounting to 1,027, and the proportion of deaths 1 in 245; while in 1872, with an average weekly number of 888, the cost was £146, the mortality being reduced to 1 in 355. In the Mill Hill Road Hospital the average weekly number of inmates was 222, the cost of stimulants, £978, and the death-rate 1 in 30; while in 1872, with an average of 308 inmates, the cost was £450, the mortality being only 1 in 60. The West Derby Special Committee of 1871 reported, from the medical relief book at Walton, that in the quarter ending September, 1871, under one medical officer, with an average of 118 patients, the average supply was half a pint of ale or porter to every other patient, and three-quarters of a glass of wine or spirits to every patient every day. The deaths on this side of the house were 25. To the female side of the hospital, under another medical officer, averaging 154 patients, the supply averaged half a pint of ale or porter to every fourth patient, and a glass of wine or spirits to every sixth patient each day. The deaths on this side of the house were 16—less than one half of the male side in proportion to the population.

Whatever the soundness of Mr. Anderson's contention that the lessening of the amount of liquor increased the mortality, it cannot be denied that the evidence in favour of the converse proposition is very weighty. At Wrex-

ham, the statement embodied in the parliamentary paper already referred to, shows a slight decrease in the rate of mortality on the non-alcoholic plan. At St. George's, Hanover Square, the mortality with a minimum of alcohol is below the mean of the other metropolitan workhouses. At Barnsley the death-rate was lowered; and no one has suggested that either at South Dublin or Helston has the mortality been increased. In the Manchester workhouse hospitals Mr. Steinthal informs us that the cost of stimulants has decreased from £458 in 1876 to £204 in 1880; and that, while during the 3 years preceding the change, the deaths were 1 in 12 of the total number of inmates, during the subsequent 3 years it has been 1 in 13½.

The experience of my lamented friend, Dr. Simon Nicholls, of Longford, who was the first medical officer to give the non-alcoholic system a fair trial in a workhouse, is very striking. He adopted this plan in the poor-house at Longford for 18 years, and reported in 1866 that he had found it most successful. Dr. Nicholls informed me that while in charge of the Longford workhouse fever hospital and infirmary, from their first opening in 1841 till the cholera epidemic of 1848, he prescribed alcoholic drinks as a medicine as freely as was the usual custom in other hospitals. He then, the mortality being 94 per cent., became convinced that these beverages were injurious, and entirely discontinued their use with the most satisfactory results, the mortality from cholera at once falling to 33 per cent. In consequence of Dr. Nicholls' publication of his poor-law experience for about 2½ years, the Poor-Law Board sent over a medical inspector, who conducted a searching inquiry into the facts of the case, and confirmed the accuracy of the returns. Between 1st January, 1862, and 29th September, 1864, a period of nearly 2½ years, the mortality from fever in 115 cases was 4½ per cent., and during the year ending September, 1865, in 451 cases it was only 2½ per cent.

Mr. Brittain, of Chester, has been medical officer to the Chester Union workhouse for 39 years. For 10 years previous to 1876 the whole sum expended for stimulants was £6 17s. 6d., the highest expenditure in any one year being £1 16s. 10d., and the lowest 1s. Mr. Brittain says that he has had in the house all kinds of cases—typhus, typhoid, &c.—and his treatment has been to administer full quantities of nutritious food, beef tea, rice, milk, roast and boiled beef and mutton, &c., and when stimulants were required camphor, ammonia, and similar medicinal remedies. He adds he has never had any occasion to regret what he has done.

Dr. Collenette, of Guernsey, attended the patients of two large hospitals, one in town and the other in the country, and the paupers of a populous parish for thirty years, and never once found it necessary to prescribe either spirituous, vinous, or malt beverages.

The late Mr. Bennett, of Winterton, for forty years prescribed no alcoholic liquors; and in a serious epidemic of typhoid fever, in 500 cases he had a mortality of only 4 per cent.

During 34 years of Mr. Sleeman's tenure of office as a workhouse medical officer at Tavistock, the cost of stimulants ordered by him came to half-a-crown.

Dr. Dixon, coroner for South Oxfordshire, has held a poor-law appointment for some 30 years, and has not recommended intoxicating drink as a medicine for the last 20 years.

Many other parochial medical officers, of whom the late Dr. Morgan, of Dublin, and the late Dr. Fothergill, of Darlington, were not the least notable, extensively adopted the non-alcoholic system, and expressed the greatest satisfaction with the results.

In the ordinary treatment of the sick poor I have myself found alcoholic drinks of every kind almost wholly unnecessary; and I have the record of some 30,000 cases of disease of almost every kind that have been treated without the aid of these liquids. I have often seen such beverages, when prescribed medicinally, accelerate disease and retard convalescence, and I have occasionally, though very rarely, seen cases in which limited doses of alcohol

have been of service. The occasions on which I have thought it right to give an alcoholic drink have been so few, and the whole quantity I have prescribed has been so small, that my practice may fairly be claimed on the side of those who take strong ground against the prescription of intoxicants. At the same time I am convinced there are cases in which alcohol is a valuable remedy, a remedy, however, which ought never to be given except after due deliberation, and which ought ever to be administered in accurately defined doses with the extreme of caution, and with a renewal of the prescription when its continuance is deemed advisable.

I am not sorry that Mr. Anderson has boldly expressed his convictions, for some ardent temperance spirits have rushed to extreme conclusions for which as yet they have no warrant in facts; and I trust that this difficult question, for it is a difficult one, will now be investigated in that calm and unprejudiced frame of mind by which alone we can hope to obtain a glimpse of the truth. During the discussion of my paper at the Social Science Congress, at Liverpool, a distinguished and most estimable temperance reformer pressed me very hard for confirmation of the theory that the death-rate among the sick fell *pari passu* with the consumption of stimulants. Fortunately, though I was compelled to admit that the West Derby returns seemed at first sight to indicate a coincidence of this nature, I did not fall into the trap but took my stand on the ground that no accurate opinion could be based on any such statistics. The ages and constitutions of the inmates not only vary from day to day in the same workhouse and are ever an uncertain quantity, but no two unions follow the same practice as to the class of persons admitted. In one locality either the district medical officer or the guardians or the relieving officer, or all these three, send nearly every case of illness into the house. In another locality hardly any cases are sent in. In a third there are only cases of serious illness admitted. In short, there are no two workhouses which afford a common basis for a true comparison. It is as essential to have a thorough knowledge of the differing procedure in the various workhouses and districts as to have full particulars of the age, the sex, the disease, the history, and condition of the inmates. Only when we are able to eliminate all the other contributory factors, if in any instance this can be accomplished, will we be in a position to determine the true influence of non-alcoholic treatment on the death-rate and on the period of convalescence.

In the present state of our knowledge, I do not think we are warranted in going further than saying that the preponderance of evidence points to the probability that the absolute withdrawal or minimum prescription of alcoholic stimulants has no real influence in increasing the death-rate or protracting convalescence. For my own part I incline to the belief that, *ceteris paribus*, the mortality is likely to be lowest where stimulants, though not absolutely interdicted, are resorted to only on rare occasions, in accurately defined doses, and for a temporary purpose, the medicine being discontinued the moment the occasion for its use has passed.

At the same time, I am bound in candour to confess that we know little or nothing about the truth. The Irish returns, when analysed, clearly show this, though at first sight the mortality seems in a measure to follow the ratio of stimulation. In 20 of the unions included in the Mountmellick inquiry, in which the cost of stimulants for the year did not exceed 1s. per head on the average number relieved, the mortality was 22½ per cent. In 30 unions, in which the cost exceeded 1s. but did not exceed 5s., the mortality was 22½ per cent. In 34 unions, in which the cost exceeded 5s. per head, the mortality was 25 per cent.

That no argument in favour of the non-alcoholic or mildly alcoholic system can fairly be based on these generalizations, will be clearly seen from the following analysis of the returns. Where the deaths showed a percentage to the average number relieved of 8 per cent., the cost of stimulants per head on the average number

relieved was 2s. 7d.; where the deaths were 10½ per cent. it was 3s.; where they were 12 per cent. it was 8s. 4½d.; where they were 18 per cent. it was £1 5s. 10d. Where the deaths were 20½ per cent. the cost was 2½d. where they were 21 per cent. it was 1½d. where they were 28 per cent. it was 3½d. where the deaths were 30 per cent. the cost was 5½d. where they were 35½ per cent. it was ¾d.!!!

In one union, with an average death-rate of 12½ per cent., the expenditure was 6s. 4d. per head. In a second, with the same death-rate, the expenditure was 12s. 6d. In a third, with yet the same death-rate, the expenditure was 17s. 6d. Again, while £1 5s. 10d. yielded a death-rate of only 18 per cent., no alcohol at all gave a mortality of 19 per cent. in one workhouse (!) and 28 per cent. in another!!

English returns give similar evidence. From the West Derby Special Committee's Report of 1871 I find that the annual costs of stimulants in Marylebone, on an average of two years ending March, 1871, was at the rate of 7s. 9d., and the mortality 1 in 10½. In St. Pancras the cost was 6s. 5d., and the mortality 1 in 13; in Lambeth, 5s. 9d., and 1 in 17; in Leeds, 11½d., and 1 in 18; in Manchester, 11d., and 1 in 38; in Birmingham, 10d., and 1 in 20; in Edinburgh 5d., and 1 in 30; in Armagh, nothing, and 1 in 21½; in Lurgan there was no charge for liquor, and the mortality was 1 in 26; in Newry no strong drink was supplied, and the deaths were 1 in 38.

From the more recent returns of the second Special Committee of the West Derby Guardians, that of September, 1880, I gather that during the preceding twelve months, Marylebone, with an alcoholic expenditure per head of 6s. 1d., had almost the same death-rate as Walton, with an expenditure 3½ times as great, viz., £1 1s. 7d. The deaths in Walton were 1 in 3'86, and in Marylebone 1 in 3'83. Sunderland, with an expenditure of only 2½d. per head, had a death-rate of 1 in 4'87, while the Isle of Thanet, with an expenditure of 11s. 9d., had no more deaths than 1 in 4'79. In other words, there is little difference in the mortality, though the latter union spent fifty-six times as large a sum in intoxicating drink as the former! Sheffield, spending 2s. 7½d. per head has a death-rate of 1 in 3'06, while Glasgow, spending 4s. per head, has a death-rate of 1 in 3'07, or nearly identical. Liverpool, spending 5s. 5d., has 1 death in 2'37, a much higher rate of mortality than Paddington (1 in 2'37 against 1 in 3'36) spending nearly four times as much.

Scotland has equally contradictory and bewildering testimony. In 1877 the poorhouse of St. Cuthbert, Edinburgh, spending only 2½d. per head on alcohol, had a death-rate of 27'85 per cent., while Peebles, though spending £3 13s. 10½d. per head, had a death-rate of but 22'4 per cent. That is to say, though spending 352 times as much on alcohol as the former, it had some 5 per cent. less mortality!! Moray, with an expenditure of 3s. per head, as against the £3 13s. 10½d. of Peebles, had the same death-rate, viz., 22'4 per cent. The Abbey, Paisley, while paying more than five times as much for stimulants as Morayshire—16s. 2d. against 3s.—had a mortality of only one-fourth of the rate of the latter.

I was deeply grieved some time ago on reading the report of a statement publicly made by an excellent abstinence medical officer, for whom I have a high regard. This gentleman presented an abstract of his parochial cases treated without alcohol, and compared his own results with those of his predecessor, who prescribed alcohol, showing a considerable decrease in the death-rate under the non-alcoholic regime. A more mature experience will prove that all such comparisons are valueless, and very apt to be misleading, and that no trustworthy conclusions can be drawn from them. I have already pointed out that we must eliminate all the other factors contributing to the mortality, and demonstrate that the age, sex, disease, occupation, surrounding circumstances, and state of health of the groups compared fairly correspond before we are justified in the claim to have formed a sound judgment. We ought to be very careful not to rush to a rash



and unwarranted conclusion ourselves, and we cannot be too chary in making assertions that cannot be borne out by a searching and critical scrutiny. In the present absence of definite information, no one is in a position to dogmatise on the subject. All we can do meanwhile is to endeavour to add to the mass of reliable statistical data now rapidly accumulating, in the hope that the time may one day arrive when sufficient thoroughly sifted material will have been gathered to enable vital statisticians to establish unimpeachable general laws. That time is not yet.

(To be continued.)

### SURGICAL DRESSINGS IN PRIVATE PRACTICE.

By WM. BERRY, M.R.C.S. Eng., L.R.C.P. & S. Ed.,  
Hon. Surgeon Royal Albert Edward Infirm., Wigan.

WHILST Listerism in surgical practice is *sub judice*, perhaps more especially in private practice, owing to the want of time, help, and appliances, on the part of the general practitioner, it is well, perhaps, that some safe, simple and effective mode of dressing can be employed.

The examples from hospital practice afforded by Mr. Sampson Gamgee, of Birmingham, are certainly satisfactory, and will, I think, commend his mode of treatment to the busy practitioner. His *dictum* of rest, drainage and pressure, if duly carried out will save much time and trouble, and show results comparable with the antiseptic method.

I have endeavoured through the small means at my disposal in private practice, to carry out this plan, using absorbent wool as dry dressing, proper means of drainage, and firm and even bandaging, so far am admirably satisfied with the result.

The absorbent wool, which can be obtained either in bulk or in pads, is an excellent material for carrying out this mode of treatment. When applied to a wound it forms a nice soft covering, takes up any discharges which may escape, and allows the parts to be undisturbed till the dressings are saturated and uncomfortable. If the discharges be foetid and unhealthy, the wool can be made antiseptic by means of terebinte, salicylic, carbolic, or boracic acid.

Dressings of this material are easily carried and applied, they need not be disturbed for some days, unless the thermometer indicates some disturbance of the system or the dressings become saturated, then the covering should be removed, the wound cleansed, and a renewal of fresh dressings made.

In large wounds, and in chronic abscesses, it is always better to insert a drainage tube, so as to allow of the free escape of fluids which may collect, then a sufficient covering or pad of absorbent wool, firmly and evenly bandaged on with an ordinary roller, will constitute a light and compact dressing, which may remain undisturbed till one of the conditions mentioned above necessitates a change.

I would here mention the importance that should be attached to the indications of the thermometer in all surgical cases, for long before either pulse, tongue, facial expression or pain in the part show any disturbance, the thermometric rise will indicate something wrong, then the dressings should at once be removed and the wound examined.

Mr. Gamgee in his admirable little work on the "Treatment of Wounds," says at page 10, "A glance at the thermometric chart at the head of the bed is frequently sufficient to assure the surgeon of the progress of a case, without his addressing a single question to nurse or patient."

In busy private practice and in colliery cases, it is a great advantage for the surgeon to be able to apply a neat, efficient, and safe dressing, which will not take up too much of his time or require frequent change, also where the dressings can be removed and renewed expeditiously.

In the mode of treatment recommended therefore, we have everything that could be desired.

Messrs. Southall Brothers, of Birmingham, have introduced to the notice of the profession pads for surgical dressings, made from absorbent wool folded in gauze or thin muslin, at the suggestion of Mr. Sampson Gamgee. These pads are very neat, compact, and serviceable; they suit well the purposes for which they are intended, and occupy little space, and being very light are easily carried.

In midwifery cases also we can have pads made in like manner, which are very useful and more comfortable than the ordinary diaper, they are readily burned when saturated, and can be made antiseptic by any of the known agents. The sanitary towel also for use during the menstrual period is extremely serviceable, and saves washing, the cost is the *only* drawback.

In concluding these remarks, the following notes of a case of herniotomy in private practice, will illustrate the advantages of the mode of dressing advocated above.

August 6th, 1880.—Mrs. H., *æt.* 40, mother of a large family, of spare habit of body yet tolerably healthy; had suffered for a couple of years from a hernia, which she readily reduced when it gave pain; she wore no truss or support, and whilst running a short distance, the hernial protrusion descended and gave her great pain. She was obliged to take a cab and return home. I was sent for and saw her about three hours after the descent of the hernia had taken place, and found her lying on her back with the knees drawn up, and suffering excruciating pain, there was a swelling in Scarpa's triangle the size of an egg, and very hard, I tried for half an hour to reduce it, but failed. I gave 20 minims of laudanum every two hours, and ordered warm fomentations.

I saw her again at 9 p.m., accompanied by my friend Dr. Tatham, who kindly administered chloroform for me, we both tried taxis, but failed. I now cut down on the tumour, carefully dividing the tissues till the sac was reached, the constriction could not be relieved without opening the sac, which was carefully done, and gut relieved. The knuckle of bowel was very much congested, especially as it had only been strangulated for so short a time. The edges of the wound were approximated, and three sutures of silver wire inserted, the blood sponged from the skin, and a cotton wool pad and bandage applied.

7th.—Not quite so sick as she was directly after the operation, and had passed a pretty good night. Pulse 102. Temp. 98.4. Tongue clean and moist.

9 p.m.—Pulse 102; temp. 99; feels pretty comfortable, but sick now and again. To have nothing but milk diet and ice to suck.

8th, morning.—Pulse 90; temp. 98; passed a pretty good night, sickness passing off.

Evening.—Pulse 90; temp. 99.

9th, morning.—Pulse 90; temp. 99; sickness abated, but feels soreness about the wound. To have pil. morphia (gr.  $\frac{1}{2}$ ) every 4 hours. Dressing removed, pad just soiled with a serous fluid; wound looks very healthy. A fresh pad applied.

Evening.—Pulse 108; temp. 102.2; more pain, feels tired and restless; to have morphia pill every two hours.

10th, morning.—Pulse 96; temp. 100.8; had passed a restless night. Removed the dressings, and found edges of wound congested and hard. Removed middle suture and a little serous discharge escaped. A bread poultice moderately warm, was applied.

9 p.m.—Pulse 90; temp. 99.2; feels somewhat better.

11th, morning.—Pulse 90; temp. 98.4; tongue, clean and moist, wound looks better, still congested and opening up; the skin for a circumference of two inches around wound is red and almost erysipelatous-looking. She had passed a tolerably good night. Dry lint and wool over wound.

Evening.—Pulse 96; temp. 100.2.

12th, morning.—Pulse 90; temp. 99. Had passed

a good night, wound opening up, redness of skin disappearing, a good deal of soreness, sutures removed.

Evening.—Pulse 90; temp. 99.

13th, morning.—Pulse 90; temp. 98.4. Bowels moved pretty freely and without pain, feels much better. To discontinue pills of morphia; wound looks well, but granulating from bottom.

Evening.—Pulse 90; temp. 98.4. She now progressed, the pulse and temperature remaining normal from this date; the wound gradually closing by granulations.

The wound took till the 14th of September before it was completely healed over, but previous to this she was able to get up, and get from one room to the other.

This case fully shows the importance of the daily thermometric observations, it was not until the evening of the third day that we had any evidence of the wound going wrong, and although the redness extended around the wound for some little distance, I am inclined to think that the cause of this was the force employed in taxis, and the lesson learned is two-fold, namely, (1) Do not employ too much force in trying to reduce a strangulated hernia in a healthy and strong subject; (2) Operate early, do not wait for symptoms of strangulation to set in; if you have the history of sudden strangulation, with great pain and vomiting, and taxis fails after being carefully employed, operate at once.

## Clinical Records.

### ROTUNDA HOSPITAL, DUBLIN.

*Case of Myxomatous Tumour springing from Lip of Os Uteri in a Patient at Full Term of Pregnancy—Amputation of Lip of Os Uteri Four Days before Labour set in—Subsequent Inflammation of Knee-Joint—Recovery.*

Under the care of Dr. LOMBE ATTHILL, M.D., Master of the Hospital.

Reported by Mr. E. GORDON HULL.

E. K., set. 38, was admitted into the Rotunda Hospital on the 1st November, 1880. She stated that she was then nearly at the end of the ninth month of her eleventh pregnancy, and that she had always enjoyed excellent health till in the eighth week of her present, when she noticed a copious viscid mucoid discharge to escape constantly from the vagina; this discharge soon became sanguineous. At about the end of the fourth month of pregnancy while at stool, a large mass suddenly protruded from the vulvæ. Copious hæmorrhage followed; and she became faint. On lying down the mass receded into the vagina, and the hæmorrhage ceased; but ever since, on making any exertion the mass was liable to protrude, and she was seldom free from a sanguineous discharge. Being under the impression that she was suffering only from a "bearing down of the womb," she did not for a long time consult anyone, but at length sought admission into hospital, on the recommendation of Dr. Heffernan, whom she had consulted in the country.

On admission, a large soft mass was found filling the vagina; its surface was nodulated and uneven, and bled freely on being touched; it sprang from the posterior lip of the os uteri to which it was attached by a short and wide pedicle. It could be extruded from the vagina by the voluntary efforts of the patient, and presented the ordinary appearance of a mass of epithelioma; and the opinion that the growth was of a malignant nature was strengthened by the very fetid character of the discharge. As the woman was within a few days of her confinement, a serious question arose as to the best course to adopt; but as the mass from its size would seriously impede labour, Dr. Atthill decided that its removal held out the greatest hope of lessening both the risk of hæmorrhage to which the patient was liable, and the danger of septicæmia to which she was exposed. The operation was accordingly performed on Friday, November 6th, by means of the écraseur, the wire of which was passed up as high as possible so as to include the portion of the posterior lip of the os uteri from which the tumour sprang, the patient being under the influence

of chloroform. No hæmorrhage followed; some fever, however, supervened, and the temperature rose on the next morning to 102 deg. Fahr., and as there was much nausea she was ordered an effervescent alkaline mixture.

On Sunday morning, the 8th, labour pains set in; these were of a very lingering inefficient character. The membranes did not rupture until 8 a.m. on Monday morning at which time the os was still not half dilated. Warm baths were ordered with the view of relaxing the os; and on Tuesday morning at 1 a.m., barely four days after the operation, she was delivered of a male child, which, however, only lived fourteen hours. Neither during the labour nor subsequently did any hæmorrhage occur.

The patient went on favourably till the 14th, when she complained of pain in the sole of the left foot; this pain seemed to travel upwards, and finally became located in the left knee-joint.

On the 16th the following note was made:—Temperature 101 deg., pulse 108. Knee-joint swollen and tender, but not much so unless it is moved. The veins on the external surface of the leg and knee-joint are prominent and turgid, while immediately to the outside of the patella there is a dark red spot about an inch in length by half an inch broad. Neither the foot nor the leg are swollen.

On the 17th four leeches were applied, two to each side of the knee, and the joint was continuously poulticed. This relieved her greatly, and on the next day she only complained of the knee being stiff.

November 30th.—Knee enlarged and cedematous-looking, superficial veins of thigh enlarged. There was one very painful spot corresponding to the upper margin of the tibia internally. Two leeches ordered to be applied and poultices as before.

December 9th.—The knee is now nearly same size as other. There is little pain, and the patient can stand on it; Friction with a stimulating liniment is being used. The patient complains of a feeling of chilliness with shivering, followed by a hot stage, then perspiration about 5 p.m. every evening, the temperature running up to 105 deg. and pulse to 130. Ordered quinine sulph. gr. 10. to be taken at 2 p.m.; this was repeated for three days, when the attacks subsided; but they recurred again on the quinine being omitted. Her recovery was very tedious, but she was able to return home on the 23rd December, the knee being still very stiff and occasionally painful.

A microscopic examination of the tumour was subsequently made by Dr. Reuben Harvey and Dr. E. MacDowel Cosgrave, who report "that the greater portion of the tumour presented the characters of a myxoma and in no part was there anything characteristic of malignancy."

Dr. Atthill in commenting on this case pointed out that a segment of the lip of the cervix uteri more than an inch in length and half an inch in depth was removed by the écraseur, and this within forty-eight hours of the occurrence of labour, and yet no hæmorrhage followed; his reason for removing so large a portion of the cervix being his belief that the tumour was of a malignant nature, the attack from which she subsequently suffered, though evidently of septic origin, was of a very unusual nature. When the pain in the foot set in, followed by inflammation of the knee, pyæmia was dreaded, but the attack proved to be synovitis; while, when nearly convalescent, repeated attacks of intermittent fever of a severe character occurred which greatly retarded her recovery.

## Transactions of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 2, 1881.

Dr. MATTHEWS DUNCAN, President, in the Chair.

#### INTERSTITIAL FIBROID CAUSING RETROFLEXION.

Dr. GODSON showed, for Dr. J. Dewar, a specimen of interstitial fibroid. The patient was aged 43, a widow, sterile. Three years ago, Dr. Dewar attended her for retroflexion. She wore a Hodge's pessary with advantage for some time, then it began to give pain, and had to be removed. About a year after she had an acute attack of

pelvic peritonitis, which left the uterus fixed. She died rather suddenly from a second attack of peritonitis. The specimen showed a small fibroid in the anterior wall of the body of the uterus. The fundus was retroflexed, pointing downwards very markedly.

The PRESIDENT then delivered his  
INAUGURAL ADDRESS.

DR. BARNES ON

SO-CALLED "MISSED LABOUR," WITH CASE IN ILLUSTRATION.

The author starts by stating that the term "missed labour" proposed by Oldham was not justified by the facts of Oldham's case, which proved on autopsy to have been one of extra-uterine gestation. Discussing other cases of presumed missed labour accepting the arguments of Stoltz and Müller, the author affirms that no authentic example of missed labour—this term being taken to mean the prolonged retention for an indefinite time in utero of a fœtus living at term—is yet known. He cites examples of the retention of the ovum which had perished in utero at a pre-viable age for some time, and notably until the arrival of the natural term of gestation. He relates a case which came under his own care. A lady, æt. 39, had borne three still-born children, the last of them five years ago, before consulting Dr. Veitch at Penang in December, 1872. Pregnancy dated from early in November preceding. The usual signs of pregnancy were manifested, she verified quickening, up to the seventh month she felt movements of the child. About the eighth month after a slight accident a show of blood came. Three weeks later another bleeding occurred, but no labour pains. Eleven months after the presumed date of conception she came to England. There was an impression that she might be suffering from fibroids of the uterus. She came under Dr. Barnes's care in December, 1873. Under chloroform, the cervix uteri having been dilated by laminaria tents, he felt what he took to be the interior surface of the uterus, the sound passed six inches. In January, 1874, some coloured discharges went on. Pieces of bone which turned out to be bits of the spinal column passed by vagina. After dilatation by tents, more bones were removed by fingers and forceps. In February this manœuvre was repeated, and by craniotomy-forceps the remaining parts of a fœtus which appeared to have reached the eighth or ninth month of gestation, were extracted. Her health then improved, the discharges became less offensive, and the uterus gradually shrank as in ordinary involution, but more slowly, until it reached the common conditions of the non-pregnant state, and the patient perfectly recovered. The author submits that this is a clear instance of the retention of a fœtus dying in utero at a viable stage for some months after the normal term of gestation had been reached; and that in this sense the term, missed labour, may apply. He cites the cases of Dr. M'Clintock and Dr. Hall Davis as corroborative.

Mr. SPENCER WELLS, who had seen the patient, asked if the case might not be explained on the assumption that the pregnancy was what had been called by some interstitial or mural, in which the ovum is arrested where the Fallopian tube passes through the uterine wall. He remembered that some attention had been given to this view at the patient's bedside, and thought that the subsequent history was quite consistent with this view. It was strengthened by a case he saw last year. A lady, who believed she was in the fifth month of pregnancy, was reduced to a state of extreme danger by constant pain and vomiting. Eminent men had said she could not be pregnant, because the cervical canal admitted the finger, and the sound could be moved freely to a depth of nearly five inches. Mural pregnancy was diagnosed, and ergotine was injected into the substance of the cervix uteri. Severe pains followed, and the expulsion of the fœtus, with perfect recovery.

Dr. ROPER thought that a reasonable explanation of these cases of so-called missed labour might be given from a point of view hitherto unnoted. He believed that most of them were originally uterine gestations, which, during their course became partially or wholly extra-uterine, in consequence of a degree of rupture of the uterus from external injury, or spontaneous giving way through degeneration of the uterine structures. The fœtus did not escape entirely, but to such a degree that ultimately a cyst was formed outside the uterus, the fœtus being partly within and partly without. The first symptoms were those of pain, coinci-

dent with some accident; and the pains of labour were always equivocal. The fœtus at this time died, the pain subsided; then followed the history common to all: fetid discharge, putrilage and bones. When an autopsy had been made, an aperture had been found connecting the cavities of the uterus and the cyst. The rigidity of the cervix in these cases was of interest, as illustrating uterine polarity. The fundus being injured, fundal polarity was arrested, while cervical polarity remained in full force.

Dr. GERVIS, in corroboration of Mr. Spencer Wells' suggestion, mentioned a case of extra-uterine pregnancy, in which, very unexpectedly, about the fifth month, delivery occurred, *per vias naturales*. The practitioner in attendance on introducing his hand found a distinct cavity toward the left angle of the fundus, in which evidently the fœtus had lodged. He also referred to cases in which, when delivery was due, a few ineffective pains occurred; but delivery did not occur till three or four weeks later. He mentioned a typical case in which this occurred in successive pregnancies, with the result that instrumental aid was necessary; and the child was each time born dead. At her fifth confinement, the effort of Nature was supplemented at the ninth month, and a living healthy child born. In the sixth pregnancy, there was again protracted gestation, and a still-born child.

#### ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MARCH 7TH, 1881.

THOS. ARNOLD ROGERS, President, in the Chair.

#### TUMOURS OF THE UPPER AND LOWER JAWS.

MR. CHAS. MACNAMARA exhibited a patient from whom he had removed a sarcomatous tumour of the upper jaw, and read notes of the case. The patient, a married woman, æt. 51, was admitted into the Westminster Hospital on January 29th. She had first noticed a swelling of the right upper jaw about fourteen months before; at first it caused little inconvenience, but during the last three months she had suffered severely from neuralgic pain in the right side of the face. The tumour occupied the maxillary process of the right superior maxillary bone; it did not extend back to the soft palate nor project into the nasal or orbital fossæ, and there was no enlargement of the neighbouring lymphatic glands. On February 5th, Mr. Macnamara removed it by making an incision through the upper lip, along the right ala nasi and across the cheek of the malar bone; the alveolar process was then divided to the right of the symphysis with a Hey's saw, together with the nasal process of the superior maxillæ and the malar bone, completing the separation of the tumour with the bone forceps. The patient made a rapid recovery. Mr. Macnamara showed a cast taken by Dr. Walker before the operation, and also some sections of the tumour, which proved to be an osteosarcoma, under the microscope.

Mr. BUTLIN called attention to the presence in these sections of some small rounded or oval bodies composed of calcareous matter; they were homogeneous, highly refractive and marked with slight parallel lines concentrically arranged. So far as he was aware, these bodies had only been observed in three other cases; these were all tumours of the lower jaw and all occurred in young people.

Mr. CHAS. TOMES said he had noticed the small calcareous bodies spoken of by Mr. Butlin on, at least, two previous occasions in tumours of the mouth and was not aware of their great rarity. One was a case of great hypertrophy of the gums and the other was an ordinary fibroid epulis. He was much struck with their close resemblance to the bodies called calco-spherites, which were apt to form whenever salts of lime were precipitated in the presence of organic matter.

Mr. CHARTERS WHITE afterwards read a paper on  
THE HISTOLOGY OF THE GUSTATORY ORGANS OF THE TONGUE,

In which he gave an interesting description of the remarkable bodies known as the gustatory or taste bulbs, which are found on the base of the tongue, especially in the vicinity of the papillæ circumvallatæ. The paper, which

was in the main a *resumé* of Prof. Eugelman's article published in vol. iii. of "Stricker's Histology," was illustrated by diagrams and by some beautiful microscopical specimens prepared by Mr. White.

A discussion ensued, in which Messrs. Stocken, Weiss, Coleman, Hutchinson, Ibbitson, and others took part. Mr. White having replied, the meeting was adjourned.

## Translations.

### THE TRAUMATIC CURE OF PANNUS. (a)

Translated by ARCHIBALD H. JACOB, M.D., F.R.C.S.I.

CORNEAL infiltrations are common, whether consequent on old and ill-cared for granular affections, or on interstitial keratitis. They are symptoms of a scrofulous temperament, on which, according to some authors, hereditary syphilis has been grafted. However this may be, whether the opacity be called granular pannus or profound diffuse infiltration, the patient is none the less blind, and, therefore, during many years numerous methods of restoring transparency of the cornea have been proposed. Besides collyria and ointments without number invented *ad hoc*, the most diverse surgical operations have been employed (peritomy, syndectomy, sclerotomy, iridectomy, &c.). Blenorrhagic inflammation too has had, and still has warm partisans, and its defenders have been able to convince the most sceptical by bringing forward the most convincing proofs of its utility (Warlomont, Hanion, Brière, Panas, &c.) each of these operations (I consider purulent inoculation as such) gives clear and precise indications which way, according to the nature of the pannus, its thickness, &c. It should be remembered, however, that a mode of treatment which in one case might prove highly beneficial, might in another prove quite the reverse. I do not therefore bring forward the mode of treatment proposed by me as a universal panacea. The operative proceeding is very simple, but the results are none the less surprising.

Very rapidly, and in the course of a few days, the cornea becomes again transparent. Sometimes this transparency occurs after the first operation, and is perfect; sometimes there remains some *cloudings*, some interstitial traces; a new traumatism is then necessary, and new illumination is produced. In some cases this must be repeated three or four times in order to obtain a satisfactory result. The two most general traumatisms which have been hitherto practised are canthoplasty (enlargement of the palpebral clefts) and strabotomy. It is, of course, clearly understood that the latter has been practised only when the eye affected was strabismic, as is frequently the case. As to canthoplasty, I will at once answer an objection which may be made, when the granular eyelids are narrow and consequently rub their hard wounding asperities against the globe of the eye, it is the general custom to free the external commissure in such a manner as to give freer play to the eyelids. This is recommended in most ophthalmological treatises. Canthoplasty is not, however, advised, except in those cases where there is really rubbing. To extend canthoplasty from this to all cases of pannus is doubtless a step, but one which I believe I have been successful in making. I practise canthoplasty only as a traumatism, and of all traumatisms it is the most simple, the least painful, and the most rapidly performed. From an æsthetic point of view even it is advisable, for a slight enlargement of the palpebral cleft is pleasing rather than otherwise to the sight.

How have I been led to form this opinion? The three following cases, of which I will abridge the account, led me to do so.

Mademoiselle N., æt. 18, came to me December, 1880. There was convergent strabismus of the right eye, of which she wished to be freed on any terms. This strabismus dated from early infancy. She had lost the sight of this eye. The cornea was covered by a complete pannus, with vascular development, especially on the upper third. On turning back the eyelids vestiges of old granulations could be clearly perceived, and cicatricial traces occupied the superior portion of the tarsal cartilage, while here and there were gelatiniform infiltrations of the conjunctiva. The granular affection had

first shown itself two years before, but the right eye only was affected. The pannus developed rapidly, but for more than a year had remained stationary. The young girl troubled herself little about the sight of this eye, as she had frequently been told that the cure, if possible, would be long and tedious. I operated at once for strabismus, and the operation was perfectly successful. A few days later I was much surprised to find that the cornea was rapidly clearing (almost visibly), and the granular tissue becoming re-absorbed without further treatment. I have since lost sight of this patient.

Some days later Edward J., æt. 11, was brought to me. He was suffering from convergent strabismus of the right eye. A large leucoma occupied the whole extent of the pupillary opening. This leucoma was consequent on ill-cared ulcerous keratitis (metallic deposits in centre of leucoma). Tenotomy was practised, and eight days later the leucoma had diminished by one-half. All peripheral infiltration had disappeared. There now remained the central metallic spot which was indelible.

About the same time I attended Madame D., who suffered from old granulations and double pannus. She underwent double canthoplasty, with Gaillard's sutures to remedy the trichiasis. The cornea cleared rapidly and the granulations soon disappeared.

While these three cases were still fresh in my memory, I went round with the class of Professor Panas, who showed me several patients suffering from granular pannus who had been cured by canthoplasty aided by redressment.

M. Panas then explained to the surrounding pupils his ideas on revulsive traumatism, and recalled that in 1876 he had cured, by double tenotomy, a young girl suffering from interstitial keratitis. The priority belongs, therefore, to this eminent professor. As for me, I only claim the merit of deducing from three closely observed cases (without having heard M. Panas' opinion on the subject) a mode of treatment which I have since successfully applied on more than fifteen occasions, and to be the first to impart these facts to my professional brethren in order to persuade them to practise the treatment which I have found so successful.

M. Dehenne then quotes three other cases in which almost complete restoration of the corneal transparency followed upon operations for strabotomy or canthoplasty.

In the discussion which followed the reading of M. Dehenne's communication the following remarks were made by M. Richelot, junior.

M. Dehenne's communication appears to me to be extremely interesting, particularly as his is the first public account of the mode of action of traumatism. According to M. Dehenne the surgical action being brought to bear on any given point of the periphery of the cornea causes disappearance of the pannus. But is it traumatism alone which produces this result? May not the suppression of rubbing have something to do with it. In tenotomy might not the suppression of some conjunctival vessels be concerned in the cure.

M. Dehenne.—In those cases observed by me there was no rubbing, or if there was it was very slight indeed. I remarked this carefully. As to the section of conjunctival vessels, I do not think it can have any effect towards cure. In strabotomy, but few vessels are sectioned, and these few are generally beyond the zone of the pannus.

M. Perrin.—Has there been any relapse?

M. Dehenne.—None up to the present, and some of these operations were performed more than a year ago.

M. Mathelin.—Theoretically, does M. Dehenne make any difference between traumatism as produced by him and sclerotomy, for example, which has been highly praised as a means of restoring transparency to the panniform cornea?

M. Dehenne.—Theoretically, I make no difference, practically, a very great difference between the two methods. Sclerotomy is a critical surgical operation, as are also iridectomy, lyndectomy, &c. I, however, recommend a simple easy operation which anyone can practise, without aid, without chloroform, &c. A snip of the scissors, a suture, and all is over.

At the meeting of the Academy of Sciences in Paris on March 12th, the Boudet prizes of 6,000 francs (£240) was awarded to Professor Lister, for his application of M. Pasteur's researches to the improvement of the art of healing.

(a) A paper read before the Medico-Physical Society of Paris by M. Dehenne.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 228.)

We have for the first time noticed in the Vichy waters the undoubted presence of lithia, but only in very minute quantities, not anything like the quantity found in the Carlsbad springs. We have preferred marking this down in our analysis as "a trace," because to anything approaching an accurate determination of this base it would be necessary to operate upon very large quantities of the waters, particularly when occurring in small fractions of a grain per gallon. We have, however, we believe, detected lithia in every one of the Vichy waters examined, but in very unimportant quantities. Some of the Vichy waters are procured from artificial borings, these are Vaisse, Saint Yorre, and Larbaud. We have selected for examination those which spring naturally from the Vichy basin. Some of the waters, such as Puits Carré, are only used for baths. Sulphuretted hydrogen is given as one of the gaseous products of these waters, but any trace which they might have contained must have become oxidised, as there is not the slightest indication of that body in the bottled specimens. They, in fact, contain no alkaline sulphides, and therefore, cannot be considered in the light of sulphurated waters. Hauterive is said to emit the odour of rotten eggs when it issues from the spring. This is one reason that we examined it. No doubt this is all correct, but we never use them in this country as a sulphurated water. It is probable such waters merely owe their odour to a little gas—not to sulphides.

We may now say a few words about the direct uses of those examined. Hopital is said to be the least exciting. Hopital water is said to be, by the local medical men "difficult of digestion." We presume it causes nausea and sickness if used freely. The "Grand-Grille" and "Mesdames" are recommended in such a case, as they are supposed to be more ferruginous. They seem to be the favourites. The Celestines springs were those generally patronised by gouty patients. The Hauterive water is gradually replacing the Celestines, and seems to agree with most stomachs.

The Vichy waters all contain arsenic, but in such small quantities that the term arsenical waters will hardly apply. They do not contain a maximum pharmacopoeial dose of arsenic ( $As_2 O_3$ ) in a gallon of water.

The most important is Grand Grille, so-called, we believe, from the appearance of the rails originally surrounding the spring.

### Vichy Grand Grille.

It contains per gallon—

Bicarbonate of sodium . . . . .	294·80
Bicarbonate of potash . . . . .	21·64
Carbonate of magnesium . . . . .	18·62
Carbonate of strontium . . . . .	19·01
Carbonate of calcium . . . . .	26·68
Ferrous carbonate . . . . .	·30
Carbonate of manganese, trace	
Sulphate of sodium . . . . .	18·12
Phosphate of sodium . . . . .	8·00
Arsenic . . . . .	·09
Boracic acid, trace	
Chloride of lithium, trace	
Chloride of sodium . . . . .	32·82
Organic matters, trace	
Silica . . . . .	4·00

Total solids per gallon . . . . . 444·08

### Skeleton Analysis of half-a-pint (10 ounces fluid).

Solids.	Antacids.	Salines.	Purgatives.
27· $\frac{1}{2}$ grains.	24 grains.	2 grains.	1 grain.

The Grand Grille waters are strongly and permanently alkaline even in the cold. It seems to be fairly free from albumenoid ammonia.

The free carbonic acid was not determined, although this and the other Vichy waters retain it with considerable tenacity.

### Hauterive.

Bicarbonate of sodium . . . . .	300 grs. per gall.
Bicarbonate of potassium . . . . .	12·08
Carbonate of magnesium . . . . .	32·03
Carbonate of strontium . . . . .	·19
Carbonate of calcium . . . . .	27·62
Carbonate of protox. iron . . . . .	1·08
Carbonate of manganese, trace	
Sulphate of soda . . . . .	18·60
Phosphate of soda . . . . .	3·00
Arsenic . . . . .	·08
Boracic acid, trace	
Chloride of lithium, trace	
Chloride of sodium . . . . .	34·15
Silica . . . . .	4·43
Organic matter, trace	

433·26

Free carbonic acid not determined.

### Skeleton Analysis of half-a-pint (10 ounces fluid).

Solids.	Antacids.	Purgatives.	Salines.
27 grains.	23· $\frac{1}{2}$ grains.	1 grain	2 grains.

The Hauterive waters are strongly and permanently alkaline. They are stated to contain a larger proportion of free carbonic acid gas than the other waters of Vichy; but it is absurd to give in a bottle-water any estimation of carbonic acid gas, as it will always be a varying quantity. We have already drawn attention to the fact that the Vichy waters seem, from their composition, to retain the gas with great tenacity; therefore, they are all good waters for bottling.

A FATAL mistake was lately made in a chemist's shop in Lincoln, by the administration of liquid ammonia in a draught in mistake for water.

REGISTERED FOR TRANSMISSION ABROAD.

## THE

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MARCH 23, 1881.

## SANITARY ASSURANCE.

THE newly-created Association for Sanitary Assurance has vigorously commenced the campaign on which it enters in coming before the public, and it may be hoped that in view of the abundant reasons that exist to give it a *locus standi*, it will energetically continue its efforts to improve the conditions under which the ordinary householder lives. There are, in every town and village in the kingdom, dwellings utterly unfitted for human habitation; and even in the more pretentious quarters of suburban elegance, the average Londoner pays a heavy rent for a house which, in a sanitary sense, is wholly inadequate to the requirements of healthy living. By a series of fortuitous accidents it may, and often does, happen that it is some time ere the actual danger of the situation reveals itself, and the occupants for a more or less considerable period escape the consequences of imperfect sanitary arrangements. Sooner or later, however, these make themselves felt, but in the majority of instances even then they are not attributed to the real cause, but set down to this or that occurrence; to reasons which frequently bear absolutely no relation to the outbreak. The explanation of this is to be found in the habit by which people have become accustomed to accept tenancy in any house as the landlord provides it for them, and also in the inability of the ordinary householder to judge for himself how far his dwelling is built on scientific principles. It is to be said, however, that a general and considerable feeling is being excited in the public mind, in respect to the preventible nature of many of the diseases which are encouraged by insufficient sanitary measures,

and with it there has arisen a strong desire to do that which shall assist them in the future to avoid the dangers with which they may else be surrounded. But as we have said, ignorance of the essentials to be observed bars the way to securing this advance, and hence there remained nothing but reliance on the builder's good faith until the Sanitary Assurance Association stepped in to fill the gap that presented. This Society provides for the inspection of any building desired, by skilled officials; and these latter will, when required, draw up a report of whatever place they may be directed to examine, describing its actual sanitary condition, the alterations necessary to make it sanitariously perfect, and an estimate of the probable cost such alterations should involve. That such advice as a report of this kind would convey, is imperatively called for in respect of the vast majority of houses was rendered abundantly clear by Prof. De Chaumont in a lecture delivered at the London Institution on March 15, under the auspices of the Sanitary Assurance Association. He described how, out of an annual mortality of 700,000 in the United Kingdom, 170,000 deaths occurred from disease of the respiratory organs, consumption being chargeable with 70,000; 33,000 died from diarrhoea; 11,000 from typhoid; 25,000 from scarlet fever; and from diphtheria, 3,500. A careful examination of these figures in relation with the little that is known of the etiology of the diseases named, will reveal the fact that, roughly speaking, about one-third of the total annual mortality of the country is due to causes which are subject to prevention, and even complete suppression. In another way we can see equally certainly the direct connection that exists between sanitation and a low death-rate. Ten per cent. of the deaths annually recorded are registered as due to phthisis, and this number, considerable though it is, is yet capable of favourable comparison with what was the case many years since. As improved systems of drainage, and wiser sanitary arrangements have replaced the older and inefficient modes; as that is, districts have become drier and freer from the unhealthy accompaniments of damp ill-drained regions, so there has been apparent a corresponding decrease in the amount and intensity of the actual phthisical diseases. The improvement has been especially marked in connection with this class of complaints, and particularly has it been noted that dryness of soil is that which notably has influence on them, since other classes of diseases do not seem so directly amenable to the influence exerted through this medium. There can be no doubt, however, that as observation is more widely extended, and more minutely directed, it will result in bringing to light an innumerable set of relations between the commoner affections and the unsanitary environment in which they are contracted. In very few houses, for instance—even in those that in appearance and value claim to rank as high-class dwellings, are the arrangements for securing in every room a free and sufficient interchange of gases, enough to maintain the atmosphere within at a healthy standard. And yet it is difficult to over-estimate the important bearing exercised by this one factor on the bodily condition. When once or twice submitted to the vitiating effects of a poison-charged atmosphere, serious ill-effects are not perhaps produced; but when it comes to be the daily experience, when each evening spent at home



means existence for 4 or 5 hours out of the twenty-four in a poisoned chamber, through the absence of proper ventilation, then is it to be wondered at that after a time the effects begin to appear, the functions become disordered because the nervous system is influenced, and sooner or later it becomes necessary to seek advice, and undergo active treatment. It is a familiar fact, however, that this rarely or never terminates till the advice is taken, "go away," and then not because the treatment has brought about such a result, but because of the recuperative powers of the untainted country air. The aim to be striven after in arranging every room in a house, ought to be to secure as nearly as possible agreement between the air within and without. Other provisions for warming the in-current are, of course, necessary, and must be made. Some time, no doubt, every house will be perfectly ventilated, and seeing at how little cost it can be kept so, summer and winter. There is nothing outrageous in the demand of the sanitarian that all houses built in future shall be so arranged. The Sanitary Association can render material help in this direction, both by pointing out to its members the defects in houses on which reports are requested previously to their being purchased or hired, and also by acquainting the ordinary public in lectures, &c., of the necessity for pure air, and the comparatively inexpensive way in which it is to be secured in every house. Perhaps next to the main drainage system of a dwelling, the question of the air breathed within it most directly influences the well-being or the opposite of those living in it. Though we are in the habit of associating zymotics with specific principles, yet exhaustive analysis of the grounds of belief lead to the assumption that the air is primarily the agent of infection, since if it were not fitted to be the temporary abiding place of infectious germs, these would not be transmitted by it. Whether, however, we can hopefully anticipate at any very near period that the widespread adoption of sanitary measures at home will lead to the universal improvement of matters without, and thus to a reduction of epidemics apart from the reduction of their virulence in any particular quarter, is perhaps open to question. In any case, the Sanitary Assurance Association is well calculated to assist in the attainment of so desirable a condition of things, and we may well wish for it a great and general response to the appeal made through it for better sanitation.

#### THE INDIAN MEDICAL SERVICE.

FOR thirty advertised vacancies in the Indian Medical Service, thirty-seven candidates are said to have presented themselves at the competitive examination recently held at Burlington House, of whom only twenty-two obtained the thousand marks required as the minimum for success. Of the successful men, a large proportion would appear to be natives of India, the minority to be made up by "white candidates," regarding whose professional status, some remarks made are, by no means, flattering. Contrast we so sad a state of things with conditions in bygone times, when under the *régime* of the "East India Company," an appointment as assistant surgeon was so highly valued as to be looked upon as equal to a "writer-ship" in the Civil Service; or even in those more recent,

when entry into the Indian Medical Service was eagerly sought by some of the best students of our colleges; then let us inquire whence so great a change as we have indicated? There is every reason to believe that much, if not the whole of this great falling off, is due to the changes in position, and prospects caused by the orders of the Government of India, dated 3rd January, 1880. No doubt in this service, as in all others, it is impossible that conditions stand still; changes become necessary to meet those taking place throughout all branches of the public service. Nevertheless, confidence becomes very naturally impaired when changes made involve destruction and withdrawal of advantages formerly held; and further, when they convey the expression that they have been introduced through the instrumentality of those who, in the first instance, have chiefly benefited by them. In many respects there are serious disadvantages in a system by which one branch of a service is brought into competition with another and similar branch. It were far better to have all upon precisely the same footing as regards qualifications, position, pay, promotion, and retirement. In such a happy family, strife and contention would, theoretically, find no place; nor would concessions, made to one, have to be demanded as of right by the others. But as some little time may yet elapse before the advent of that millennium, and, meanwhile, the need for highly qualified men throughout India is great, the authorities charged with the interests of our great dependency will, no doubt, once again take into their consideration, the means most likely to attain that end. As to native Indians as *army* surgeons, accounts have reached us which give little encouragement to hope that they are likely to be ever ready to share with regiments to which they are attached, the fatigues and risks inseparable from field service. As to the same class of persons in charge of civil stations, accounts have also reached us by which we are led to doubt very much whether, in all respects, they are fitted by their early training, and constitutional *diathesis* for such a position; and we have reason to know that in some instances, at least, families of British residents at certain small stations where no English medical officer or practitioner resided have, as a result, suffered too to use a mild term, may be called the very greatest inconvenience. The evil here indicated threatens rapidly to increase under the operation of the orders already referred to. Public agitation of grievances is, at all times, an uncongenial measure to have recourse to. We trust, however, that certain evils, present and prospective, being pointed out as resulting from official regulations but recently brought into force, those evils may be removed, or, at any rate, brought down to a minimum without unnecessary delay.

#### BACTERIAL LIFE UNDER DIFFICULTIES.

WE desire to direct attention to a series of interesting experiments lately made by Mr. F. Hatton, for the purpose of ascertaining the nature of the action exerted by various gases on the life and propagation of bacteria; furthermore, what influence bacteria have on the percentage composition of the gases. The bacteria were obtained by shaking together fresh meat and distilled water, filtering

and exposing the solution to the action of air for twenty-four or more hours. This, at all times, ensures a bountiful crop of bacteria. A small flask half-filled with mercury, and then filled up with the bacteria solution, was inverted over a mercury trough. A given volume of gas was then passed up in the usual way, and the whole removed from the trough. Daily examinations of the liquid were made as to the condition of the bacteria; samples being removed by a piece of bent-glass tubing, having an india-rubber joint. In all cases after a week or fourteen days, a portion of the gas was pumped out by means of a Sprengel pump, and analysed, Temperature being kept pretty constant. Atmospheric air was first introduced, and the bacteria thrived well. A large absorption of oxygen, however, took place, and was not replaced by carbonic anhydride. In a second experiment, 20 per cent. of the oxygen disappeared, and was replaced by 17 per cent. of carbonic anhydride. Pure hydrogen was introduced, and after fourteen days had no effect on the bacteria, although 0.34 per cent. of carbonic anhydride was produced. Pure oxygen, after ten days, was converted into carbonic anhydride, 29.98 per cent.; oxygen, 70.02 per cent. Nitrogen was next tried, and in fourteen days was split up into carbonic anhydride, carbonic oxide, hydrogen and nitrogen. With all the gases used, however, the bacteria lived and flourished. Cyanogen was next passed into the meat solution, and it became gradually converted into a thick black fluid. On the fifth day only a few living bacteria were discovered, but on the sixth day an increase took place, and on the twelfth day they were once more comparatively numerous. On the fifteenth day the gas was analysed, and found to contain cyanogen, 5.35; carbonic anhydride, 57.39; oxygen, 2.24; nitrogen, 34.79 per cent. This experiment was repeated, and yielded similar results. It appears, therefore, that cyanogen is very fatal to bacteria so long as it exists as cyanogen, but so soon as decomposition, into ammonic oxalate, &c., takes place, the bacteria revive. This revival is promoted and facilitated by sunlight. Sulphurous anhydride was tried, the bacteria lived during the whole fifteen days, and the gas was changed into carbonic anhydride, nitrogen, and sulphurous oxide. Similar results were obtained from nitrous oxide, nitric oxide, mixtures of hydrogen and oxygen, solutions of urea, and phosphate of potash. In all these cases the bacteria were apparently unaffected, although various proportions of carbonic anhydride, oxygen and nitrogen, were evolved. Experiments were also made with acetylene, salicylic acid, strychnine (10 per cent.) morphine, narcotine, and brucine, but none of these substances had any perceptible effect on the vitality of the bacteria. On the other hand, phenol, alcohol, spongy iron, and potassium permanganate, exerted a very destructive effect on bacterial life. Crace Calvert had previously shown that bacteria can live in strong carbonic acid, and, in short, in almost anything. It is not a little surprising to find these remarkable organisms not only living, but flourishing in such gases as sulphurous oxide, carbonic anhydride and oxide, all highly poisonous and irrespirable by animals. As Professor Frankland observed a question of considerable importance arises out of the experiments narrated as to whether the germs of infectious diseases are not similarly

endowed with a power of resistance to ordinary influences.

We look with some degree of curiosity for Dr. Tidy's opinion of Mr. Hatton's experiments, and wonder whether this chemist, after having seen that bacteria withstands the action of cyanogen, sulphurous acid, and other deleterious gases, he will adhere to his statement that a run of a mile or two of sewage contaminated water, will ensure the destruction of any amount of bacteria, cause organisms, most tenacious of life, by endosmosis to burst their protoplasmic envelope, and commit a sort of "happy despatch" for the special security of human beings in general. The idea is too preposterous to be entertained for a moment.

## Notes on Current Topics.

### University Degrees to Women.

THE movement in favour of admitting women to equal rights with men in respect of University distinctions, progresses in a manner that cannot but prove satisfactory to such as approve the principles involved. In addition to the recent triumphs achieved by the advocates of female education at Cambridge, an almost equally considerable concession has been made during the past week by the University of St. Andrews. The Senatus of this corporation having been petitioned from numerous sources on the subject, have agreed to grant separate courses of University instruction to women as soon as a sufficient sum of money is raised for the purpose. As an equivalent to graduation in Arts, the Senatus recommend that candidates should, pending the settlement of the necessary arrangement, undergo the examination for the L.A. diploma, in which precisely the same papers are set as for the M.A. degree. The University is quite prepared to pursue the whole path of reform in this direction, and if the response made to the encouragement already offered is at all promising, there is every prospect that it will lead to the ultimate abolition of all sex restrictions upon the Arts and Science examinations of the University. A committee of professors has been appointed to superintend the development of the scheme, and full information concerning it is to be obtained from the Committee on the University Education of Women, St. Andrews.

### Herb Poisoning at Plymouth.

In a letter to *The Standard*, of March 18th, a correspondent describes the circumstances attending the death of a Greek seaman, and the serious illness of several other sailors at Plymouth recently, owing to the incautious eating of a water-herb found growing under Staddon Heights. The effects produced on those who ate the plant were those of an intense irritant poison, and are ascribed by *The Standard's* correspondent as due to the *Conium maculatum*, and *Ceanothe crocata*, the latter being that which proved fatal in the case mentioned. He further reports that it is not the only instance on record—a boat's crew of H.M.S. *Wellington* having, at the same spot, dug out and eaten what they regarded as wild celery. Eight of the men were ill afterwards, and two died from

poisoning. And, similarly, a few months ago, five sailors died from the effects produced by eating a herb found at Falmouth. A very proper suggestion is made, that steps should be taken to prevent the future occurrence of such lamentable accidents; and this end may, perhaps, be best attained by following the recommendation contained in the letter—viz., to provide Custom House officers with printed regulations for distribution among sailors, warning them against the danger of employing as food the plants they may find in the neighbourhood of landing; and, further, each consul should expose conspicuously in his office directions of the same nature. The matter is one of sufficient importance to merit attention.

#### Guy's Hospital.

It is assumed that the difficulty at Guy's Hospital is now virtually terminated in favour of the medical staff, by the publication of a series of regulations bearing on the nursing arrangements, to be observed in future. These virtually concede the principal demands originally made by the physicians and surgeons; and they provide, further, for the proper limitation of the authority and duties of the head of the nursing department. A lady nurse is to have charge of each ward, and to have under her direction two head nurses; and special provision is made for retaining the services of the nurses in the wards to which they are appointed, thus removing the highly objectionable feature of frequent changes, against which there has been a very justifiable outcry from the first occurrence of the differences. Another improvement is, that at the end of twelve months' service as probationers, candidates for the post of nurse will be required to exhibit a certificate, signed not only by the matron, but also by the medical officers; this plan is well calculated to maintain a proper degree of constant anxiety, on the part of probationers, to merit the approval of those best able to judge of their efficiency. The matron will henceforth be denominated by this, her proper title, and resign the name of superintendent, by which Dr. Steele will continue to be known. These rules, late in the day though they are, will be welcomed by everyone who has grieved to witness the deplorable injury done to Guy's by the late dissensions; and it is to be hoped there may arise nothing further to renew the protracted notoriety to which it has been so unfortunately exposed.

#### Sanitation in Oxford.

THE question of Oxford's sanitary condition, brought prominently into notice by the recent occurrence of preventable fevers in it, has led to a discussion in Convocation, provoked by the following decree proposed last week:—"That the delegates of lodging houses be authorised to make arrangements for a general inspection of licensed lodging houses in the present year; and that the curators of the University chest be empowered to pay such sums for the purpose as the delegates may think necessary." Opposition was made by Mr. Ogle, of Lincoln College, on the ground that the decree failed to define the extent of inspection or the sum to be spent; and he substituted the proposition that the matter should be deferred until the statute for appointing a controller of lodging houses should be brought into operation. This will strike everyone acquainted with the provisions existing in regard to Uni-

versity lodging houses in Oxford, as a peculiar reason for deferring sanitary precautions. Every house in which undergraduates hire rooms is subject to the licence of the 'delegates for licensing lodging houses,' and the power entrusted to them of depriving any householder of his or her licence, is in itself sufficient to enable them to demand perfect sanitary arrangements as a condition of being privileged to receive University men as lodgers. Dr. Acland supported the decree, and urged that since £200,000 had been recently expended on the main drainage of Oxford, the University, in the face of recent criticism, should adopt every means to ensure ample provisions against the risk of disease to which undergraduates were submitted. The decree ultimately passed without a division.

#### Gross Falsifications of Catechu and Saffron.

M. JOSSART (Holland) has met with a sample of catechu containing 60 to 65 per cent. of ferric carbonate. M. Crispo (Gand) has examined a sample of "fine Spanish saffron," sold to the pastrycooks and housewives of that place. It consisted of barium sulphate, 50 parts; water, 16; vegetable filaments of unknown origin, 13; and glucose, tincture of saffron, and other substances, 21.

#### The Surgical Aid Society.

A BETTER example of the questionable trading spirit that governs the charity of the Surgical Aid Society could scarcely be afforded than a case brought to the notice of the sitting magistrate at the Guildhall last week. A poor woman, whose husband had long been a sufferer from rheumatics, and required a surgical appliance, appealed for help from the poor-box of the Court. She stated that the cost of the instrument was fifty shillings, and before she could obtain it from the Society she was told by the secretary that she must procure ten letters, of the value of five shillings each. After many days labour, and weary walks about London, she had only secured seven letters; but the last three were too much for her, and her health and strength had broken down under the strain to obtain them. She was therefore driven to appeal to the Court for help. The worthy magistrate, in his goodness of heart, took compassion upon the poor woman; but whilst expressing some misgiving as to the appropriation of a sovereign from the poor-box, he remarked that in his opinion it was a parody on charity to require each applicant for relief to bring the full value of the appliance in letters before it could be had. But such are the hard rules of the Society, and similar cases of hardship are continually brought to our notice, and the sooner the managers of the Society take the matter into their serious consideration, the better for the reputation of the Surgical Aid.

We are glad to know that the committee of subscribers organised to effect a reform in the mode of administering relief had demanded a special meeting for the consideration of the question, and that it is intended to move the following resolutions, and which, we hope, will meet with hearty support:—

That the present mode of administering relief by the Society, compelling applicants in many cases to undertake a harassing and injurious canvass for letters, is a system which ought to be amended.

That one letter of recommendation should entitle the applicant to relief, subject to a favourable report from the Surgeon, and to a due regard to the claims of other applicants.

#### An Extra-Sensitive Thermometer.

PROFESSOR DUFOUR, of Paris, has devised a small thermometer, so sensitive that it will denote by a deflection of the index needle of nearly two inches the entrance of a person in the room where it is placed. The apparatus consists of a short bent tube, carrying at one end a bulb, which is coated externally with lamp-black. The tube is partially filled in the lower part of its bend with mercury, and is balanced on a steel knife-blade, exactly like the beam of a scale. Above the knife edge extends an index needle, which moves across a graduated arc, as the bent-tube swings. Beneath hangs a rod, to which is attached a small weight, to balance the needle, so as to make it point to zero on the arc. When the temperature rises, be it ever so slightly, the heat, being absorbed by the lamp-black, dilates the air in the bulb, and drives the mercury to one side. The centre of gravity of the apparatus being displaced, the bent tube is put out of level, and the needle will immediately turn towards the right. When, on the contrary, the temperature decreases, the needle will point towards the left.

#### The Health of Ireland.

DURING the quarter ended 31st December last, there was registered in Ireland a birth-rate of 20·7—a death-rate of 16·7 per 1,000.

In England last quarter, the birth-rate was 32·3, and the death-rate 19·6 per 1,000.

The birth-rate in Ireland is under the average of the quarter of previous 5 years.

The death-rate is also below average to the extent of 0·3 per 1,000. In fact, making allowances for the deficient registration in former years, it is one of the lowest death-rates on record for this period of the year. This low death-rate points to a distinct improvement in the public health, which, no doubt, is dependent upon the clemency of the weather and the plentiful harvest. It must not, however, be forgotten that the birth-rate was below the average, and as the mortality among young children is higher than at more advanced ages, a low birth-rate naturally results in a somewhat diminished death-rate.

The death-rate registered in Ireland during the quarter was 16·7 per 1,000, against an average of 17·0 for the corresponding quarter of the five years.

The death-rate in Leinster was 20·0, in Munster 18·2, in Ulster 15·2, and in Connaught 12·3.

The county death-rates range from 10·5 in Leitrim to 29·1 in Dublin.

In Leinster the total deaths are 330 (4·9 per cent.) below the average. The deaths were below the average in all the counties except Dublin.

In Munster the deaths are 141 (2·3 per cent.) above the average.

In Ulster the total deaths are 773 (9·9 per cent.) below average.

In Connaught the deaths are 241 (8·7 per cent.) below average.

The returns for the fourth quarter of 1880 point, on the whole, to an improved state of the public health, the death-rate being lower than it had been for the corresponding quarter of the previous two years, although there are good grounds for believing that registration is more complete now than it was in either of those years. It appears, however, that the deaths from the principal zymotic diseases, although showing a decrease on the preceding quarter, bear a higher ratio to the total number of deaths than in any other quarter during the past two years. This is not owing to any substantial increase in the death-rate from zymotic diseases, which is 49·7 per 100,000, against 55·7, 57·4, and 57·4 respectively for the first three quarters of the year, and compared with 46·5, and 46·2 for the corresponding quarter of 1878 and 1879. The most noticeable feature in the returns is the diminution of small-pox, the deaths from which have fallen to 17, the lowest quarterly number recorded for three years.

The Registrars' notes appended to this Report point out many interesting facts regarding the prevalence of disease. Scarlatina is specially referred to by 44 registrars, whooping-cough by 37. Fever has been as usual widely distributed, and unfortunately more fatal than usual.

#### Mr. Dodson and the Anti-Vaccinators.

THE attempt last year of Mr. Dodson, the President of the English Poor-Law Board, to gratify the anti-vaccination fanatics by making a law to prevent any of them being prosecuted more than once for a breach of the Vaccination Law, will be in the minds of our readers. The effect of his proposed measure would have been to enable anyone to purchase exemption from punishment by a payment of 40s., and to establish a *nidus* for small-pox dissemination on these easy terms; but Mr. Dodson was defeated by public opinion, and forced to abandon his Bill. This year he, it would seem, is attempting to produce the same effect, by a different means and without the sanction of Parliament; for it has been stated that the Oldham Board of Guardians have recently been instructed by the Local Government Board to use their own discretion as regards the prosecution of persons who have been summoned more than once for refusing to have their children vaccinated; and that accordingly the Oldham authorities have determined, in the case of a number of persistent anti-vaccinators, not to summon a parent more than twice for each infraction of the law. We hope that the medical members of the House of Commons will not allow this method of dispensing with the law to pass unchallenged. Should they do so, there will be dozens of boards of guardians willing to follow the example of the Oldham Board—if only to save themselves money and trouble.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Brighton 15, Bradford 18, Sunderland 19, Hull 20, Edinburgh 20, Nottingham 20, Bristol 20, Portsmouth 21, Birmingham 21, Leicester 22, Salford 22, London 22, Sheffield 23, Wolverhampton 23, Plymouth 24, Glasgow 24, Newcastle-on-Tyne 25, Norwich 26, Oldham 26, Liverpool 26, Leeds 26, Manchester 28, and Dublin 35 per 1,000.

### The International Medical Congress.

We learn that the Council of the Royal College of Surgeons in Ireland, at their meeting on Thursday last, voted a grant of twenty-five guineas towards the expenses of the approaching meeting of the Congress in London. Preparations are being vigorously pushed forward by the Executive Committee, and the arrangements are now beginning to take a more definite form.

The Inaugural Address by Sir James Paget, the President-elect of the Congress, will be given in St. James's Great Hall, which has already been engaged for the purpose, on Wednesday morning, August 3rd. The following mornings will be devoted to the business of the various sections, while the afternoons (with the exception of Saturday afternoon, which will be left free for garden parties, excursions, &c.), will be occupied by the general meetings of the Congress, at which four addresses will be given by distinguished men of four nationalities. Three gentlemen have already promised to give these addresses: Professor Huxley probably on "The Connection of General Science and Medicine;" Prof. Volkmann, of Halle, on "Modern Surgery;" and Dr. Billings, of Washington, on "Medical Literature." The fourth address, to be given by a distinguished Frenchman, has not as yet been finally arranged. The meetings of the various sections will be held in rooms at Burlington House, courteously placed at the disposal of the committee by the University of London, the various Learned Societies, and the Royal Academy of Arts. This, however, not providing the required amount of accommodation, the committee have engaged Willis's Rooms for the occasion, and four of the sections will hold their meetings there.

Since the list of names published in November last, a large number of our foreign colleagues have definitely announced that they will come to the meeting, and there seems every prospect of the attendance from abroad being a full one. Meanwhile, depending on the number of names appearing as officially connected with the Congress, and on the subscription-list, together with the number of gentlemen from abroad who have positively stated their intention to attend, a certain estimate of one thousand members may be made, and it seems not unreasonable to assume that at least double that number will attend.

The Reception Committee are busily engaged, and have decided upon giving an evening reception at South Kensington, and perhaps a second in the Albert Hall; but at present the state of the subscription-list does not warrant them in making the arrangements definite. The Lord Mayor purposes entertaining members of the Congress at dinner at the Mansion House, on August 4.

THE Bill to prohibit experiments on animals, which was introduced into the New York Legislature during the present session, and referred in both branches to the Committee on Public Health, was reported adversely on Feb. 18th by the Assembly Committee, and the report agreed to by the Assembly. This, it is presumed, will finish the business for the present session. The Bill was the same with that introduced last year, and which met with a similar fate.

### The International Medical and Sanitary Exhibition.

THE arrangements for this exhibition are progressing so satisfactorily that it promises to be the most important sanitary exhibition hitherto organised in this country. Applications for space are now being rapidly sent in, as the 31st inst. is the last day fixed by the Committee for receiving them. Up to March 15th applications for 984 feet had been received by the Committee. The certificates of merit which are to be given will be valuable awards to the public and to the successful exhibitors, on account of the high character of the list of jurors, which already includes, among many others, the following:—*Medical Section*.—Christopher Heath, F.R.C.S., Wm. S. Playfair, M.D., Charles Higgins, F.R.C.S., Chas. S. Tomes, F.R.S., Prof. John Marshall, F.R.S., Dr. Robert Farquharson, M.P., the President of the Pharmaceutical Society, C. H. Golding-Bird, F.R.C.S., Lionel Beale, F.R.S., W. B. Carpenter, C.B., F.R.S., J. S. Bristowe, M.D., Major Duncan, R.A., Surgeon-General Longmore, C.B., E. H. Sieveking, M.D., &c. *Sanitary Section*.—Sir Joseph Fayrer, K.C.S.I., M.D., F.R.S., Geo. Aitchison, F.R.S., B.A., Edward C. Robins, F.S.A., J. Roger Smith, F.R.I.B.A., F. J. Moutat, M.D., Alfred Waterhouse, A.R.A., Captain Douglas Galton, C.B., F.R.S., Ernest Hart, M.R.C.S., Professor Corfield, Wm. Eassie, C. E. Rogers Field, M. Inst., C.E., R. Thorne Thorne, M.B., Professor Prestwick, F.R.S., &c. In addition to the interest taken in the exhibition by medical men, architects, and manufacturers, the general public have recognised the importance of the work thus initiated by the Executive Committee of the Parkes Museum of Hygiene, by subscribing to the Guarantee Fund, which at the meeting of the committee last Tuesday was reported to amount to £1,026 7s. At this meeting the secretary read a letter from Mr. MacCormac, the Hon. Sec. (general) of the International Medical Congress, forwarding the following resolution, which had been unanimously passed by the Executive Council of the International Medical Congress at their last meeting:—"That the sum of £50 be guaranteed to the Committee of the International Medical and Sanitary Exhibition to be held at South Kensington, in connection with the Parkes Museum of Hygiene, on the occasion of the International Medical Congress."

### The Irish Graduates' Association.

THE annual metropolitan dinner of this Association was held on Thursday, March 17th, at the Holborn Restaurant, when the following members and their friends were present:—The President, G. E. Paget, M.D., F.R.S.; Sir Risdon Bennett, M.D.; Dr. Claud Marshall, Mrs. Garrett-Anderson, M.D.; Miss Edith Pechey, M.D.; Miss Annie Barker, M.D.; Dr. Farr, F.R.S.; Dr. Quain, F.R.S.; Dr. Andrew Clark, Dr. B. W. Richardson, F.R.S.; Dr. J. S. Bristowe, Dr. Matthews Duncan, Dr. Habershon, Capt. Jervis White, the Rev. W. H. Stokes, M.A.; W. Canton Dooly, Esq.; Mr. Whitting, G. E. Paget, jun., Esq.; Mr. W. MacCormac, F.R.C.S.; Dr. Thompson, Dr. Balthazar Foster, M.D.; E. Paxton, Esq.; Dr. Tonge Smith, Dr. Davidson, Dr. Donovan, Dr. Kelly, Dr. Vance, Dr. Constable, Dr. Donahoe, Dr. Beamish, Dr.

Hogan, Dr. Daly, A. J. Frazer, Esq.; T. Bullock, Esq. Dr. Tindall Watson, Dr. Powell, Dr. O'Connor, Dr. Hayes, Dr. Ford Anderson, Dr. Milner Fothergill, Dr. Mitchell Bruce, Dr. Stewart, &c. After a very excellent dinner the following toasts were given and responded to:—"Our Rulers—the Queen and Royal Family," by the President; "Our Home Rulers—the Ladies," by the Hon. Sec.; Mrs. Garrett Anderson called on Dr. Andrew Clark to reply. The Chairman then gave "Our Professional Guests," to which Sir Risdon Bennett, Dr. Arthur Farr, and Dr. Bristowe responded. Dr. Balthazar Foster gave "The Unprofessional Guests," to which Mr. Frazer and Mrs. Bullock responded. Dr. Quain gave the next, "Ourselves," coupled with the Health of the President; this toast was drunk with a bowl of punch. Mr. W. Mac-Cormac proposed "Our Elders, the other Learned Societies," to which Dr. Richardson, F.R.S., and Dr. Matthews Duncan, F.R.S., replied. The Hon. Sec. proposed "Our Defenders," coupled with the name of Capt. Jervis White, 77th Regt. Dr. Partridge gave "Our Next Meeting," when it was mentioned that the next meeting would be at Hyde, in August. All the company wore shamrocks, which had been brought from Blarney. The proceedings were marked with great cordiality, and reflected great credit on the Association.

### The Hospital for Incurables, Dublin.

THE vacancy in the office of physician to the Hospital for Incurables, Dublin, caused by the death of Dr. Edward Peele, has been filled up by the election, on Thursday last, of Dr. John H. Chapman, by a majority of 21 to 12. The number of the board of governors—in whom the election lies—is 46, but 34 only were present. Eight candidates offered themselves, and the votes of the board were taken for five, three, and two before the final vote. Dr. Chapman is a Member of the King and Queen's College of Physicians, and a Licentiate of the Royal College of Surgeons in Ireland of twenty years standing; and has been for many years physician to the Donnybrook Dispensary District, and to the Masonic Orphan Boys' School, being also engaged in an extensive private practice in the district in which the Hospital for Incurables is situated. The selection made by the board of governors is an excellent one—not only because Dr. Chapman, by reason of his professional connection with the locality, has special facilities for frequent and punctual attendance at the hospital, but because his seniority and his experience as a practitioner guarantee his perfect fitness for the care of the inmates.

From his professional brethren Dr. Chapman deserves special congratulation, for to him is chiefly due the reconstruction and effective administration of the Irish Medical Association, of which organisation he was the zealous honorary secretary, and is now the president. The time and labour devoted by him to advancing the interests of his medical brethren in Ireland has plainly not interfered with the strictly conscientious and business-like discharge of his duties to his patients, both public and private, and his election on this occasion by so large a majority is a gratifying proof that a physician may take an actively useful position as a public man without in the least forfeiting the confidence of his patients, and that he may have and may express

honestly and plainly his views on public medical questions without being a whit the less efficient or less zealous public servant, and without forfeiting in the least the respect and approval of his superiors in the department in which he works.

### Extraction of Foreign Bodies.

At a recent meeting of the Paris Société de Chirurgie M. Verneuil reported on several cases of foreign bodies introduced into the different orifices of the body, which had been communicated to the Society by various authors.

The first was by Dr. Belgi, of Madeira, on a foreign body in the auditory meatus, which he removed by pouring mercury in the patient's ear, until the foreign body floated out on the surface of the fluid.

The next was Dr. Burcan, who, being unable to extract some larvæ from the auditory meatus of a labourer, conceived the idea of smearing the auricular orifice with honey. The larvæ thus attracted out were easily seized and removed.

M. Dumas, jun., of Montpellier, contributed two cases. The first was that of a child who had got a haricot bean into the nasal fossæ, under the inferior turbinated bone. He was able to push the body backwards into the pharynx, and thus relieve the child. The second case was that of a young girl who had introduced a boot-button into the left nostril, which had penetrated beneath the nasal bones. M. Dumas removed it by means of Hunter's forceps.

The case recorded by Dr. Bernard, of Cannes, was the most interesting of all. It occurred in a woman, aged 65, who was seized in the month of September with pains in the lower part of the belly, accompanied by dysentery. Thanks to astringents and milk diet the dysenteric symptoms disappeared. The abdominal pains, however, persisted, and finally the patient confessed that a hair-pin had been accidentally (!) introduced into the urethra two or three months previously, whence it had probably reached the bladder.

On sounding the patient Dr. Bernard felt the foreign body in the bladder. Arming himself with a hæmostatic forceps he was fortunate enough to seize the body and draw it to the meatus urinarius, where he saw that it was indeed a hair-pin. Not having with him the means to extract it completely, however, he postponed the operation till the next day, taking care to pass a loop of thread so as to keep the pin near. The next day, by help of two small incisions—one on the right, the other on the left—he was able to withdraw it easily. There was considerable concretion on part of both its branches. A few days later the patient was completely cured.

### Iodoform and Alum in Ear Diseases.

DR. SPENCER recommends these remedies in the *American Journal of Otolgy*. Iodoform in powder he finds useful as a direct application in cases of suppuration of the middle ear, especially when ulceration and hyperplastic processes are produced. Even in the case of polypi good results have been obtained. Alum should not be used in acute cases, but kept for chronic ones. Causing coagulation of albuminoid substances, this agent



forms a protective layer on the surface of the ulcers, which favours their cicatrisation. The author does not advise insufflation of these powders, but recommends their application to the affected spot by a cotton-wool carrier.

WE learn with much regret that Mr. Tufnell, of Dublin, on Wednesday last sustained a severe fall down the stairs of the Salt Hill Hotel—fracturing his humerus high up, and also one of his ribs. We are gratified to understand that the injuries have produced no seriously bad effects, and that Mr. Tufnell is as well as is possible under the circumstances.

THE long and distinguished services of Surgeon-Gen. Thomas Longmore, C.B., Hon. Surgeon to the Queen, and Professor of Clinical and Military Surgery at the Army Medical School, Netley, have been recognised by his appointment to the distinguished service reward vacant by the death of Inspector-General Charles Whyte.

THERE was a very excited discussion at the meeting of the Metropolitan Asylums Board on Saturday, on the subject of providing Temporary Hospitals for Infectious Diseases, in consequence of the decision of the Government being against that of the Board in the Fulham case. Appeal No 1 was only carried by the casting vote of the chairman, Dr. Brewer, their being 19 for and against "a further expenditure of the ratepayers money in law proceedings."

OF the zymotic diseases in the large towns last week scarlet fever showed the largest proportional fatality in Oldham, Leicester, Bristol, and Norwich; and whooping-cough in Dublin, Nottingham, Manchester, and Leeds. Of the 23 deaths referred to diphtheria 9 occurred in London and 8 in Glasgow. The death-rate from fever, although generally low, showed excess in Salford, Newcastle-upon-Tyne, Dublin, and Leeds. Small-pox caused 60 more deaths in London and its suburban districts, and one in Manchester, but none in the other large towns.

IN the principal foreign cities, the rates of mortality, according to the latest weekly official return, were:—Calcutta 34, Bombay 31, Madras 43; Paris 33; Geneva 26; Brussels 24; Amsterdam 25, Rotterdam 31, The Hague 22; Copenhagen 24; Stockholm 30, Christiania 20; St. Petersburg 54; Berlin 24, Hamburg 23, Dresden 21, Breslau 32, Munich 23; Vienna 30; Budapest 34; Rome 27; Naples 30, Turin 30, Venice 24; New York 33, Brooklyn 22, Philadelphia 23, Baltimore 19, per 1,000 of the various populations.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

FACULTY LECTURER.—It is announced that the President and Council of the Faculty of Physicians and Surgeons of Glasgow have appointed Mr. D. C. MacVail "Faculty Lecturer" for 1881. This appointment has taken the most intelligent and independent members of the profession in

Glasgow somewhat by surprise. It was understood, hitherto, that this position was reserved for some one of acknowledged pre-eminent ability in a given department of medical science, and that it was intended for the edification of the profession. The subject announced is "The Physiology and Pathology of Respiration." What is the "pathology of respiration?"

ST. ANDREW'S STUDENTS RUSTICATED.—The professors of the University of St. Andrew's have been guilty of the silly act of rustivating five students who took part in a recent Kate Kennedy demonstration. On Monday, the 14th, an indignant meeting of the students was held in the Cross Keys, and largely attended. A memorial was drawn up for opinion of Council. To the honour of one of the professors be it said he strongly dissented from the action of his colleagues.

CHAIR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.—In addition to Dr. D. J. Hamilton, who at present so ably conducts the class, we understand that Dr. Greenfield, Dr. Roy, Dr. Byron Bramwell, Dr. Wyllie, and Dr. Rabagliati are candidates. Our opinion of Dr. Hamilton's pre-eminent claims remains unaltered.

LECTURES ON THROAT DISEASES AT THE GLASGOW ROYAL INFIRMARY.—On Saturday, the 19th inst., Dr. Eben. Watson concluded a highly successful course of lectures on "Diseases of the Throat" at the Glasgow Royal Infirmary. About fifty students attended, many from the Western Infirmary. This must be regarded as satisfactory, as of late years but few students from "the Western" attended "the Royal." We understand that Dr. Watson purposes resuming a practical class on the same subject during the summer months.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—An adjourned meeting of this Society was held in the Faculty Hall, St. Vincent Street, on Friday, the 18th inst., to resume the discussion on Dr. W. L. Reid's paper, "On the Use of Antiseptics in Obstetrical and Gynecological Practice, &c." Dr. George Buchanan occupied the chair. In opening the discussion Dr. Buchanan objected to the title of Dr. Reid's paper, as he contended the parts could not be made aseptic according to Lister's theory. He thought the object and intentions of the paper would be better expressed by its title being, "The Use of Antiseptic Materials in Obstetric Practice." Dr. Sloan also objected in a similar manner to the title of the paper, and evidently desired, however, to retain some belief in the antiseptic theory, while wishing it to embrace such old-fashioned and sensible principles as speedy and thorough contraction of the uterus, scrupulous cleanliness, &c. Dr. Duncan, of Crosshill, in a sensible speech, agreed as to the utter impossibility of using the antiseptic system in midwifery. As for germs, he asserted that they normally existed in the gall-bladder, and other internal cavities of the body totally excluded from air. It was totally impossible to render the interior of the uterus "aseptic." He advised cleanliness, &c., and could not see the use of Dr. Reid's appliances in private practice. Mr. John Reid was sceptical as to the use of antiseptics altogether. Septicæmia was usually due to a retained clot. He considered Dr. Reid's paper Utopian; and that such appliances as he described were calculated to make a serious impression on patients. He referred to the possible medico-legal aspect of the question. Dr. Fleming suggested that if Dr. Reid had used the term "disinfectant" wherever he used the term "antiseptic," he would go along with him. He denied that germs were found in the gall-bladder, &c., in health. He contended that there were two kinds of decomposition, the one chemical, the other decomposition by germs. He regarded the vagina as a closed passage like the urethra. Dr. Stirton emphatically differed from Dr. Fleming as to the normal condition of the vagina, which in certain positions of

the body opened, and could be seen into to the extent of two or three inches. He had that evening seen a patient into whose vagina, when excited, air entered in considerable quantity, and was expelled with disagreeable detonation. He referred to certain experiments with the flame of a lighted candle, which conclusively showed this. The President agreed. Dr. Reid briefly replied. The reading of Dr. Murdoch Cameron's paper "On Uterine Displacements" was postponed. We shall probably revert to this discussion in our next.

**MIDWIFERY CHAIR AT ANDERSON'S COLLEGE.**—We are authorised to state that Dr. Hugh Miller is not a candidate for this Chair. It is understood that he considers his present position a better one. Dr. Robert Bell is also *hors de combat*. It is believed that practically the contest lies between Drs. Wallace and Reid. It is not impossible, however, that the votes may be well divided. When such a struggle is called forth by so small an appointment one cannot help thinking what an amount of toadying and oblique influence would have been banished under the "one portal system," and the universal right to teach.

#### THE LECTURESHIP OF ANATOMY, SURGEON'S HALL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your Northern Correspondent pretends ignorance as to my position to the Lecturers in Surgeon's Hall as an excuse for a feeble witticism. That I can pass over. But his statement that "considering the popularity of the university professor, and of Mr. Symington, the existing extra-mural lecturer on anatomy, intending candidates should think twice before they embark in the expensive luxury of attempting to teach anatomy in Edinburgh" is evidently an attempt to discourage candidates from applying for the lectureship on anatomy at Surgeon's Hall, in other words, it is intimidation. I leave your readers to find fit language to describe the animus which alone could dictate such a paragraph.

I remain, yours &c.,

FRANCIS W. MOINET,  
Sec. to the Lecturers in Surgeon's Hall.

March 17, 1881.

[Dr. Moinet has made a discovery in our paragraph, which was never intended, and omitted the part to which we wished to call attention. We again repeat, to what school is Dr. Moinet the secretary? Does Dr. Moinet forget that there is no school of the College apart from the extra mural school to which Dr. Stevenson Macadam is the recognised secretary? The internal politics of the extra-mural school appear to be somewhat mixed, and perhaps some one more intimately acquainted with them than we are will give our readers the benefit of his knowledge. As far as we are concerned, we beg to assure Dr. Moinet that there was not the slightest animus intended, and that the only object we had in view was asked in our question. Surely Dr. Moinet must know that no remarks of ours would deter any candidate from applying, especially as the candidates are Edinburgh men, and more likely to know the value of their future prospects than we.—NORTHERN CORRESPONDENT, M. P. & C.]

#### POOR-LAW MEDICAL SUPERANNUATION.

THE return moved for by Mr. Meldon, M.P., at the instance of the Irish Medical Association, of the number of Irish Poor-law medical officers who had applied to their boards of guardians for pensions, and the decision of the guardians on these applications, and the reasons given for such decision, was presented to Parliament last week too late

for detailed criticism in our issue of to-day. It is the Irish analogue of a return for England granted last year on the motion of Professor Thorold Rogers, M.P., and it shows that in Ireland, since August, 1869, when the Superannuation Act passed, 188 persons claimed superannuation, of whom 11 were refused for one reason or another, while, in the case of a majority, the pension was cut down by the guardians below the two-thirds of salary which they were authorised to grant. This return, though it places useful information in the hands of those who are engaged in the effort to make a pension a matter of right for the Poor-law medical officer, does not purport to represent in any way the effect of the discretionary power of guardians upon the Poor-law medical system, for it takes no cognisance of those officers who would gladly resign if they dared, and who are compelled to remain in harness because they could not trust themselves to the consideration or sense of justice of their guardians. We have, of course, no means of estimating the probable number of medical officers in this condition of painful suspense, but we can approximate thereto by calculating the number of medical officers who are over 70 years of age and still hold dispensaries, most of whom we may safely assume would gladly be relieved of their toilsome functions if the law afforded a means.

Meanwhile, we observe that the Lord Advocate has introduced a Bill to assimilate the Scotch law to that of Ireland, in other words, to grant to parochial boards that discretion to superannuate their officers of which so much complaint is made in Ireland and England. There is this difference between the cases of Scotland and of England and Ireland, that the Scotch Board receive no state subvention and are under no state control. Nevertheless, it would clearly be very unwise for Scotch medical officers to accept a system of superannuation limited by the good-will of the guardians, especially as they have before them the very unsatisfactory working, as regards the profession, of such system in England and Ireland.

We understand that the Council of the Irish Medical Association, after much negotiation, deliberation, and discussion, has come to a decision as to the provisions of a Bill which will be fairly acceptable to medical officers, and, at the same time, a practicable measure which may be approved by heads of departments and may not provoke the hostility of boards of guardians. When this Bill is formulated we shall lay it before our readers and it will be introduced into the house, and it will then be for Poor law medical officers to bestir themselves if they wish to achieve the object for which they have so long sought.

#### PROFESSOR HELMHOLTZ.

THIS very distinguished physicist is about to visit Dublin, and has undertaken to deliver on the 13th of April at the Royal Dublin Society, a lecture on the "Modern Development of Faraday's Conception of Electricity." Professor Helmholtz will, we believe, be probably the guest of Dr. George Johnston Stoney, F.R.S., Secretary of the Queen's University.

The Council of the Royal College of Surgeons in Ireland resolved on Thursday last to confer on the distinguished visitor its Honorary Fellowship, and an official invitation has been forwarded to him to be present as the guest of the College at the annual dinner of the Council and Examiners club, which will take place within the week of Professor Helmholtz's visit to Dublin.

#### Correspondence.

##### THE DUALITY OF THE CHANCRE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Drysdale, in your impression of the 16th inst., seems inclined to quarrel with the army doctors relative to

their views concerning the condition or nature of a sore which carries with it the true syphilitic virus, in defiance of the splendid researches of Bassereau, and the views of the *élite* in Paris and London. I am fully persuaded that the army surgeons are right and their opponents are wrong. It is now more than seven years ago, when I had nearly a hundred syphilitic patients in my wards at the Sick Asylum, at Highgate, that I gave to this question very considerable attention, and I came to this conclusion after the most careful examination of a large number of patients for a period extending over more than three years, viz., that it did not require a hard Hunterian chancre to produce all the constitutional conditions of syphilisation. That syphilisation may result from a mere abrasion or a soft sore. I have no wish whatever to enter into a controversy upon these points, but I can quite understand a lay committee being confused, as Dr. Drysdale says, in reference to "primary venereal sores." Dr. Drysdale's practice must have been extremely limited, or his power of differentiation extremely dull, if he maintains the doctrine expressed in his letter.

I am, very truly yours,

T. STRETCH DOWSE.

14 Welbeck Street, Cavendish Square,  
March 17, 1881.

University of Dublin.—The following degrees have been conferred during the present month at meetings of the Court of Examiners:—

BACHELOR IN SURGERY.—Austin J. Cockle, John Robert Fraser, Thomas Charles Moore, George de Joncourt Patterson, Godfrey E. Reid, John Ryne, George Scriven, Richard C. Studdert.  
BACHELOR IN MEDICINE.—John Robt. Fraser, Thomas Chas. Moore, Godfrey E. Reid, John Ryne, James Johnston Robinson.  
DOCTOR IN MEDICINE.—William Butler Walsh, John Fitzhenry Woodroffe.

NOTICES TO CORRESPONDENTS.

DR. BERNARD KELLY.—Your case of "Untyptic Pneumonia" shall appear in an early number.

DR. THOMPSON will please receive our best thanks.

DR. J. P.—Certainly an amusing episode, but one which an unscrupulous lawyer might take up on the chance of making heavy fees.

FULHAM.—A note to Dr. Brewer, chairman of the Board, might have the desired effect.

DR. THOMPSON is thanked and referred to another part of present number.

DR. J. G.—'Tis impossible to say anything new on the subject.

"GOING UP" will find Harris and Power's little "Manual for the Physiological Laboratory" of great service to him. We understand there is a new edition of the excellent "Guide" referred to, in the press; our correspondent should get this as soon as out.

DR. C. MCCARTHY'S communication has been unavoidably held over owing to great pressure on our space. Proofs will be sent him in the course of a few days.

POSTAL ALTERATIONS.—It has long been thought that we might have a stamp which should be used either for postage or receipt purposes, but owing, we presume, to these stamps belonging to two different departments, there have been difficulties in the way of making the desired change. Any obstacles, however, that existed have been overcome, and it is now announced that arrangements are being made by which the same penny stamp shall serve both as a postage and as a receipt stamp.

SCOTARIANISM IN MEDICAL CHARITIES.—At a public meeting held at Chelmsford last week to promote the establishment of a cottage hospital there, Dr. Vipan stated that out of 260 cottage hospitals founded in Great Britain, only eight had failed. Those failures were not due to want of funds, but because of theological disputes between members of rival sects.

DR. WILSON, Mr. Hemming, Dr. Norman Conolly, Mr. Morris, see reply to Dr. McCarthy.

A RICH "PAUPER" PATIENT.—The committee of the London Hospital have instructed their solicitor to take out letters of administration to realise the securities amounting to between £300 and £400 which were found concealed in the clothes of a deceased pauper patient, and, after payment of the necessary expenses, to apply it for the benefit of the Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—This day (Wednesday), at 4 p.m., Prof. Henry Tretham Butlin, "On the Relations of Sarcoma to Carcinoma."

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—This day (Wednesday), and on Friday, at 5 p.m., Croonian Lectures: Dr. Moxon, "On the Influence of the Circulation upon the Nervous System"

HUNTERIAN SOCIETY.—This evening, at 8, Adjourned Discussion on Dr. Herman's Paper ("Frolopae of the Ovaries").—Mr. McCarthy and Mr. James E. Adams, "On Cases of Varicocoe treated by Excision."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Friday, March 25, at 4 p.m., Prof. F. Treves, "On the Pathology of Scrofulous Affections of Lymphatic Glands."

ROYAL INSTITUTION.—Friday, March 25, at 8 p.m., Mr. A. Buchan, "On Weather and Health of London."

QUEKETT MICROSCOPICAL CLUB.—Friday, March 25, at 8 p.m., Mr. J. G. Waller, "On Cliona Calata: Does the Sponge make 'the Burrows'?"

CLINICAL SOCIETY OF LONDON.—Friday, March 25, at 8.30 p.m., Mr. J. R. A. Douglas, "On Cases of Varix treated by a new Instrument for Obliterating the Veins."—Dr. Whipham and Mr. Rick, "On a Case of Extirpation of the Larynx."—Mr. Spencer Watson, "On a Case of Intra-Cranial Disease Involving several Cranial Nerves."—Dr. B. O'Connor, "On a Case of Syphilitic Psoriasis."

ROYAL INSTITUTION.—Tuesday, March 29, at 8 p.m., Prof. Schäfer, "On the Blood."

VACANCIES.

Bournemouth General Dispensary.—Resident Medical Officer. Salary, £120. Applications to the Treasurer before April 2.

Charing Cross Hospital.—Assistant Surgeon on the Staff. Candidates must possess the F.R.C.S.Eng. Applications to the Secretary before April 2.

Glamorgan Infirmary, Cardiff.—House Surgeon. Salary, £100, with board. Applications, under cover, to the Secretary before Mar. 29.

Greenwich Union.—Assistant Medical Officer. Salary, £100, with board. Applications to the Clerk of the Guardians before Mar. 31.

Royal London Ophthalmic Hospital.—House Surgeon. Full particulars on application to the Secretary.

Royal Westminster Ophthalmic Hospital.—Two Assistant Surgeons on the Staff; must hold the F.R.C.S. Applications to the Committee of Management before March 31. (See Advt.)

St. Mary's Hospital, Paddington.—Ophthalmic Surgeon. Honorary. Applications, under cover, to the Secretary before March 31.

West Sussex Infirmary, Chichester.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Secretary before April 9.

APPOINTMENTS.

HOOPER, E. E., M.R.C.S.E., Medical Officer for the Fourth District of the Reigate Union.

JOHNSTON, E. F.R.C.S. & M.R.C.P., Medical Officer of Health and District Medical Officer of the Melton Union.

KISBY, G., L.F.P.S.G., L.K.Q.C.P.I., Medical Officer to the Seventh District of the Ashton-under-Lyne Union.

MORISON, J. R., M.B., F.R.C.S., L.R.C.P.Ed., Honorary Physician to the Hartlepool Hospital.

MYLES, Dr. W. Z., Senior Assistant to Resident Medical Superintendent, Richmond District Lunatic Asylum, Dublin.

NELL, E. F., M.R.C.S.E., Medical Officer for the Penarth District of the Cardiff Union.

REID, G., M.B., Physician to the Staffordshire General Infirmary.

RUSSELL, W., M.B., Honorary Physician to the Carlisle Dispensary.

SEARLE, G. C., M.R.C.S.E., Medical Officer for the Brixham District of the Totnes Union.

SHORTER, H. G., M.R.C.S.E., Medical Officer to the Hastings Dispensary.

TREHARNE, J. L., M.R.C.S.E., Medical Officer for the Spottland District of the Cardiff Union.

WALSHAM, W. J., F.R.C.S.E., Assistant Surgeon to St. Bartholomew's Hospital.

Births.

BRADY.—At Clonmellon, the wife of P. Brady, M.D., of a daughter.

ELLIS.—Feb. 17, at Sitapur, Oudh, the wife of J. Ellis, M.D., Bengal Medical Service, of a daughter.

LAND.—March 18, at Boryde House, Tonbridge, the wife of W. J. Land, M.R.C.S., of a daughter.

THOMPSON.—March 11, at Killyquade, Newtown, Mountkennedy, the wife of R. Norman Thompson, M.B., of a son.

WINCKWORTH.—March 11, at Sheffield, Beds., the wife of Charles K. Winckworth, L.R.C.P.Lond., &c., of a daughter.

Marriages.

MOORE—ARMSTRONG.—March 15, at Christ Church, Dublin, John W. Moore, F.R.C.P., to Louisa, youngest daughter of the late Edmund J. Armstrong, J.P. and D.L. of Co. Clara.

YEO—SICH.—March 16, at the Parish Church, Chiswick, Robert F. Yeo, Surgeon R.N., only son of Thomas F. Yeo Esq., of Deignay, Co. Wicklow, to Alice, eldest daughter of William Thrale Sich, Esq., of Chiswick.

Deaths.

ADAMS.—March 19, at Stoke Newington, Louisa Stott, wife of Henry Adams, M.R.C.P.

ASHFORD.—March 18, at 7 Windsor Villas, Plymouth, J. Butler Ashford, M.D., aged 59.

BRADY.—March 18, at Upper Baggot Street, Dublin, Luke Brady, L.R.C.S.I., of Newgrove, Co. Clara.

CHENEY.—March 6, at Naples, after four days' illness, of acute meningoccephalitis, George Cheney, M.D.Edin., of 5 Bryanston Street, London, formerly of Mexico.

CHILDS.—March 14, at Tower House, Uxbridge Archibald Prentice Childs, F.R.C.S.Eng.

DAVIDSON.—March 8, at Erith, Kent, James Davidson, M.D., M.R.C.P., Retired Fleet Surgeon, R.N., aged 63.

O'DONNELL.—March 17, at her residence, 4 Gladstone Street, Southwark, London, Rosina O'Donnell (née Maxwell), widow of Dr. H. J. O'Donnell, of Ennis, Co. Clara, in her 56th year.

STACY.—March 12, John Edward Stacy, F.R.C.S.E., of Cavendish Road, Brondesbury, in his 82nd year.

WELCH.—March 17, at 18 Girdler's Road, West Kensington Park, W., Susannah Amelia, wife of J. Welch, M.D.

WHITE.—March 14, at Montague House, Bath, John Ludford White, M.A., F.R.C.S., formerly of Dowlish, aged 67.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 30, 1881.

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## Original Communications.

**GULSTONIAN LECTURES ON ANÆMIA. (a)**  
By **SIDNEY COUPLAND, M.D., F.R.C.P.,**  
Physician to the Middlesex Hospital.

### LECTURE III.—ABSTRACT.

THE subject of chlorosis was first dealt with, in order to direct attention to the close relations subsisting between it and other forms of idiopathic anæmia; the discovery by Virchow in some cases of apparently congenital defects in the aorta, and its branches being in point of fact, the only stable ground for its separation from them. Those who maintain that chlorosis is a disease *sui generis* regard the anæmia it presents as but one symptom of the disease which is equally marked by nervous and menstrual derangements. But here as elsewhere, the anæmia is paramount, and depended probably by some changes in the hæmatopoietic function. The chief reasons urged for regarding chlorosis as a distinct disease, are its almost complete limitation to the female sex, its apparent connection with the menstrual function and changes undergone at puberty, certain nervous conditions, certain peculiarities in the composition of the blood, and in the structure of the blood vessels. But the female sex itself predisposed to anæmia, and not only the onset of ovulation and menstruation, but the period of their cessation, as well as the period of their activity, sometimes determined anæmia. Moreover, the male, especially in youth, was liable to the development of a disease indistinguishable on other grounds from chlorosis; initiated by like influences, and characterised by similar phenomena. The significance of menstrual derangement had been sometimes narrated; undoubtedly present in many cases, it was almost as often a sequel as an antecedent to the anæmia, and sometimes no irregularity occurred in this function. The nervous characteristics, psychical, emotional, sensorial, were not special to chlorosis in its limited sense, but occurred in cases of idiopathic anæmia, which, from the age or sex of

(a) Delivered before the Royal College of Physicians.

the patient, had been excluded from the category of chlorosis as to the composition of the blood. The limitation of the deficiency in chlorosis to the corpuscular matter, as ascertained by analysis, did not appear to have been disproved in idiopathic or essential anæmia, except in its advanced stages, when the supervention of dropsical effusions indicated diminution in the serum-albumen. Virchow's discovery of a condition of vascular hypoplasia, sometimes associated with an immature condition of the generative organs, or with stunting of the whole body, could not be applied generally. For, in the first place, many chlorotics absolutely recover; the described anomalies are not infrequent (especially the variations in the intercostal arteries) in non-chlorotic subjects, and it was not certain how far the diminution in the calibre of vessels (as of aorta) might be determined by a diminution in their contents. Such conditions, however, were of interest as pointing to an imperfect evolution of the vascular apparatus (as of the blood) frequently underlying the anæmic state; but they cannot well be at the root of all cases. Many etiological factors frequently co-operated in inducing chlorosis, e.g., deprivation of light and air, undue physical exertion, sedentary occupations, &c., factors directly interfering with the blood functions. The symptoms of chlorosis were those of anæmia, even to the occurrence in some cases of a mild irregular pyrexia, comparable to that seen on a more striking scale in "pernicious" anæmia. The characters of the blood in chlorosis were then considered. There is invariably a reduction in the amount of hæmoglobin to the extent of one-half, or even two-thirds; and Quinquad declares there is also a reduction in the chief saline constituents of the corpuscles, but not in their stromal globulin. There is not, as a rule, a corresponding diminution in the number of the corpuscles which, in an average of 18 cases, fell to 65 per cent. the normal. Malassen declares that the corpuscles are larger than in health; and some describe a few globules nearly twice the normal size; but there is always a large proportion of corpuscles below the normal size, and Hayem describes a great excess of hæmatoblasts, as well as variations in stage akin to those met with in pernicious anæmia. Examination of the blood, then, did

not afford any distinctive characters. The effect of treatment was certainly very marked, but this was not held to be sufficient ground for detaching chlorosis from the other and severer forms of idiopathic anæmia. It would seem that in chlorosis the derangement lay mainly in the imperfect evolution of the blood; in the severe forms of anæmia in this factor conjoined with increased destruction. The difficulty in deciding whether a given case of anæmia is one of chlorosis or not is a real difficulty; not a mere question of nomenclature, but enhanced by the attempt to make the term signify more than anæmia without possessing features sufficiently well defined to justify the separation.

The cardio-vascular phenomena of anæmia were then briefly discussed, and the opinion declared that the purely cardiac murmurs were due to actual valvular incompetency produced by the enfeeblement of the cardiac muscle from its imperfect nutrition. The fact of dilatation of the ventricles was not easy of clinical proof, but had been announced by competent authorities; and Pearson Irvine ascribed the murmurs to the eddy of blood in the dilated chambers. Of the arterial murmurs, those in the pulmonary artery and aorta had not been very satisfactorily explained; in other vessels more accessible to the stethoscope, their production was only an exaggeration of that always met with on pressure over the vessel; an exaggeration attributable to diminished tonicity, causing slighter pressure to elicit the bruits. The venous bruits were also in great part ascribed to pressure, and their variations with changes in the velocity of the blood-flow were pointed out. The hypothesis advanced by Dr. Goodhart that anæmia may be the starting point of valvular disease, was mentioned.

The evident connection between fatty degeneration and anæmia was next considered; a degeneration especially marked in the heart, and sometimes in the other muscles, dependent upon imperfections in the normal nutritive changes from lack of oxygen, and cases given in illustration. Similar fatty changes in the lining membrane of blood vessels, and in capillary walls occurred, and to such vascular detritation was ascribed the liability to hæmorrhages, so marked a feature of pernicious anæmia. Fatty changes also occurred sometimes in the liver and kidneys.

In conclusion, the subject of the treatment of anæmia was dealt with. After referring to hygiene and dietetic measures, the hæmaturic drugs were considered, and the rapidity with which iron acted in restoring the corpuscular richness, was illustrated. Arsenic ranks next to iron as a hæmaturic, and in some cases was more efficacious. Phosphorus had been given by Dr. Broadbent with marked effect in a case of idiopathic progressive anæmia. Manganese had been found wanting, and had fallen into disuse. Inhalations of oxygen did not increase the corpuscular richness, although increasing appetite and the power of assimilation (Hayem). Valuable as adjuvants were quinine, strychnine, the mineral acids. Transfusion was the last resort in the pernicious forms of anæmia, and a few successful cases had been recorded, notably by Quincke; but its employment must be had recourse to before the disease is too far advanced, if any permanent effect is to be hoped for. The alternative method of the administration of enemata of defibrinated blood, advocated by the Therapeutical Society of New York, and introduced to the notice of the profession in this country by Dr. Sansom, deserved a careful trial.

#### CASE OF PARACENTESIS OF THE BLADDER. (a)

By F. B. QUINLAN, M.D., Univ. Dub.

THOMAS C., a commercial traveller, stated to be æt. 45, but looking considerably older, was admitted into St. Vincent's Hospital on the evening of the 26th November, 1880, under the following circumstances:—

He had suffered for many years from stricture of the urethra, which sometimes had occasioned retention of urine,

always, however, relieved by catheterisation. On the morning of the day in question he was again so attacked, and adopted the very extraordinary remedy of procuring a quart of whiskey, and drinking as much of it as he could. He became intoxicated, and in the evening was wakened from his drunken slumber by the intolerable pain of aggravated and continued retention in the bladder, irritated by over-indulgence in strong alcohol. He was brought to St. Vincent's Hospital about 9 o'clock p.m., in a most deplorable condition; and in the unavoidable momentary absence of both my surgical colleagues I was, on account of the pressing nature of the emergency, called in by the resident pupil who met me coming home from the opening meeting of this Society, along with Dr. Edward Peele, whose sad and untimely demise is such a source of deep sorrow to us all. I learned from the resident pupil that our house surgeon was already in attendance, and that he had endeavoured without success to pass a catheter, and perceiving on the one hand that operative measures might be necessary, and on the other that I could not procure the aid of my surgical colleagues, whom I am always happy to consult, I requested Dr. Edward Peele to accompany me to the hospital, which, with his usual good nature, he at once did.

On arriving there, I found the patient actually roaring with pain, and tried him with all the ordinary varieties of catheters, hard and soft. The stricture, which was situated at the bulb of the urethra, was cartilaginous and unyielding, and I could not make the slightest entrance into it; the urethra was in a condition of violent spasm, and the only result of my efforts was the production of copious hæmorrhage. Dr. Peele also tried the catheter, but found the passage equally impossible. The condition of the patient was now very serious, the bladder could be felt through the abdominal parietes, which were loaded with fat, like a large hard tense water-melon, and the fundus was level with the umbilicus. As baths, opiates, and other palliative resources had been tried, and as the patient, who implored me to put him out of his agony, could not be left all the night in such a state, Dr. Peele and I decided that the bladder should be tapped, which I at once proceeded to do. I selected a spot in the *linea alba*, two inches above the pubis, where the bladder could be most distinctly felt; and where, from the distention of that viscus, I felt I should be secure from the risk of wounding the peritoneum, reflected from the rectus muscle to the fundus of the bladder. In this spot I plunged the largest-sized trocar and canula (of the ordinary Dieulafoy's aspirator) well into the bladder. On withdrawing the trocar a strong jet of urine squirted forth; and Dr. Peele and I by pressing on the abdomen, emptied the bladder as completely as possible, and to the extent of about forty ounces. The effect was magical; the sufferer expressed himself entirely relieved, and the canula having been withdrawn, he was placed in bed. Hot jars were applied to his feet and sides, and half a grain of acetate of morphia was administered hypodermically. There was still much sanguineous oozing from the urethra, but this we let alone as likely to relieve local irritation and spasm.

Nine a.m., next day. The patient had passed a very comfortable night, and had slept for several hours. He had bled a good deal during the night, and the spasm and irritation were consequently much reduced; and, in a hip bath, he was able to very slowly relieve the bladder *per viam naturalem*. Ordered a suppository containing two-thirds of a grain of acetate of morphia; to drink as little fluid as possible, to apply hot poppy stupes to the perineum, to take very light diet, and to allay his thirst (when excessive) with small fragments of ice allowed to dissolve in the mouth.

For a fortnight this sedative treatment was pursued to the gradual improvement of the urinary stream, until at last he was able to slowly evacuate without the aid of either baths or stupes. It is not necessary to trouble this Society with the details of the dilatation of the very difficult stricture at the bulb of the urethra, or of the simpler one at the junction of the membranous and prostatic portion.

(a) Read before the Surgical Society of Ireland.

This process was accomplished in the ordinary way, and on the 22nd of January the patient left the hospital able to micturate (to use his own expression) as well as in his best days. He had also enrolled himself in the ranks of the total abstainers.

Among the principal reflections derivable from this case is the comparative safety of the supra-pubic operation when performed with a tube of moderate calibre; and I believe that, had it become necessary to repeat the tapping, it could have been done again and even again without much risk. In this case the suction from the aspirator was not employed; and the question arises whether, if it had so been, injury might not have accrued to the interior of the bladder by sucking of the mucous membrane against the sharp edge of the canula. I make this remark with all reserve for I am aware that many most competent surgeons use the exhausted cylinder of the aspirator. When resident pupil in the Richmond Hospital I have seen the late Mr. Edward Hutton perform the supra-pubic operation with exquisite dexterity and with an ordinary ascitic trochar and canula, passing a gum elastic catheter through the latter, which catheter he left in the bladder for several days until he saw his way to the relief of the stricture. Without in the least presuming to be an authority I would deprecate this practice for fear of infiltration, and would much prefer the (if necessary) repeated tapping. With reference to infiltration, it appears to me that the great safety lies in completely emptying the bladder through a small opening. Some hours must elapse before the viscus refills, and in the meantime a plug of lymph will have occluded the opening so as to prevent urinary infiltration. I would further advert to the manner in which the emergency was at the last moment aggravated by the patient's over-indulgence in alcohol, a procedure for which I have not seen in retention cases any parallel, and which at the last moment cut short the time of deliberation and forced me to immediate action.

The great question, however, incidental to this case, is, ought the bladder to have been tapped at all? and could I have relieved the patient by catheterisation? Looking to this question at leisure and with the lights obtained during the dilatation of the stricture, I reply that catheterisation was, on the evening of the 26th of November, impossible, owing partly to the rigid nature of the stricture and partly to the enormous urethral spasm produced by the over-indulgence in alcohol. The element of dreadful pain is also to be considered, for had the pain been only the ordinary suffering of retention I might have leeched the perineum, used copious opiate, and kept the patient in a bath, and thus temporised until the spasm became a little relieved. I might possibly in that way have got an instrument in, although I doubt it. In the present case, however, the patient's agony was appalling to witness; and when I explained to him the risk of tapping he conjured me to do it in language plain enough, but perhaps too forcible for repetition here. Reviewing the case in the full spirit of candour, and not in the least desiring merely to uphold what was done, I conscientiously believe that I had no course open to me but that which was adopted.

#### STIMULANTS IN WORKHOUSES—ALCOHOLIC LIQUORS AS MEDICINES FOR THE SICK.

By NORMAN KERR, M.D., F.L.S., London.

(Continued from page 248.)

As a typical exemplification of the fallacy of drawing a dogmatic conclusion from defective data, let me adduce the interesting statement of the master of the Eton workhouse in a recent number of the Local Government Board *Chronicle*. The cost of ale, brandy, gin, and wine for the sick at Eton for the five years 1871-5, was £541. The cost of the same liquors for the succeeding five years, 1876-80, was £63. The number of deaths during the

first quinquenniad was 168, and during the second 146. Whereupon the worthy master rushes to the conclusion that alcoholic drinks were not beneficial to the health of the sick inmates. Let us see what ground his returns afford for such an assertion. The number of inmates for each year is not given, so there is nothing to show what the percentage of mortality really was. The figures are thus valueless. Even if all the usual particulars were given, and it were shown that the rate of mortality fell simultaneously with the consumption of intoxicating drinks, till we are favoured with the age of each pauper, his state of health, and other circumstances concerning him, in addition to the nature and duration of the disease which killed him, we would be in no position to form a true opinion. Imperfect and useless for the purposes of scientific accuracy as this Eton group of statistics is, an analysis of them as presented to us does not bear out the master's statement. It is true that if we take the sum of the deaths in each quinquenniad, we find an absolute (we have no means of knowing if it is proportionate) decrease, in the whole number, of 22 deaths during the second quinquenniad, when there was a great diminution in the quantity of liquor ordered. But any inference from this crude generalisation would be unwarranted and misleading, for on looking into the master's table of the deaths in each year, I find that the year in which by far the smallest amount of money was spent in intoxicants, in the second quinquenniad, was the very year in which there was the greatest number of deaths. Further, taking the whole ten years, while there were 37 deaths with £7 spent during the year on drink, there were only three deaths more (40) when twenty times that amount (£140) was the outlay!! Again, when the annual alcoholic expenditure was £94, there were 27 deaths during the twelve months, while when the annual expenditure was only £14 there were actually two more deaths (29)!!!

There can be little difference of opinion as to the propriety of limiting the supply of intoxicating liquids to the smallest consumption compatible with safety, and no one can sympathise more warmly than I do with every guardian who is desirous to reduce the expenditure on such articles. That I have done all in my power to arouse public interest in this very important question renders it all the more incumbent on me to insist on zeal being tempered with discretion. Time and again newspapers have been sent to me from different parts of the kingdom, in whose columns I have read with pain most misleading and incorrect statements regarding the practice of certain medical men. In the excess of their zeal some enthusiastic guardians have gravely informed their colleagues that their own local medical officers were behind the age if they did not exclude alcoholic from their practice, an example set "in London by Sir Wm. Gull, Sir Henry Thompson, Dr. Benjamin Richardson, and Dr. Norman Kerr." That the statement is true of Dr. Richardson I know, but it is not true of the others. No one would be more surprised than would either of the two first mentioned gentlemen to hear that he had discarded alcoholic drinks from his practice; and though I very rarely prescribe these potent remedies, and then only with a temporary object, and in definite doses, I emphatically deny the soft impeachment. I would no more dream of proscribing alcohol than I would of proscribing prussic acid.

It will also be seen, from an able article on "Alcohol as an Antispasmodic," in the *Medical Temperance Journal* for January, 1881, that Dr. Richardson himself, in certain cases, recommends considerable doses of alcohol in combination with other medicinal substances.

There are some medical men who concede the prescription of alcohol as alcohol, ethylic or methylic, but object to it in the form of brandy or wine. With this view I have much sympathy, and, wherever practicable, order proof spirit in cinnamon water, with the addition of other aromatics. But I have met with cases in which no preparation of alcohol was retained but old mellow brandy, or other alcoholic liquor; and though I never resort to the wine and the spirit bottle if I can find as satisfactory a re-



medial agent elsewhere, I would be very sorry indeed not to have them at command. Let me entreat our ardent temperance friends, of whose unselfishness and devotion I cannot find words adequately to express my admiration, to be on their guard lest they unintentionally give to professional utterances a meaning these were never intended to convey, and thus hinder, instead of forward, the great cause whose interests we all have so much at heart.

In their zeal to put an end to the many evils which undoubtedly arise from the presence of intoxicating drink in workhouses, some boards of guardians have hastily adopted measures of doubtful, and even of illegal, procedure. One board, for example, when a new medical officer was about to be appointed, induced him to enter into a contract to supply all the stimulants he should deem it necessary to prescribe, for the sum of £30 per annum. The Local Government Board at once wisely declined to approve of this extraordinary compact, and the resolution of the guardians was therefore rescinded. It would indeed be an anomaly if, at the very time when the medical profession is becoming more alive to its dignity, and gradually severing, as far as practicable, profit by the sale of drugs from legitimate fees for medical advice, Government medical officers were to contract to furnish the medicines which intoxicate. In the interests of the pauper it is desirable that his medical attendant should have no pecuniary interest in the quality or the quantity of the remedies employed. The practice of no medical man ought to be exposed to the risk of being even unconsciously influenced by considerations of personal emolument from the medicines taken.

Again, another board of guardians went so far as to pass the following resolution:—"That the large amount of alcoholic stimulants supplied for the use of the sick inmates in this union is unwise; that it is unjust to the ratepayers; and that, subject to the approval of the Local Government Board, such stimulants shall be discontinued for the future." The Local Government Board, I need hardly say, withheld their approval. One official, and one alone, is responsible for the medical treatment of the patients. That official is the medical officer. So soon as his hands are tied by the prohibition of any of the medicinal agents he deems needful, just so soon will his responsibility for the treatment of his patients cease. There can be no divided responsibility. So long as the medical officer has sole direction of the medical care of the sick, just so long will the pauper have fair play. The moment the doctor's resources are crippled, the responsibility is shared between him and the party curbing him, and between the two stools the pauper cannot fail to fall to the ground. Hence the Local Government Board did right in declining to limit the medical officer's choice of remedial agents.

A strong effort has been made in different parts of Ireland to have ordinary alcoholic drinks included under the denomination of drugs, to be supplied to the patients by the dispenser like any other therapeutic remedy. Were the liquor always given as part of a not too pleasant and fascinating medicinal mixture, this might be a benefit to the sick poor, inasmuch as they would not know they were getting an intoxicant, and thus they would not be so liable to be confirmed in their strong prejudice in favour of alcohol as a beverage. But, unfortunately, this was not the aim of the agitation, the object of which was confessedly to save the rates by securing, if possible, the cost from the State under the head of drugs. At present, the whole expense for stimulants is born by the locality. I fear that, if this agitation had been successful, the consumption of stimulating liquor in our workhouses would have been greater than ever.

The Local Government Board have declined, as indeed was to have been expected, to comply with this request to sanction an arrangement by which all stimulants used in workhouse hospitals might be regarded as drugs, be placed in charge of the dispenser for administration under the orders of the medical officers, and be charged like other

medicines on the Parliamentary grant. The issue of stimulants, the Local Government Board stated in their reply, was already restricted to cases in which the medical officer might give directions in writing for their use in individual cases, and no part of the cost of stimulants such as wines and spirits could be defrayed out of the Parliamentary grant for medical purposes.

The public, in many localities, are taking great interest in the consideration of this question of workhouse stimulants, and it is useless, if indeed it were right, to attempt to stifle the controversy. The wisest and most prudent course is to direct the popular agitation into such a channel as will effect the greatest amount of good. Now that I have pointed out what all interested in this subject ought to avoid, I am bound to indicate what seems to me to be the proper method of procedure. First, recognise the medical officer as the sole arbiter of what medicines his patients are to receive. Starting with this as an axiom, no right thinking person can possibly object to either the guardians or the general public using every courteous means of presenting to the medical officer a fair statement of the moral risks inseparable from the indiscriminate and profuse prescription of alcoholic liquors, and of the experience of an increasing number of his colleagues in the Poor-law service, who have made a genuine trial of either the complete exclusion of these drinks or a very great diminution of their consumption. No intelligent and fair-minded member of the medical profession can take offence at any respectful request for his candid perusal of scientific and thoughtful treatises on the influence of alcoholic drink on the individual and on society at large. Guardians may do much and yet duly respect the office and dignity of their medical officer. I am acquainted with parishes where a respectful and polite request from the board to the medical officer to give the matter his best consideration in the interests of the poor and of the general community, has resulted in a thorough study of the question on his part, and the consequent institution of a legitimate and successful experiment.

(To be continued.)

## INJURY OF THE HEAD: ESCAPE OF MEDULLARY SUBSTANCE AND ARACHNOID FLUID.

By ALLEN EDMOND DOUGLAS, M.D.,

THE following remarkable case shows how well a child may get over a very serious injury, and I doubt very much whether an adult would have recovered so well under similar circumstances.

June 1, 1880, 7.30 p.m.—Mr. L. when playing with his child, aged six months, slipped on a piece of bread and butter, and in trying to recover his balance the infant fell out of his arms down stairs, about seven steps, and hit its head against the corner of a chair, causing an irregularly incised wound, about two inches long, in the centre of the forehead. I was in attendance a few minutes after the accident, and found the child's face covered with blood, and a welt, nearly as thick as the little finger, of medullary substance corresponding to the size of the wound protruding on the forehead. There was also a small wound of the skin at the lower end, and a bloody tumour over right parietal bone. Except these there were no other alarming symptoms. No loss of consciousness; no convulsions; no vomiting; pupils equal; pulse regular, though of course excited. I should also have mentioned that there was a profuse flow of arachnoid fluid from the wound. I could not bring the edges of the wound very close together with adhesive plaister as the brain substance came welling up on the slightest pressure, so I merely applied a cold lotion, and gave *hyd. submur.*, *pulv. Jacob* and *cret. co. c.* opio.

10.30 p.m.—Vomited once after the powder, and is now sleeping calmly.

2nd, 10.30 a.m.—Slept well all night, and takes the breast eagerly; bowels moved once, no symptoms of any kind. The dressing has come off, showing the brain pul-

zing through the gaping wound, with a free discharge of arachnoid fluid. I closed the wound with two simple silk sutures, but in doing so more cerebral substance mixed with venous blood came away. Cold lotion to be continued, as well as the hyd. submur.

5.20 p.m.—Sleeping quietly. Mother says it was "quite happy all day, and crowing as usual." Wound looks well, but a free discharge of fluid still. At this time my friend, Dr. Eustace, saw the case with me, and agreed that nothing more should be done at present.

3rd.—Sleeping quietly, but bright and happy when awake. Wound looks healthy, but still oozing; stools green; drinks well; gave the mother a good dose of castor oil.

4th.—Good night; no symptoms; no oozing.

5th.—good night; no symptoms; gave bromid kali, ʒss, aq. ʒij., a teaspoonful three times a day.

6th.—Was sick after the bromide yesterday, and is to take only half the quantity. Wound healing.

4.30 p.m.—Omit the bromide, and begin the hyd. submur again.

7th.—No change; apply carbolised oil to forehead, which is itching.

8th.—Remove sutures; a thick scab covers the wound.

9th.—Does not seem quite so well, but nothing wrong.

10th.—Wound granulating, and bloody tumour subsiding.

11th.—As the swelling has subsided the brain can be seen and felt pulsating through the crack in frontal bone. A slight oozing of fluid in one spot where the scab has come off.

13th.—No change.

14th.—Took away part of one of the sutures which happened to be left behind. No other change.

16th.—Lower wound healed, but there appears to be a fistulous opening at upper end of long wound through which the arachnoid fluid pours in a constant oozing.

18th.—Cauterised the fistula.

21st.—No oozing since cauterisation. To take Parrish's syrup.

22nd.—Free discharge of fluid; I applied a piece of dry lint to the fistula, and covered it with another piece wet with flexible collodion.

29th.—Scab has come off, and no oozing since.

July 22nd.—Patient as well as ever, had his portrait taken to-day, which I enclose.

From first to last the little patient never lost an hour's sleep or refused its drink!

patient consulted many physicians, and followed all kinds of treatment, but no permanent benefit resulted.

The general health, however, suffered little. She kept her appetite and strength; the menses remained regular. Never any hæmoptysis; sometimes sweating, but only after violent coughing; no emaciation; no diarrhoea.

On admission, condition as follows:—Face flushed, slightly puffy; no œdema of legs; marked dyspnoea, rendering walking and active work impossible; cough frequent, spasmodic, with suffocative attacks during night; abundant mucous and muco-purulent expectoration; chest resonance exaggerated, almost tympanitic, especially at base; respiration emphysematous, vesicular murmur weakened; sibilant and moist râles, accompanied by rhonchus, very numerous in the whole extent of the chest of both sides; heart normal; no evening pyrexia; pulse regular, strong, moderate tension; no albumen in the urine; tongue healthy; appetite maintained; digestive functions normal; frequent and profuse night sweats, especially after suffocative attacks.

From these symptoms there was diagnosed generalised chronic bronchitis, non-tubercular, with consecutive pulmonary emphysema.

In two or three weeks treatment gave little result. There was at first apparently slight improvement; but soon the cough and dyspnoea reappeared with greater intensity. The least change of weather, especially to damp, brought on extreme suffocative attacks, which sometimes lasted many hours, causing profuse sweating, and leaving behind marked cyanosis of the face.

On October 30th the chest was again examined. Comparative percussion of the two apices revealed slight diminution of elasticity in the eighth supra- and infra-spinous fossae. At the same place there was hardness of breathing, with prolonged sibilus; for the rest of the extent, sonorous and subcrepitan râles mixed. Respiration ample, prolonged, resembling that of an asthmatic. General state remains good.

During November things remained in *statu quo*, or the functional troubles seemed aggravated. The patient, a prey to continual oppression, was incapable of the least effort, and obliged to maintain the sitting position in bed. Absolute insomnia, from frequent cough and suffocation. Expectoration mucous or muco-purulent, aerated, not viscous—quantity, from 200 to 500 grammes daily. Iodide of potassium, ether, hypodermic injection of morphia, and chloral used without result.

On November 27 it was decided to try punctiform cauterisation of the thoracic walls, with the thermo-cantery. It was performed at once, and a large number of superficial spots were scattered over the whole extent of the dorsal region.

The next day there was marked decrease of all symptoms. The patient had slept better. Cough and dyspnoea less severe. On auscultation much fewer moist râles; sibilus persistent.

On November 30th the cantery again applied, followed by still more marked improvement. Expectoration much less. Patient could take the horizontal position. No more suffocative attacks.

December 3rd.—Third application, after which convalescence progressed regularly; cough almost entirely ceased; dyspnoea insignificant. The patient sits up all day, walks from room to room, and goes upstairs without fatigue. She asked for all medicines to be stopped. Auscultation shows no râles; vesicular murmur, rather feeble, heard everywhere; emphysematous resonance much diminished.

On December 7th, 15th, and 21st the cantery was applied again. This was in order to assure the cure.

On December 29th the patient, entirely recovered, claimed her discharge. A final examination showed the resonance of the chest everywhere normal, except a slight want of elasticity at the right apex, due apparently to a little chronic pneumonia; no tympanitic sound at either base; sound normal and equal on both sides. Breathing slightly rough in the right supra-spinous fossa, is everywhere else of perfect amount and purity; not the least râle, either dry or moist; respiratory rhythm regular and normal. No cough; no dyspnoea; expectoration nil. The general state is as good as possible, and the patient has recovered all the vigour and activity of her age.

## Clinical Records.

### HOPITAL DE LA PITIE, PARIS.

Under the Care of PROFESSOR PETER.

*Case of Chronic Bronchitis for Three Years unrelieved by usual means; Rapid Cure by Punctiform Cauterisation of the Walls of the Thorax.*

Reported by Dr. H. BARTH.

B. B., et. 20, seamstress, admitted October 6th, 1880, under Professor Peter. Well developed and apparently robust, she had no hereditary antecedents worthy of note. Her family seemed free from tubercle, rheumatism, and every other diathesis.

She had had good health, and no illness before the present. Commenced to menstruate at 14; continued regular and in good health till she was 17.

At this time, the autumn of 1877, she took cold, which caused feverishness and all the symptoms of acute bronchitis. She was not taken good care of. After resting a few days she resumed her work, in spite of persistent cough and marked oppression. Gradually the cough increased in frequency and intensity; expectoration slight at first, became more abundant and muco-purulent. There was habitual dyspnoea, with occasional suffocative attacks. In three years the symptoms persisted and increased. The

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.  
FRIDAY, MARCH 25.

The President, JOSEPH LISTER, D.O.L., F.R.S., in the chair.

Mr. J. R. A. DOUGLAS, of Hounslow, on cases of  
VARIX OPERATED ON WITH AN INSTRUMENT INVENTED BY  
HIM, CALLED A VEIN-BROOCH,

which produces flat pressure on varicose veins and varicocele, by means of a horn spatula, or made of horn and steel, with a grooved needle rivetted at the eye-end, and fastening at the point, after passing under the vein, by a catch like a brooch or safety pin, giving very little pain, and (unlike the old torsion of wire or silk ligature) producing no constitutional disturbance, but obliterating the vein with certainty, and without subcutaneous division. He referred to another extremely simple instrument invented by A. Baird Douglas, who was taken prisoner by Russians at the Battle of Telis, outside Plevna. A flat-pointed steel pin passed to the head through a disc of india-rubber, then through the edges of a wound, and then through another disc of rubber, holding the edges of a wound perfectly and tightly together without other ligature. The extreme tenacity of the rubber prevents slipping, and can be passed on wire without moving in cases of ruptured perineum, vesico-vaginal fistula, &c., &c. Wounds heal by first intention, as the soft rubber prevents the pin ulcerating out, as wire and silk ligatures do with a knot. These instruments are all made by Messrs. Maw and Thompson, Aldersgate Street, London. Messrs. Douglas claim for their inventions—simplicity; easy application and easy removal; re-application in a moment; little pain or constitutional disturbance; assured obliteration of vein; cuticle always visible when horn only is used; the most unskilled can control varicose hæmorrhage; great comfort to those fearing the frightful bleedings from varicose veins by the possession of the vein-brooch. The Director-General also, Dr. Longmore, of Netley, and other surgeons who have seen these instruments fully appreciate their simple use. A large number of Mr. A. Baird Douglas's Red-Cross pins were sent early in February last to the Transvaal by order of the Director-General, Sir W. Muir, who himself invented an elastic band to prevent varix in soldiers.

*Cases.*—Police-constable George Warren, of Hounslow, æt. 43 years, thirteen years' service, was ordered by the chief surgeon, when seen at Scotland Yard, to be operated on by me. Had suffered great weakness and cramping pains of right leg, which unfitted him for duty. I found an enormously distended vein of thigh, with engorged veins below knee. I applied two brooches under thigh vein, and divided two days after subcutaneously. Within three weeks the man was fit for duty, and had no bad symptoms, nor has he suffered since, although frequently up to his knees in snow of a night. He states he has not had such comfort for years.—Police-constable William Dolton, æt. 38 years, 13 years' service in police, had diffused varix below knee for six years; had ulcerated leg twice; had been six months on sick list for same. The chief surgeon ordered the operation. The saphena vein inside and under knee was very large and full; below it a large bunch of varicose veins, and an open ulcer just above ankle. Passed one brooch under big vein; did not divide. The ulcer healed during the time he was on his bed, and he soon resumed duty quite well. This man has been much exposed during the late inclement weather. The vein being deep, the patient being stout, it was well grasped, not to implicate much skin; there is no mark of operation.—Michael Harrigan, a powerful bricklayer, living near Sloane Street, Brompton, presented himself as a militia recruit at the assembly station, London. I found he had a large varicose saphena vein inside and below knee; there was also a bunch below that, and he was rejected in consequence. I offered to operate on him at his own house, and did so with one brooch, desiring him to keep quiet, when he would be fit for service. Two days after I went to see him, but he was not at home, and I did not catch him until the tenth day, when he came home as I was waiting, he having a black eye. I removed the brooch, which he had been constantly walking about with. The varix had disappeared. This evidences the little pain and irritation caused by this simple operation. He was accepted for the militia thirteen

days after the operation.—Mr. John ———, of Hounslow, æt. 40, a private patient was operated on this month. Had varicocele six years, with weakness and cramp, and cold extremities. There was an ulcer above ankle, engorged vein under knee, and large bunch below. Had the saphena vein well grasped by an assistant, Henry Bullock, and passed the grooved needle of a horn brooch behind it, the rubber pad pressing tightly on the vein. The operation did not take a minute. The brooch was removed the fifth day, and the varix had disappeared. The ulcer is now quite healed. There was no constitutional or local disturbance.—The last case I shall trouble you with is one of varicocele, in Private Primrose, a soldier of the 18th Hussars, whom I found left by his regiment in the Hounslow station hospital, having that day been permanently invalided by Surgeon-general Holton, who has charge of the home district, and came from Woolwich to invalid patients. On my asking if I might operate, he was kind enough to say I might do so as often as I pleased at the station hospital, with the consent of the surgeon in charge. Primrose had a long pendulous varicocele of left side, quite preventing him from riding, and unfitting him for service dismantled. Henry Bullock grasped the bunch of veins, not to implicate too much scrotum, and, in the presence of the two army surgeons, I passed two horn and spring brooches behind veins, as I thought of dividing, but did not do so. On the seventh day I removed one brooch, and the following day Dr. Gunning, the army surgeon in charge, removed the second. Primrose left hospital as soon as his invaliding papers arrived, and so perfectly cured that Dr. Gunning stated he would re-attest him if he was otherwise fit for service had he enlisted again.

Mr. A. P. GOULD said he showed pins similar in form to those described by Mr. Douglas three years ago. They had been used instead of sutures after amputation of the leg. His were much larger, and the clamp consisted of vulcanised rubber. The pin answered admirably, and pressure on the rubber effectually stayed intermediary hæmorrhage which took place.

The PRESIDENT expressed surprise that the brooches were sufficient for the cure of extensive varix in the lower limbs.

Dr. WHIPHAM and Mr. PICK on

A CASE OF EXTIRPATION OF THE LARYNX FOR A GROWTH ORIGINALLY AFFECTING THE LEFT VENTRICULAR BAND AND VOCAL CORD, WHICH SUBSEQUENTLY INVOLVED THE WHOLE LARYNX.

The patient, a commercial traveller, æt. 39, consulted Dr. Whipham on May 27th, 1876, on account of huskiness and a constant desire to "clear the throat," which had come on suddenly and without apparent cause. He had been previously free from all throat affection, and there was no history of syphilis. The man was very nervous, and it was not until June 8th that a view of the larynx was obtained. It was then found that a warty-looking growth, rather larger than a pea, arose from the anterior part of the left ventricular band and vocal cord. After repeated examination and the passage of brushes into the larynx with a view of preparing the patient for operation, his nervousness was so far under control on July 29th that two small portions were removed by evulsion, with great relief to the huskiness. The case was constantly under observation, but no further operative interference was required till March 3rd, 1877, when three pieces of the tumour, (which microscopically presented for the most part the appearance of papilloma, but in which at one or two spots there appeared to be a tendency to the production of epithelial cells) were removed by the forceps. The whole of the warty portion was removed at this time, but the vocal was thickened generally; the voice recovered tone to a great extent. Subsequently, however, it was found necessary to apply the forceps to a recurrence of the growth on several occasions, viz., June 16th, 1877, January 5th, 1878, March 23rd, 1878, April 19th, 1878, December 31st, 1878. Early in 1879 the patient had a severe attack of catarrhal laryngitis, and on June 23rd in that year he complained of having lately suffered from great dyspnoea, with tenderness over the thyroid cartilage, and some external swelling in this situation. He was admitted into St. George's, and in the course of the following six weeks several pieces of the tumour were removed. Again, in October, 1879, a large piece was taken from the larynx. By March, 1880, a great change had occurred in the state of the parts: the growth involved the whole ventricular band and vocal cord; the left ala of the thyroid cartilage

was pushed outwards and was tender, dyspnoea being at times urgent. Towards the end of April the dyspnoea threatened suffocation, and Mr. Pick, after examining the patient, performed tracheotomy, from which the recovery was perfect. During the next six months the disease progressed rapidly, the whole larynx being involved by the middle of October, when a large lobulated mass was felt in the position of the left ala of the thyroid cartilage. In the early part of November, 1880, some hæmorrhage occurred through the tube, and at the end of the year he was re-admitted into hospital with a view to some radical operation; shortly after his re-admission this hæmorrhage recurred to a somewhat alarming extent. After consultation with his colleagues on the previous day, Mr. Pick proceeded to extirpate the larynx. On January 16th, 1881, having introduced a tampon canula, Mr. Pick made an incision two and a-half inches in length in the median line of the neck, and a second incision at right angles to it across the middle of the thyroid cartilage. On reflecting the skin the growth was found to involve the left ala of this cartilage. The thyroid cartilage was then divided vertically in the median line, and the two halves separated, when the whole larynx was found occluded by the growth. The left ala was removed, and subsequently the right also. The cricoid with the remains of the arytenoids were then freed from their attachments and removed, and finally the epiglottis, which was involved in the disease, was cut away. The wound was carefully explored, and all traces of the growth as far as possible were removed. No vessel required ligature. The operation occupied three-quarters of an hour, and the patient was not much exhausted at its close. The wound was plugged with sponges. Slight hæmorrhage occurred after the operation which was arrested by the introduction of an additional sponge. Nutrient enemata were ordered every four hours, and for the first two days the patient's progress was satisfactory. On the third day, however, his temperature rose to 103.2 Fahr., and his skin became dry; his pulse ran up to 142. On the fourth day he complained of severe pain about the ensiform cartilage, and his expression became anxious. Rapid exhaustion set in, and he died on the morning of the fifth day after the operation. At the autopsy right pleurisy and pericarditis, presumably pyæmic, were the chief lesions found. Among the many points of interest in the case the following were brought especially before the notice of the Society:—1st. That for three years the microscopic appearances of the growth were for the most part those of papilloma. 2nd. That the long duration of the disease (four years) was rather in favour of its having been an innocent growth in its earlier stages, although microscopic examination showed that, even at the onset, there was in one or two places a tendency to epithelial proliferation. 3rd. That the above facts and the limitation of the growth to the larynx were favourable to the success of the operation of extirpation. 4th. That if the operation had been undertaken as soon as the malignant aspect of the disease became manifest, success might have been the result. 5th. That the plan of dividing the thyroid cartilage and removing each half separately is preferable to the method adopted by Dr. Foulis of removing the larynx entire, and for these reasons: firstly, that by separation of the ala a good view of the extent of the disease is obtained at an early period of the operation; and, secondly, there appears to be less danger of wounding important structures.

Dr. SIMON, who had been present at the operation, expressed his admiration of the skill with which it was performed. His tampon canula had been depreciated on account of the ill-success which had attended its use in some cases. The accidents had been due to over-inflation of the instrument in all these instances, and he would caution future users of it against the readiness with which such a misadventure might arise. He did not doubt the growth was epitheliomatous at the date of the operation, and he felt that interference to this extent could be justified only after irrefragable proof of a malignant growth had been obtained. Simple papilloma has for its worst result suffocation; and this can be provided against by simple means. Bleeding, however, would indicate malignancy, and when this had been demonstrated, operation should forthwith be resorted to for removal of the involved structures by excision. Excision on any other grounds would be an indefensible proceeding. About the time of Mr. Pick's operation, a case was reported from Berlin, which aptly illustrated this conclusion. Tracheo-

tomy had been performed in a child suffering from papillomatous degeneration of the whole larynx, and repeated subsequently. Thyrotomy was next resorted to; and the growth continuing after it, excision of the larynx was advised by the attending surgeons. Eventually, however, endo-laryngeal operation resulted in complete cure of the case; and the teaching of it was distinctly against extirpating the larynx for simple papillomatous disease. Dr. Simon, however, thoroughly concurred in the need for this measure in the case described in the papers, and was of opinion, with Mr. Pick, that had it been resorted to some months earlier, a more satisfactory ending could have been anticipated.

Mr. PICK explained that he wished excision had been done at the time when tracheotomy was performed—i.e., when he first saw the patient. His idea then was to incise the thyroid in the middle line, and thus investigate the extent of the disease, at the same time removing the left ala of the cartilage, which was then evidently affected.

Mr. W. SPENCER WATSON ON

A CASE OF INTRA-CRANIAL DISEASE, INVOLVING SEVERAL CRANIAL NERVES.

A married woman, æt. 36, who had suffered from miscarriages, and a severe flooding after a confinement, was seized with neuralgic pain of the left side of the face, with loss of sensation in the same side of the face, ptosis, and loss of smell, taste, and hearing of the same side. After the symptoms had persisted seven months, twenty grain doses of iodide of potassium were given three times a day with the effect of rapidly relieving the pain in the parts, and restoring the sense of smell, taste, and hearing, and partially restoring the paralysed upper lid, and the paralysed ocular muscles. There was a relapse after the relief had persisted for more than a month, and the condition of the patient was still unsatisfactory at the last time of seeing her. The amount of iodide of potassium taken in a continuous course of thirty-one days' duration, was between 3½ and 4 ozs.

Dr. BUZZARD said that class of cases was not uncommon in constitutional syphilis. Sometimes, with peripheral affections of the fifth nerve, the portio dura of the same side was involved; the perfectly anæsthetic conjunctiva and ulcerated cornea being their accompanying symptoms. Whether this ulceration was a consequence of trophic nerve disturbance, or consequent on exposure to irritation, remained a physiological problem. Without doubt coincident disease of the fifth nerve and the portio dura resulted in ulcerated cornea; but the case described was an interesting one to physiologists from the fact that, by the existence of ptosis, the eye-ball had been protected from irritation of foreign bodies, and no ulceration of it had taken place, notwithstanding that the fifth nerve had been a long time diseased. In spite of the iodism he would have pushed the pot. iodid., and specific treatment by mercury also.

Dr. WHIPHAM explained that the iodism might be prevented by dilution of the iodide mixture. Even when giving doses amounting to two scruples three times a day, he had been able to avert the symptoms of iodism by freely diluting the medicine, each dose being divided into several portions, and swallowed with much water.

The PRESIDENT thought the marked good produced by the iodide indicated the advantage of pursuing the same treatment further. He was not aware that iodism was avoidable by dilution. Was the drug so beneficial when thus administered? It was well known that large doses will accomplish what meagre ones will not. He would like to see the effect produced by mercury on this case.

Dr. WHIPHAM replied that he was quite convinced the good effect of the iodide was in no sense diminished by dilution.

Dr. DOUGLAS POWELL had been taught the fact that dilution prevented iodism many years ago. His own experience was that the drug was thereby rendered more efficacious.

Dr. RADCLIFFE CROCKER remarked that the addition of strychnia in small quantities to the iodide mixture increased its efficacy. Arsenic also was powerful to remove the skin affection produced.

Mr. WATSON agreed that mercury should be employed in treating the case further. He had tried it, but ceased its continuance on account of the gastric disturbance created. He intended to push it on cessation of the pain,

which had been very severe. He quite coincided in Dr. Buzzard's explanation concerning the cornea. Cases had occurred in his practice, in which healing of the ulcers had been promoted by keeping the lids down by the aid of plaster. It was possible that the trophic nerves were so disturbed as to lead to inflammation internally. Bed-sores commonly occur in persons whose sensation of the parts is not destroyed. Mr. Watson's experience of the dilution of the iodide mixture confirmed that of other observers. He found its efficacy increased also by the addition of a small amount of ammon. carb.

#### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, Feb. 18, 1881, in the Albert Hall, Royal College of Surgeons. Mr. E. STAMER O'GRADY presided.

Mr. JOLLIFFE TUFNELL, hon. sec., read the minutes of the previous meeting, which were signed.

##### EPITHELIOMA OF THE TONGUE.

Mr. WM. WHEELER exhibited the middle, anterior, and left side of the tongue, which he had removed on the previous Thursday in the City of Dublin Hospital from a man, aged about 53 or 54 years, who had been sent to him by Dr. David Hadden, of Wexford. The drawing, which he also exhibited, illustrated accurately the nature of the disease—epithelioma, and its extent also. The patient states that he did not observe the growth until six weeks ago. The floor of the mouth was quite free. There were not any glands enlarged. In operating Mr. Wheeler said he had divided the cheek for about three inches, and transfixed the tongue well behind the diseased structures with a strong pin, and with the thermocautery (which he exhibited) divided the tongue in front of the pin about half-an-inch behind the disease, and then down the centre, removing the portion now exhibited. The left lingual artery was ligatured, and the cheek quickly brought together with points of suture. During the entire time the patient was under the influence of an anæsthetic. He was now progressing favourably.

Dr. QUINLAN read a communication conveying the details of a case of

##### PARACENTESIS OF THE BLADDER,

which will be found on page 264.

The CHAIRMAN, in inviting discussion on the paper, said there could be no subject in which the surgeon had more interest, as, under the circumstances, there was not time to consult or try temporary measures. He alluded to a similar case of retention of urine, in which he was, himself, with a gentleman present (Mr. Corley) concerned; the patient was an old man, for whose relief tapping was meditated.

Mr. L. ORMSBY said about a year ago he had had occasion to tap the bladder in a man, *æt.* 36, all the usual methods of catheterism having utterly failed. Some were better able than others to get in a catheter; but though he had the advantage of his colleagues, they failed also. The patient was in an anxious and painful position as a man would be with a full bladder. He called in the same manner as Mr. Quinlan's patient did for relief. Accordingly he tapped him through the rectum as a safer operation than tapping over the pubis; and the aspirator being a straight one, he thought it better to use the usual curved trocar and canula. Without much trouble he performed the operation, removing a large quantity of water. Next day he was able to insert a No. 6 catheter. Six years previously, the same patient had been tapped at Folkestone by an English surgeon over the pubis. The case was purely one of spasmodic stricture; and occasionally the patient came to be relieved, but without any necessity to be tapped again. Had he had the aspirator in the first instance, he would have tapped him above the pubis; but he believed it was easier to tap the bladder through the rectum. He did not leave the canula in, and the same evening the patient relieved himself naturally.

The CHAIRMAN suggested that the important question as to whether tapping should be through the rectum or above the pubis, being undecided among surgeons, might be worthy of consideration.

Mr. A. H. CORLEY thought the case the Chairman had at the outset referred to, was one which he attended with him some years ago, a little distance from Dublin. It was analogous to Dr. Quinlan's case; the question being the important one of whether it was justifiable to perform the serious operation of tapping the bladder. Mr. Adams used to say the proudest

epitaph a surgeon could have on his tomb would be, "He never tapped a bladder!" However, the too strict observance of that dictum might lead to placing tombstones over the patients. But Mr. O'Grady's case confirmed Dr. Adams's view. The symptoms were so urgent, the unfortunate man had himself attempted to puncture the bladder above the pubis. Of those cases the commonest history was that the patient finding he did not pass water, generally took three or four glasses of gin or of whisky. Tapping the bladder was not so common as it used to be. In the Richmond Hospital for the past fifteen years there had been no necessity to tap the bladder.

Mr. W. WHEELER said he had tapped the bladder both above the pubis and through the rectum. The first case was that of a man from the north of Ireland, who, without injurious effect, had been tapped fourteen or fifteen times above the pubis with the aspirator before being admitted into Baggot Street Hospital. There was a traumatic stricture caused by a kick in the perineum. He got in a No. 1 catheter, and afterwards dilated him up to No. 8. It was Mr. Tufnell who passed the No. 8, and he, himself, having dilated the patient up to No. 6. The next case was sent to him from Parsons-town by Dr. Stoney, and was that of a man who had been tapped twenty-three times above the pubis. The man had lost one of his testicles as the result of a kick; and then the constricting and narrowing set in until he was not able to pass water except drop by drop, and, finally, he was not able to pass any until Dr. Stoney tapped him. Having tapped him above the pubis, he (Mr. Wheeler) drew off the water by means of the aspirator. Eventually he performed Cock's operation, and left him passing water through the perineum. He did not afterwards attempt to establish the continuity of the urethra. Dr. Quinlan's case of mixed stricture was interesting and instructive. There was both the organic and spasmodic stricture, the latter due to the patient's drinking, and over-distended bladder. The line Dr. Quinlan had adopted was the correct one. On the question of tapping, he (Mr. Wheeler) would prefer tapping above the pubis than through the rectum, to avoid the chance of the recto-vesicle fistula, while there was the certainty that the opening above the pubis would almost immediately close. In the many times he tapped a patient, he did not think he got exactly into the same opening, yet the patient was not in any way injured. There was no inflammatory action from the passing of the trocar. Sometimes a metallic instrument would pass in when a gum elastic would not, and he therefore desired to know if Dr. Quinlan had tried the former. It was a question where the patient was of advanced age, whether it would not be better to tunnel his prostate instead of tapping him. However, he believed Dr. Quinlan, having done everything that could be done as a *dernier ressort*, tapped the bladder, adopting the proper surgery.

Dr. W. FRASER never would forget the distress of a patient whose prostate he saw tunnelled, and his horror at witnessing his sufferings was such, that he hoped never to see another prostate tunnelled.

Dr. DOYLE mentioned that the late Mr. C. Fleming always impressed upon students to use the largest-sized instrument they had, and he spoke highly of the use of tobacco-stupes in cases of spasmodic stricture of the urethra. He had had several times treated such cases, and in one instance during the late frost, he passed in a large size conical-shaped French catheter with ease.

Mr. F. W. WARREN corroborated Dr. Doyle's statement, having seen in Steven's Hospital tobacco-stupes used with marvellous results.

The CHAIRMAN said in reference to the facility with which some people, as Mr. Ormsby observed, passed the catheter, he remembered many years ago a resident pupil passing the catheter when the patient was on his way into the operating theatre.

Dr. CRANNY mentioned a similar instance that occurred when he was resident pupil at Baggot Street Hospital. An old man came in with retention of urine. The surgeon in whose charge he was, failing to pass an instrument, left, giving him (Dr. Cranny) instruments for tapping, and a commission to try his hand. After some trouble he got in a No. 1 and a No. 2 catheter, and drew off eighty ounces of urine.

Dr. QUINLAN replied. While there was a good deal to be said on the comparative merits of tapping by the rectum, and tapping over the pubis, he agreed with Mr. Wheeler in preferring the supra-pubic operation, which was the favourite operation of his former instructor, the late Mr. Ed. Hutton. He

recollected well the dislike which the late Mr. Adams had to tapping the bladder. When resident pupil a bladder was tapped one night. Mr. Adams asked what light had been used? His reply was, "The large lamp with the reflector," which was got up for night operations. Dr. Adams rejoined, "Aye, there will be reflections thrown on that operation." The stricture was a mixed one. He did not use the tobacco-stape, in which he had great belief in cases of pure spasmodic stricture. He tried a metallic instrument, a No. 8 catheter, which he carefully warmed and oiled to give as little irritation as possible; but it would have been as easy to get in the lamp. Sometimes there was a great deal of chance in passing the catheter. When assistant-surgeon at St. Vincent's Hospital all were at work with a case of Dr. O'Ferrell's, but did not succeed. At last the consulting surgeon, Sir Philip Crampton came in smiling, gay and *débonnaire* as usual, with a flower in his button-hole and said "Just let me try." He put a No. 8 catheter, and in it went. Dr. Cranny's case was interesting in that the quantity of urine in the bladder was greater than he had ever heard of before. He rather agreed with Dr. Fraser about tunnelling the prostate, only that, in these times, surgeons had the enormous advantage of morphia hypodermically, and could do a great many things of a painful character, which might not otherwise be prudent.

Mr. TUFNELL, hon. sec. on behalf of Mr. Allen Edmond Douglas, read a paper on

SCALP WOUND FOLLOWED BY ESCAPE OF BRAIN SUBSTANCE AND ARACHNOID FLUID,

which will be found on page 266.

Recounting the recovery of a child from an incised wound on the forehead, with escape of medullary substance and arachnoid fluid. He related instances bearing out Mr. Douglas's statement. When a student in St. George's Hospital, London, a case occurred in which a boy, who was walking behind one of Cubitt's large dray horses, struck the animal over the quarter with a stick, and the horse kicked, and struck the boy with the cock of the shoe through the root of the nose, and penetrating the pia mater and the brain. He scraped away the brain with a dessert-spoon, and the boy did not suffer. Next was a case under the care of Dr. T. Geoghegan. When the soldiers practised ball-firing at Sandymount Strand, boys got money for the lead bullets. One boy was struck with a bullet which passed from side to side, right through both hemispheres of the brain. The brain was scraped away, and yet the boy recovered. Again, a man was blasting in a quarry, and on examining the fuse, the charge went off, projecting the bar through the frontal bone of his skull, and yet he recovered. In another case, a man was breaking into a house, when the servant with a pitchfork smashed his skull in, opening the frontal bone, and lacerating the dura mater and pia mater, and yet no bad results followed. The fact was that the anterior portion of the brain seemed capable of withstanding any amount of injury, and the mental faculties were uninterrupted, and recovery took place. But *per contra*, where the individual was hit posterior to the ear, the ball passed through the central portion of the brain, and life went out with the ball.

Dr. W. FRASER mentioned an interesting case of a boy who suffered an injury of the brain in Dublin many years ago. He was vexing a man who threw at him an Italian quilling-iron, which got loose from its sheath, rotated in the air, and struck him on the side of the head. Portion of the brain came away. The boy was treated at Jervis Street Hospital by Dr. Adams. Stupor and heaviness supervened, from which, however, he recovered, but he ceased to grow on the opposite side of the body. He was easily put into a rage.

The CHAIRMAN stated that, on the occasion of the burning of the Theatre Royal, Dublin, a shaft of bricks fell on a plumber and stove in a large portion of the frontal bone, scarcely less than the top of an ink bottle. He had but little symptoms of trouble. The bone was removed. For some time he was at home until he went on a spree, and he eventually died of abscess on the brain. In Mercer's Hospital they had had several cases of fracture of the skull in young persons without evacuation of brain matter.

Dr. DOYLE said it would be worth while watching in the case of the child treated by Mr. Douglas, whether the organ of speech would become affected.

Mr. W. WHEELER referred to a remarkable case exhibited at

the meeting of the British Medical Association in Cork by a doctor from Kerry, in which a woman who, having fallen into the fire, had burnt the frontal, the parietal, the temporal, and the occipital bones, leaving the dura mater exposed, and yet she had all her faculties correct. He remembered a case under Dr. Geoghegan, in which a boy, *æ.* between 15 and 16, got fracture of his skull, the bone was removed, and the brain protruded. Dr. Geoghegan, with a curved scissors, cut off portion of the right hemisphere of the brain, and yet the boy made an excellent recovery. On four or five occasions Dr. Geoghegan snipped off portions of brain with the scissors. In children he had frequently seen cases of head injury recover, but not so in adults, where there had been much of the brain injured. If the faculty of speech was presided over in the third left frontal convolution, as had been stated, the boy, whose right side had been affected, would not have any loss of speech. Dr. Fraser's case of the boy not being developed on the left side, was extraordinary.

Dr. DOYLE said the injury seemed to be more on the left side of the forehead than the right.

Mr. STORRY presumed that the child not having yet learned to speak, the right side would take on the function of the left, so that there would not be the same difficulty as in the case of a grown-up person, who would be accustomed to use the left convolution. The cases cited were of interest on the question of the perfectness of the human race; for it appeared they had got a great deal more brains than they used or wanted; that in fact they had got waste brains, like the waste lands of Ireland. However, with the increased means of education, and better development, they should reclaim the waste brain.

Dr. HENRY KENNEDY agreed with Mr. Wheeler that age had a great deal to say in recovery from head injuries. Who, that was in the habit of visiting the Rotundo Hospital, could have missed opportunities of seeing the extraordinary way the head was pressed and shaped in parturition, and yet the child was not a bit the worse? Though the deformity had been exceedingly great, especially where instruments were used, the child was brought alive into the world. He had seen instances of severe wounds where children had fallen down stairs, and also in the case of persons advanced in life, and not one of them died, though they lay for days unconscious. The only explanation he could give was that those were cases of pure concussion. One case occurred at Dalkey. There was a frightful wound, not in front, but at the side of the head, and the child, after lying for days in a state of stupor perfectly recovered. As regarded the loss of brain, and the continuance of the vital functions, such as Mr. Tufnell's cases, would bear it, it seemed strange and hard to account for; and his own explanation was that only one side as a general rule was injured. A part of the brain was lost just as one eye might be, but it did not follow that all vision went away too. The brain he took to be a double organ, and the loss even of a large portion of one side was not necessarily attended by loss of intellect. Shakespeare wrote that when the brain was out the man would die; but Mr. Tufnell's cases went to show that such a cause did not injure some people in the slightest degree.

Dr. QUINLAN stated that ten years ago there was in Vincent's Hospital a United States soldier who, in one of the great battles, had been struck by a shell, which carried away portion of the top of the skull, about as large as a half-crown, corresponding to the posterior fontanelle of a child. The poor man came to be treated for epileptic fits. He had the idea that at the time he was struck by the shell, a fragment of the bone pointed downwards; and he was told that a piece of the bone would have to be lifted. At the time of the injury he did not lose consciousness, though a considerable quantity of brain matter was got out. As in Mr. Tufnell's cases, the man appeared, so far as the loss of brain was concerned, to take no notice. The soldier came to have an operation performed. Before being done they treated him with bromide of potassium, which checked the fits. For several months all his mental and physical functions were perfectly performed, and there was not a single thing wrong with him except the epileptic fits, which the ordinary treatment with bromide of potassium completely removed.

CANOE OF THE TONGUE.

The CHAIRMAN suggested a discussion on operative surgery connected with the tongue by means of the new instruments. When he, himself, began his career, the usual mode was to operate with a ligature. After that came the *écraseur*. Now



they had the use of the scissors rapidly cutting from side to side, and proving a successful and satisfactory mode, avoiding foreign bodies in the mouth, and contusion of parts. Then cautery, with the galvanic wire, and more recently with the thermo-cautery scissors. He had seen the *écraseur* but not the scissors used. Of late years continental surgeons had advocated operating in cases of cancer of the tongue, not only where the glands under the chin were diseased, but where the disease extended, so as to necessitate the removal of the larynx, and portion of the pharynx with it. Those who had taken trouble to follow cases of malignant diseases of the tongue in workhouses and incurable hospitals that had not been operated on, would agree with him that even a few months' respite under such circumstances, were a great boon indeed. He was also disposed to think that were they bolder in their operations for malignant diseases, though they might have increased mortality supervening on the operation itself, they would have a larger space of life and freedom from suffering. He was aware that his opinion was heretical, but he had long arrived at it after careful observation.

Dr. QUINLAN believed the first scissors came to St. Vincent's Hospital, to be used in a case under the charge of the late Dr. O'Leary, and it acted in a satisfactory way, cutting almost as easily as a knife, and without hæmorrhage. When he began to practise the ligature was universally employed; then the *écraseur* was employed. The scissors cut the part by burning, but without producing the extensive burning that might be expected. Since the case to which he referred, they had not had one suitable for the operation.

Dr. HENRY KENNEDY said a number of cases appeared on record where it was impossible to tell whether they were malignant or not. Hemlock he could not speak for in reference to the tongue, but he could speak for it in reference to ulcers of the breast and of the uterus. Not that he had been able to cure a single case with it; but it was exceedingly useful in improving the general state of the patient, and it was far superior to the medicine lately come into vogue, and now on its trial in England, namely, Chian turpentine, as a general rule that medicine had not been successful. As to hemlock, there was ample evidence to show its power over malignant ulcers, and in circumstances of doubt he would not hesitate to have recourse to it at once, giving it in large doses. From his own experience he was in favour of the preparation known as *succus conium*; but the best was the extract of the same in large doses, not less than ten grains, the active principle being so volatile, while the Pharmacopœia prescribed from two to six grains.

The CHAIRMAN said the late Mr. Harvey used Chian in connection with chloride of zinc.

Mr. WHEELER did not think Chian would be of the slightest benefit; but as regards the doses he should not have the slightest hesitation in drinking half-an ounce of *succus conium* himself. As to the propriety of operating on the tongue, all were pretty much agreed that, if able to get behind the disease, and the floor of the mouth was not engaged, they should operate. Whether or not the cancer would return, they could not say. In an aggravated case, it was nearly four years since he operated, and there had been no return since. The entire tongue was removed. Hæmorrhage, and other untoward symptoms, followed the operation. If the patient felt pain in his larynx, emollients should be used. In a case in which he removed a large portion of tongue, it was with considerable exertion and promptitude the patient was saved from the results of extended inflammation. On nearly all occasions he had used the thermo-cautery, not the scissors, but the knife. The scissors he had in his last operation used for the first time, and thought it had a great advantage. It would be desirable to have a stronger bellows than the hand-bellows, in order to make a longer cut. Since the operation the man's temperature was not higher than 99, his pulse being at the highest 82, and he had no pain to make one uneasy.

Dr. CORLEY thought that Dr. Henry Kennedy's teaching, from which he so seldom felt inclined to differ, might, on this occasion if followed, lead to disastrous consequences. He admitted that Chian never cured a case. The only chance of success in any operation was to operate as early as possible, and, therefore, anything that would delay an operation, must be looked upon as a serious obstacle to the progress of surgery, and the safety of the patient.

Mr. L. ORMSBY concurred with Mr. Corley that the earlier the operation was performed the better, not only to cure the patient, but to relieve the patient's mind in the case of a disease that sooner or later must have a fatal termination. He

was one of those who believed that cancer was a blood disease, and the earlier the operation was performed, the longer would the cancer delay in returning again. He also concurred with Dr. Corley that cancer could not be cured by any medicine, and that the only proper and rational treatment was by operation. Curing cancer by hemlock or Chian turpentine was out of the question.

The CHAIRMAN did not mean to convey that cancer was not curable in its earlier stages. Epitheliomatous cancers were, he believed, easily curable. A small percentage of cancer lips and cancer penis had been successful.

Mr. WHEELER—Do you make any difference between scirrhus and epithelioma as to return?

CHAIRMAN—My observation was more particularly as regards epithelioma, as to which my statistics would be more favourable; but I have seen cases of scirrhus breasts in which for twelve years there has been no return.

The Society then adjourned.

## The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 252.)

*Mesdames.*

Another Vichy water of some importance.

It contains—

Bicarbonate of sodium	...	...	240.30
Bicarbonate of potassium	...	...	11.25
Carbonate of magnesium	...	...	26.31
Carbonate of strontium	...	...	0.20
Carbonate of calcium...	...	...	36.01
Ferrous carbonate	...	...	2.01
Manganese oxide, trace			
Sulphate of sodium	...	...	16.30
Phosphate of sodium...	...	...	0.32
Arsenic	...	...	0.38
Boracic acid, trace			
Chloride of sodium	...	...	21.14
Silica	...	...	2.00
Organic matter, trace			

Total ... .. 356.22

*Skeleton analysis of half-a-pint, or 10 fluid ounces:—*

Total Solids.	Antacids.	Salines.	Purgatives.
22 grs.	19 grs.	1 gr.	1½ grs.

This water and the next (Hôpital) are supposed to be the most ferruginous of the Vichy springs. It is also one of the springs which is supposed to give off sulphuretted hydrogen. There was no evidence of the presence of sulphides in the bottle examined; and we must, therefore, presume that those salts have all become oxidised. As regards the iron, the small fluctuations in the relative amounts of iron present are probably due to the different temperatures at which the waters rise. Many of the

springs, like Grande Grille, are said to be surrounded by an ochreous deposit.

Another of the best known Vichy waters is—

*Hôpital.*

It contains—

Bicarbonate of sodium	...	...	314 26
Bicarbonate of potassium	...	...	27 14
Carbonate of magnesium	...	...	12 32
Carbonate of strontium	...	...	0 26
Carbonate of calcium	...	...	36 00
Ferrous carbonate	...	...	0 23
Manganese, trace			
Sulphate of sodium	...	...	18 32
Phosphate of sodium	...	...	3 00
Arsenic	...	...	0 07
Boracic acid, trace			
Chloride of sodium	...	...	32 32
Silica	...	...	3 08
Organic matter, trace			
Carbonic acid gas, free, not determined			
Total			447 00

*Skeleton analysis of half-a-pint, or 10 fluid ounces:—*

Total Solids.	Antacids.	Salines.	Purgatives
28½ grs.	25 grs.	2 grs.	1 gr.

*Parc.*

This is another well-known Vichy water, frequently imported in the bottled form.

It contains—

Bicarbonate of sodium	...	...	298 00
Bicarbonate of potassium	...	...	18 34
Carbonate of magnesium	...	...	13 00
Carbonate of strontium	...	...	0 41
Carbonate of calcium	...	...	38 23
Ferrous oxide	...	...	0 24
Manganese, trace			
Sulphate of sodium	...	...	20 16
Phosphate of sodium	...	...	9 30
Arsenic	...	...	0 08
Boracic acid, trace			
Chloride of sodium	...	...	28 57
Silica	...	...	2 8
Organic matter, trace			
Carbonic acid, free, not determined			
Total solids...			429 13

*Skeleton analysis of half-a-pint, or 10 fluid ounces:—*

Solids.	Antacids.	Salines.	Purgatives.
26½ grs.	23 grs.	1½ grs.	1½ grs.

This analysis must conclude our notice of the Vichy waters. The others imported are Chomel and Célestins; but it will be perceived that all these waters, although complicated in character, bear a great resemblance to each other. The complexity of character probably has given rise to their celebrity. At any rate, this is a good example of how difficult it would be to imitate such springs artificially. Presuming it were possible to imitate them, how very improbable that in commerce such a formula would be adhered to, as would give an analysis resembling the original springs.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, MARCH 30, 1881.

THE CENSUS.

BEFORE the next number of the *Medical Press and Circular* is in the hands of its readers the population of this country will have been registered for the ninth time in the present century. The information yielded in the returns that will be made will be important and significant in the highest degree, and the scientific advantages which might be obtained in profusion from a full and proper employment of the powers conferred by the Census Act, will in a certain small degree accrue from the approaching enumeration. In the schedules distributed to each house there occur such questions as might be reasonably put to ascertain the outline facts concerning the inmates of the abode. But with them it would be by no means a difficult matter to include also other inquiries bearing on sanitary and hygienic conditions, the replies to which could not fail to afford a body of highly useful information to the practical reformer in sanitary questions. A number of the more illiterate classes would naturally return improper or deficient answers on everything that was not a direct and personal query, and it might very well be inconvenient and even impossible for the enumerators to correct the errors committed in every case. Notwithstanding, however, a little reflection must convince that the taking of the census affords an opportunity for gathering information about the people who constitute the nation such as can be afforded by no other means whatever. Some time, perhaps, we may see the realization of this belief, and the census availed of to obtain something beyond the mere mechanical data that are now yielded by it.

Judging by experience in former years we are led to anticipate that the population will be found to have increased by some two millions and a-half or so, since the last census, in 1871. It will be no more than we have reason to expect if the increase is found to bear a smaller proportion to the total numbers than has been the case on former occasions. In the last decade attention has been more generally and more carefully devoted to sanitary surroundings, a greater impetus has been given to the improvement of the public health, than has occurred in any similar period within the century. That, under ordinary circumstances, the births will exceed the deaths, may be taken for granted; new lives will come into existence with far more frequency than old ones die out, so long as no means are generally resorted to for putting a check on the growth of the excess. That a time will come when the number of inhabitants, even in England, will be greater than the country's resources are competent to maintain, is likely enough, especially since the future seems destined to witness an increase of efficiency in those benevolent but unscientific precautions that are taken to preserve the indigent from destruction. If the preservative measures in use to provide those who will not help themselves with the means of living continue, and are yet further increased in extent, as many weak, but good-hearted persons are always striving to secure, then it must necessarily occur that each period of reckoning will detect a growth in the numbers of the unproductive classes. The economist regards this with feelings of uneasiness that have no place in the philanthropist's bosom. The former knows that the prosperity of a country is not indicated solely by the number of its inhabitants, if they are mainly of the class from which no return is to be expected; if, that is, they are *consumers* only, then the number of them is an indication of weakness, and far from being advantageous, if the malproportion long continue, it will entail absolute ruin. In India, for instance, we have just now an example. The native population do not, in any sense, add to the riches of the country; each year sees new misery added to that already existing, and in the preventative measures that have done so much for the people of India of late years, we cannot help but remark a direct interference with the course of those natural laws on the action of which the maintenance of a due proportion of inhabitants depended. A gentleman, for years residing as an official in India, and a close observer of the conditions which obtain among the native population, declares emphatically that the tendency of the measures taken to preserve the people from the ravages of famine will be to create, at no very distant time, a state of things infinitely worse than any crises that have yet occurred. The recurring famines, he urges, must be regarded as a natural means of re-establishing a just balance between the producing and the consuming factors in the country; and in this light it must be contended that it is of the highest importance to recognise exactly what that proportion is for our own country. The census, as it is, does not do this; all it does is to afford a rude and clumsy means of guessing more or less certainly what the relation may be. The census, as it could be made, would afford every detail of information of this kind, and much more that, to the otiologist and the practical physician, would prove in-

initely serviceable as bases of investigation and work. Here, fortunately, there can be no question at present of any possible swamping of the producing by the consuming classes, and probably the progress made in every branch of art and industry will always more than outweigh the increasing disadvantages of an ever-growing dead weight of idle poor. But that this section will rapidly grow in the future unless more favour is shown to schemes for its diminution, is certain. Each improvement in hygienic conditions adds we know not how many to the number of those who but for it would die; and, from the nature of things, from the fact that the greatest improvements remain to be made among the habitations of the poorest persons, it must follow that it is the poor chiefly who are adding, and will add, to the numbers announced at each decennial reckoning. The aim of medicine is to banish sickness: *salus populi suprema lex*. The physician and the hygienist work to the end that the relative number of the sick and the dead shall sink lower and lower with each year; into his calculations no question of the supporting capacity of the State enters; he is concerned only to improve the health of the aggregate nation. The census returns have for him a peculiar truth; they tell with unerring truth whether or not his endeavours are being crowned with success; and, together with the periodical local returns of health officers, they enable him to determine with precision in what direction his efforts are more especially required, in what respect they have failed to have effect.

In a purely professional sense the interest of the census returns centres in the information afforded in them of the progress made in the struggle with disease. As we have ventured to affirm, much more valuable knowledge of the national constitution might be gleaned if the opportunity were rightly used; as it is, inference, and not direct reading of facts, assists in the deduction of those truths the census is calculated to reveal. As a necessary engine for conducting the affairs of a country its importance is inestimable; as the usefulness of it in other relations becomes more apparent it will doubtless be modified to secure through it the utmost available good.

#### MEDICAL OFFICERS IN THE ARMY.

ON 21st of March Mr. Findlater asked the Secretary for War whether, having regard to the cases of wounds and sickness which have occurred amongst medical officers during recent campaigns, he will take into consideration the justice of extending to the Army Medical Department the privilege of counting as full-pay service towards retirement any time on half-pay, not exceeding one year, when such half-pay has been necessitated by sickness incurred in and by the service; also of such half-pay as results from reduction of the department, not exceeding two years, as laid down in Army Circulars, March 1st, 1880.

To this Mr. Childers replied that he could not undertake to lay down the broad proposition that non-combatant officers are to have all the advantages of combatant officers, unless the converse be also accepted—that is to say, that they are to have all the disadvantages. Regulations as to the retirement of medical officers have been so recently settled that he could not undertake to open

the question; but when he had more leisure he would look into it.

In his reply, as given above, the Secretary of State for War was careful to avoid the precise question submitted, and equally careful to enter upon points having reference to members of the Army Medical Service, which can to them have no other meaning than that they manifest, on his part, an adverse feeling towards them and their just claims.

As embodied in the question addressed to the Secretary of State, it is a mere matter of right and justice that medical officers disabled by wounds received while in the performance of their special duties on the field of battle, or by sickness contracted on service, should obtain exactly the same degree of consideration, neither more nor less, accorded to other classes of officers under similar circumstances. This claim is more particularly reasonable at the present time, when there are an unusually large number of medical officers interested in the decision given regarding it. Moreover, those now in England suffering from the effects of wounds and sickness, contracted with the troops in Afghanistan and Southern Africa, feel deeply aggrieved and injured at an invidious distinction being drawn between them and the "executive" officers, whose toils and risks they shared quite in an even—and in some respects greater—degree. This feeling will be increased rather than diminished by the remarks of the Secretary of State regarding non-combatants, as if all other branches of the army with the exception of that whose duties consist of actually fighting were, from that very circumstance, of relatively inferior consequence in the general work of a campaign. Not only do a considerable proportion of medical officers perish by wounds in all campaigns, but, with very few exceptions, the general proportion of casualties among them from such causes, and by disease, is far greater than among the purely "combatant" classes. Hence it is that to draw such a distinction as is indicated in the answer by the Secretary of State for War, is calculated to rouse afresh much of that want of confidence in the *bona fides* of the higher authorities towards them, which they were fain to hope had been lulled, if not altogether allayed, by recent concessions made in the shape of pay and retiring allowances. They will naturally endeavour to find out what are the *advantages*, except the one of full pay enjoyed by medical equally with "combatant" officers. Nor will it be easy to discover in what they consist. The *disadvantages* however are manifest, and by no means few, including prospects of promotion, high official position, and its emoluments, leave of absence, honorary distinctions, and so on. So long as in these, and other respects, the different branches of the one great service, the army are dealt with by the War Office authorities on the system of "fish, flesh, and fowl," so long invidious comparisons and dissatisfaction must be liable from time to time to crop up among them.

The same glaring injustice was perpetrated in the recent distribution of honours to officers in connection with the war in Afghanistan. Among the recommendations submitted by Lord Cranbrook's Committee was that honours should be awarded to army medical officers according to the scale of "combatant," instead of "uncombatant"

branches of the service. Not only is this not done, but there appears to be a decided disinclination to grant honorary distinctions even according to the scale, meagre as it was, by which they were conferred, prior to the issue of the very latest warrant for the department. In thus acting, the authorities concerned should at the very earliest opportunity learn that they are simply storing up for themselves difficulties such as they have over and over again experienced in regard to the department towards which they so act. "Doctors," like other men, and especially those who share all the risks and hardships of active campaigns, look—and rightly look—for fair recognition, similar to that accorded to other officers of corresponding rank for similar risks and hardships undergone by them.

#### THE NOTIFICATION OF INFECTIOUS DISEASES.

MR. GRAY'S Bill for the extension of the notification system to Ireland, stands for a second reading on this day (Wednesday), and as it is second on the notice paper, it will probably be discussed. We understand that the Committee of Council of the Irish Medical Association have presented, through Dr. Lyons, M.P., a petition to the House of Commons against it. The ground taken by that petition we believe is that, however desirable it may be that all cases of infectious disease should become known to the sanitary authority, it is doubtful whether a stringent law might not in Dublin do more harm than good, by causing persons who are in dread of sanitary precautions to conceal the disease in order to avoid the publicity of disinfection and removal of sick to hospital; and, furthermore, that if it be desirable that some one be forced to notify, that some one should, certainly, not be the physician. Lastly, that, if the medical attendant were to be compelled to do this work, the fee proposed is altogether unacceptable, while the penalty imposed is equally objectionable. Mr. Gray's Bill stands for a second reading on March 30th, after which we hope we shall hear no more of it until it has been radically modified.

*Apropos* of this question, it is deserving of remark that there seems to be great doubt as to the truth of the statement frequently made in support of this Bill—that the duty of notification is discharged with great cordiality and enthusiasm by the medical practitioners of English towns in which the system is in operation, and that it may therefore be assumed that, when Dublin physicians come to be familiar with the working of the law they will be equally in love with their employment as sanitary detectives. In the *British Medical Journal* of last week—the representative organ of the notificationists—we find a statement that, at Jarrow, the system does not work without an occasional jar. A medical man was there prosecuted for omitting to notify, but was acquitted on the ground that he had given notice of the occurrence of a case of "infectious disease," and that at the time of notification he had no information to be more explicit. Suppose he had, as we suspect is often done to please the patient, certified the case as one of febrile herpes, how could he be punished if he pleaded error of judgment, and would not a *nidus* of infection, in such case, remain undetected

Again, if, as we are told, the duty of advertising the sanitary authority that our patients need to be disinfecting is so pleasing and remunerative, what is the meaning of the following paragraph cut from a pamphlet recently published by the Medical Officer of Health for Kensington, for the purpose of persuading his vestry to adopt the notification system :—

“This duty of direct notice by the medical practitioner, be it at once stated, is in disfavour with the profession generally, who, excepting in the case of Bolton, referred to above, have not been able to overcome their repugnance against an apparent breach of the confidence which should always subsist between patient and doctor; and any attempt to pass an Act for London, devolving such a duty on medical men would meet with strenuous and probably successful opposition.”

Considering that this statement comes from a zealous advocate of notification, it may be accepted as strong evidence that the medical men of Dublin are not alone in their hostility to the proposal to force upon them the function of infection detectors to the Corporation. To be candid, we are somewhat sceptical respecting the rose-tinted reports given of English and Scotch medical officers of health. They are sanitarians *et preterea nil*, and cannot be expected to acquiesce in the view that sanitary changes should diverge from their course in deference to the opinions and interests of medical men. Nor can it be expected that a certain class of English and Scotch general practitioners, who are accustomed to make their living by very small fees, and by any and every sort of medical work, will fully understand the objections felt by Irish physicians, who do not keep books or run bills, and who, as their usual fee is £1, do not covet the privilege of earning 1s. by a month's notification of an infected house.

## Notes on Current Topics.

### Artificially-Matured Cheese.

It is well known that the improvement effected in cheese by age is a gradual conversion of the albuminous constituents into more or less discoverable but veritable oil. The ingenious American, taking advantage of this fact, now prepares by artificial means a cheese possessing the oleaginous excellence of the well-matured article. This is effected by the addition of lard to milk, the manner and proportions being described in the *Scientific American*, of March 19th. To 100 pounds of milk a pound and a half of lard is added—the best quality only being used for this purpose, and it being previously specially deodorised by blowing hot steam through it. About ten pounds of cheese are produced in this way from each hundred pounds of milk; and it is described as being of good quality, and commanding a ready sale, which is helped rather than otherwise by the knowledge of its being *lard-cheese*. One manufacturer asserts that during 1880 he made 2,500 boxes, of 60 pounds each; and the call for the article shows no prospect of diminishing. Chicago, Boston, New York, and Baltimore are given as the names of the places to which the foods are consigned. It is not improbable, however, that no inconsiderable proportion finds its way to this country; and in that case we do not need to object seriously to the fraud practised where it is

purchased for veritable cheese. It is, of course, deficient in actual nitrogenous material, since this has not at any time been so largely part of the bulk as in ordinarily prepared cheese. There is no reason, however, why, from a dietetic point of view, lard-cheese should not compare favourably with its better-known similar.

### Infectious Epidemics.

THE question of the spread of infectious diseases, and the means of reducing the evils consequent on it, was discussed recently at a meeting held at the Kensington Town Hall, and attended by delegates from the various Metropolitan Vestries, and District Boards of Works. A resolution was carried unanimously, calling on the State to provide for the compulsory notification and isolation of cases as they occurred. A second resolution urged “that the admission into hospitals for the purpose of isolation of persons suffering from infectious diseases, and being without proper lodging or accommodation, is eminently desirable in the interests of the public, and should be encouraged; that payment for the assistance given in hospitals to such persons removed thereto for isolation by the Nuisance or Poor-law Authority should not be enforced; that the giving of such assistance should not entail on the recipients the loss of any social or political status; and that the cost of hospital treatment of such infective sick persons should be made a charge on the Metropolitan Common Poor Fund.”

This was also carried by the full consent of the meeting, and it is, perhaps, one of the most likely to result in good, submitted to it. Steps were also taken to bring the resolutions to the notice of the Government, and to show the strong feeling in the metropolis in favour of carrying out the suggestions they embody. That they will result in any satisfactory improvement may perhaps be too much to hope for, but as the constant dropping of the water wears the stone, so by perpetual insistence on the crying need there is for reform in the treatment of infectious diseases among the poor, attention may at length be forced to it.

### The Land League and the Hospitals.

THE following statement appears in the report of Sir Patrick Dun's Hospital :—“During the year 1879 the hospital suffered a deficiency of income from the non-payment of rent of Sir Patrick Dun's estate, amounting to nearly £400, and in the year 1880, the deficiency arising from the same cause amounted to more than £600.”

### Workmen's Contributions to Hospital Funds.

MR. F. W. LOWNDES, F.R.C.S., sends us an appeal made by the Council of the Fund to the proprietors of the leading commercial houses in Liverpool, relative to the forthcoming Hospital Saturday collection in that town on May 21. Liverpool with its population of half-a-million, has always been behind smaller towns in its hospital contributions, and the managers not unnaturally think that this is due, not so much to any objection on the part of the working classes to contribute, but to the lack of interest and judgment on the part of employers and foremen. Were these to offer suggestions and facilities to

the men to drop but a penny a week into a box for the purpose on pay-days, none would miss it, and at the end of a year it would form a handsome contribution to the Fund. Whereas now, men are simply asked to contribute on one day in the year, and the result is a very paltry total. This is exactly the argument we put forward in the early days of the metropolitan Hospital Saturday Fund, and where adopted, excellent results have followed.

### Signs of Death.

DR. VERGA AND BIFFI (*Nature*) have arrived at the following conclusions regarding the last manifestations of life in animals:—1. In the higher animals, when sensibility, circulation, and respiration have ceased, the life of histological elements of the nervous centres, especially of the ganglionic system, and the spinal cord, remain for a short time. 2. Contraction of the pupils, and of the spleen, are effects of this reduced latent life, and more remarkable effects, in guinea pigs, rabbits, and cats, are the constant and uniform movements of inward curvature, which have the significance of respiratory efforts, presented under like conditions by the dog and the ass. 3. These movements appear in the animals whether drowned in water, or hanged, or bled to death. 4. They indicate the point beyond which the organism loses the power of recovery.

### Transpiration of Plants.

PROFESSOR WEISS has communicated to the Vienna Academy the result of a number of experiments from which he concludes, says *Nature*, that transpiration is only prejudicial to the functions of plants, excepting the process of liquification of the *cell-walls*, which it favours; hence it is to be regarded as a necessary evil for plants. Professor Weiss also obtains striking evidence in favour of Weimer's theory of heliotropism; and he seeks to prove that through transpiration certain inorganic constituents of the ground are carried to the plant in excess, and are got rid of on the fall of the leaves in autumn, and consequently that transpiration is also the cause of the influence exercised by the nature of the ground on the quantitative composition of the ashes of plants. The view that the stronger growth of non-transpiring plants is due to mere expansion of cells without simultaneous overproduction of organic substances is controverted.

### The Indian Medical Service.

THE *Times of India*, in a late issue, intimated that under the recent Royal Warrant for the Indian Medical Service, the establishment for the Bombay Presidency would consist of eight brigade surgeons. The names of eight surgeons-major have been submitted for promotion to the rank of brigade surgeon; but this promotion is governed by selection and not by seniority. There is certain to be much discontent and irritation among the surgeons-major on the establishment when the names are published in the *Gazette*; and not, perhaps, altogether without cause. Out of the eight selected for the appointments, as many as six hold substantive civil appointments, and we believe the Commander-in-Chief has himself raised the question whether this increased military rank

was ever intended for men performing purely civil duties, and who are not likely to have even that slight connection to a military career implied by the possession of a uniform.

### The Thermo-Cautery in Hydatids of the Liver.

M. CHAUVEL described before the *Société de Chirurgie* lately a plan for opening the cysts of hydatids by means of the thermo-cautery (*La France Médicale*). He expressed himself in favour of this means of incision over the ordinary bistoury, for dividing even the soft parts necessary to pass through to reach the liver. The case quoted by M. Chauvel in illustration had been frequently relieved by means of capillary punctures; but at the time when the final operation was performed, two litres of pus came away, notwithstanding. The subsequent history was favourable, and such as to encourage M. Chauvel in advocating the adoption of the plan he had followed in many such cases.

### Chemists' Charges.

A FORCIBLE illustration has recently been given to the theory that the extortionate charges of chemists are a main cause of crowding the out-patient departments of free hospitals. A physician writes to *The Standard* that he prescribed gratuitously for a female patient an ointment consisting of hydrarg. ammon. gr. xx., in  $\zeta$ iss. of lard. For this the chemist to whom it was taken exacted *eighteen-pence*, and this, too, from an obviously poor woman. So long as this excessive overcharge is maintained, it is but natural that people unable to pay such exorbitant rates will resort to the institutions where they will be supplied without cost with the medicines their cases demand, even when to obtain them involves a loss of three or four hours. Chemists should be brought to recognise the serious injustice their tariff imposes on the poorer classes of society.

### Carmichael College (Dublin) Musical Society.

THE initiatory effort of this society was made on Thursday last, and resulted in an unequivocal success. The society is the first of its kind in Dublin, and, as its balance in hand (we suppose we must add—if any) is to be handed over to the Royal Medical Benevolent Fund of Ireland, it merits our good wishes if only for its charitable intentions. But an effort to induce medical students to devote their leisure to so harmless and so refining a pursuit as music, is eminently deserving of approval, and we trust that the new society may succeed because of its elevating influence upon those who belong to it, and because of the good example thus shown to others.

The performance of Thursday last was an excellent beginning, and the goodwill of the professors of the College was shown by the participation of two of them in the performance. The instrumental pieces were especially creditable, the singing of Miss Connell was cultured and careful—the performance of Hayden's humorous trio, "Maiden Fair," was admirably clever, and other contributions to the programme by members



of the society and lady executants were pleasing, and quite up to the usual standard of such performances.

If we may be excused a friendly criticism, for the benefit rather of the exuberant members of the audience than of the performers, we would suggest that if every piece in the programme is in future to be encored, a shorter list of music will be desirable. Invariable repetitions are liable to prove wearisome.

We don't know whether any one now survives who believes in the old theorem, that a young man is the worse student because he has a liking for music. If the Carmichael Society can catch a specimen of that genus and bring him or her *vi et armis* to its next concert, we have no doubt that a permanent cure of that hallucination will be effected.

#### A New Gustatory for Cod Liver Oil.

In the *American Journal of Pharmacy* Mr. Fairthorne suggests a new method of taking cod liver oil, which consists of adding ʒij. of tomato or walnut catsup to each ounce of the oil, the mixture being shaken before taken. He very pertinently remarks that taking an ordinary emulsion of cod liver oil is like eating codfish or lobster with a dressing of sugar and gum. He has found the mixture of catsup and cod liver oil to agree with many persons better than any other form in which cod liver oil had been taken, and this he attributes to the association of substances generally employed as additions to food bringing into operation those digestive faculties of the stomach which might otherwise remain dormant when such incongruous substances as sugar and one of the principal ingredients of fish are introduced together into the stomach.

#### The Future Probation of Naval Medical Cadets.

A MEDICAL contemporary hears that the candidates for commissions in the Medical Department of the Royal Navy, who succeed in passing the competitive examination in London, will subsequently go through a course of instruction in naval hygiene and other special subjects at Haslar, where a Naval Medical School will be established on the same principles as the Army Medical School at Netley, which the successful candidates have hitherto attended. Inspector-General Dr. Macdonald, R.N., who has been the Professor of Naval Hygiene, and who has ably taught the subject for some years past at Netley, is *not* to be one of the teachers at the new school at Haslar.

#### Poisoning by Arsenic.

A SHOCKING case of wholesale poisoning has just occurred at Binbrook, a village on the Lincolnshire Wolds. Mrs. Gibson, the wife of a shepherd, made a number of cheesecakes. After eating one of them she suddenly became unwell, and the neighbours who visited her, and who had eaten some of the cakes, were also taken ill. Upon testing some of the cakes it was discovered that the woman had mistaken a tin of arsenic for ground rice, and had mixed the poison in her pastry. The arsenic, which was used by her husband in dressing the sheep, was kept in a cupboard in a tin precisely similar to that which

contained the ground rice. The woman died a few hours after she had eaten the cake, before medical aid could be obtained, and eight or nine of the neighbours remain seriously ill from the effects of the poison.

#### Drug Adulteration.

THE *Pharmaceutical Journal* says that the adulteration and admixture of crude drugs, especially among those imported from Germany, seems as frequent as ever. During the present month *Helleborus niger*, consisting principally of the root of *Actæa spicata*, has been noticed, and copalchi bark had been picked out of cusparia, while dried dulcamara has been offered in bundles under the name of chirata.

#### Kinkead v. Browne.

WE are gratified to hear that this action for defamation of professional character, which was to have come up for trial at the Galway Assizes, and the particulars of which were recently given in these columns, has been settled by the withdrawal of all imputation upon Dr. Kinkead, who has, thereupon, withdrawn the record.

THE black plague has broken out in and around Bagdad, the inhabitants of which have been subjected to a disinfecting process and left the place, the houses of which are also being disinfected. The mortality is very great, and the authorities have taken further sanitary precautions against the spread of the disease.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Bradford 15, Hull 16, Plymouth 16, Birmingham 17, Leicester 17, Sunderland 18, Leeds 18, Brighton 18, Salford 19, Edinburgh 19, Sheffield 20, London 20, Norwich 20, Bristol 21, Nottingham 21, Newcastle-upon-Tyne 21, Portsmouth 22, Oldham 22, Manchester 23, Liverpool 25, Glasgow 25, Wolverhampton 26, and Dublin 30.

IN the principal foreign cities, the rates of mortality, according to the latest weekly official return, were:—Calcutta 33, Bombay 34, Madras 46; Paris 30; Geneva 19; Brussels 24; Copenhagen 22; Stockholm 32, Christiania 19; St. Petersburg 52; Berlin 23, Hamburg 24, Dresden 26, Breslau 35, Munich 29; Vienna 32; Budapesth 37; Rome 33; Naples 36, Turin 33, Venice 25; New York 32, Brooklyn 24, Philadelphia 21, Baltimore 17 per 1,000 of the various populations.

OF diseases of the zymotic class last week in the large towns, scarlet fever showed the largest proportional fatality in Leicester, Portsmouth, Edinburgh, and Newcastle-upon-Tyne; and whooping-cough in Glasgow, Bradford, and Liverpool. Of the 10 deaths referred to diphtheria, 9 occurred in London, 5 in Glasgow, 5 in Edinburgh, and only two in the other towns. The death rate from fever was highest in Leicester, Newcastle-upon-Tyne, and Manchester. Small-pox caused 46 more deaths in London and its suburban districts, 2 in Dublin, one in Liverpool (of a coloured seaman recently landed from New York), but none in any of the other towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**THE MORTALITY IN GLASGOW.**—The deaths in Glasgow for the week ending with Saturday, the 19th inst., were at the rate of 25 per 1,000 per annum, as against 25 in the preceding week, and 24, 25, and 29 in the corresponding periods of 1880, 1879, and 1878.

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, the 19th inst., there were 81 deaths in Edinburgh, and the death-rate was 19 per 1,000. Only one fatal case of fever was reported in the Old Town. The southern suburbs were entirely free from zymotic diseases.

**LECTURESHIP ON ANATOMY AT SURGEON'S HALL.**—At a meeting of the Lecturers of the School, held on the 21st inst., Dr. Cathcart, one of the Demonstrators of Anatomy in the University, was unanimously elected to the Lectureship on Anatomy vacant by the death of Dr. Handyside. Dr. Cathcart is a gentleman of high professional attainments. He is a graduate in Arts and Medicine of the University of Edinburgh, a Fellow of the Royal College of Surgeons of England (by examination), and a Fellow of the Royal College of Surgeons of Edinburgh.

**VITAL STATISTICS OF LARGE SCOTCH TOWNS.**—From the Registrar-General's weekly returns we learn that the death-rate in the eight principal towns during the week ending with Saturday, the 19th March, was 23.1 per 1,000 of estimated population. This rate is 0.6 below that for the corresponding week of last year, and 0.3 below that for the previous week of the present year. The lowest mortality was recorded in Leith, viz., 14.7 per 1,000, and the highest in Paisley, viz., 33.9 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 3.8 per 1,000, being an increase of 0.6 on the number for last week. Acute diseases of the chest caused 164 deaths, or 4 less than the number for the preceding week.

**THE RUSTICATION OF STUDENTS OF ST. ANDREWS.**—In our last we referred to the ill-judged action of the authorities in this matter. A crowded meeting, in the Town Hall, has since been called, with a view of eliciting public opinion on the subject, Provost Milton presiding. Several resolutions were passed to the effect that the public do not disapprove of the ancient custom of the students celebrating Kate Kennedy; that the conduct of the processionists was not such as to give offence to the public; and that the meeting authorise the Provost to sign a petition to the Senatus to that effect, and respectfully ask them to consider the rustication decision. Sir James Ramsay took exception to the second resolution, and moved an amendment that "the conduct of the students did cause annoyance to a section of the public." He produced two letters in support of this motion, one of them being from Bishop Wordsworth, whose house the masqueraders had invaded against his will. Sir James reviewed the demonstration from several points of view—the general public, professors, students, and parents. He was subjected to much interruption, and, on the amendment being put only two hands were held up. Other resolutions were carried unanimously. All the speakers abstained from saying anything likely to place the public and the college authorities in antagonism.

**H.R.H. THE PRINCE OF WALES** has consented to preside at the Festival Dinner at the Royal Hospital for Children and Women on May 9th.

## Literature.

THE YEAR-BOOK OF PHARMACY FOR 1880.

THIS now well-known annual publication brings the abstract of work done in pharmacy and the allied sciences to the 30th June, 1880, and includes the Transactions of the British Pharmaceutical Conference at Swansea. It contains an abstract of all papers in pharmacy, materia medica, and chemistry, or professes to do so. We think we may congratulate the editor or editors in having succeeded much better than usual in this respect. Instead of being a simple *resumé* of the *Pharmaceutical Journal*, as some of the previous volumes were, the present editor has evidently extended the sphere of his reading.

The Year-Book of Pharmacy was always an interesting and useful book. We think the one for 1880 has certainly improved upon its brethren. The researches upon the alkaloids, atropia, and hyoscyamine, by Ladenburg, will be read with particular interest. In these researches, the actual identity of their derivations, if not actually proven, is rendered almost certain, at least their intimate relationship is self evident on reading Prof. Ladenburg's experiments. We may also mention as worthy of especial interest, Mr. Dott's researches on hydrochlorate of berberine, by which the formula for that alkaloid is now established. Prof. Selini reports the existence from a putrid corpse of a poisonous alkaloid differing in its reactions from any known base.

## Literary Notes and Gossip.

THE month of March has been exceptionally sterile in the production of new works or new editions; in fact, with the exception of "The Collected Works of Dr. Sibson," no book of any importance in medicine or its contemporary sciences has been issued in this country. Nor do we hear of much literary activity in progress; a few students' works are in preparation, but there is a marked lull in the production of "the minds of great men."

THE absence of an International Copyright Act is beginning to be felt in America, a circumstance not to be regretted, as hitherto the advantage has been all on one side; a few piracies in this country will do more to pave the way for the establishment of a law which shall protect equally the rights of authors in both countries than the deliberations of any number of Royal Commissions.

THE alleged complaint of piracy by an English author of an American book is now before us in the shape of a letter from the aggrieved party, having reference to a recently published "German-English Dictionary of Medical and Scientific Terms" in this country, which the American author avers is an almost verbatim copy of his work throughout. Not having the two books for comparison, we are unwilling to believe that this is so; dictionaries like directories must necessarily bear a family likeness, although their compilers may not have previously seen each others' work.

CATALOGUES are an admitted necessity to readers and authors alike; each firm has its own ideas as to style and arrangement, and it is interesting when wading through these productions for the title or authorship of some required book, to notice the care in classification and alphabetical arrangement bestowed by one firm as compared with another. Mr. Lewis has now sought to remove the inconvenience of a multiplicity of catalogues, by embracing in one, the principal works of all the medical publishing houses. Of course, this is by no means perfect, as we have tested it for several works, and find it wanting; but as a first attempt it is commendable, and will be found decidedly useful to authors and others.

IT is with extreme regret we hear of the death of Surgeon George A. Otis, well known in this country in connection with his labours as chronicler of the surgical and medical history of the American War. Surgeon Otis was some time editor of the *Richmond Medical Journal*, and was at the time of his death in active work at the Surgeon-General's office, War Department, Washington. The last efforts of this distinguished surgeon were devoted to completing the third and

last volume of the memorable "Medical and Surgical History of the War," a work with which he will ever be honourably associated by name.

AMONG the "Curiosities of Literature" may be ranked the fast growing demand made for *editions de luxe* of standard authors in this country. It would appear that the desire to possess the works of great thinkers in a choice and valuable form, is about to be a feature of the future, and that it will not be the lighter literature alone to which the honour of costly production will be accorded. Messrs. Macmillan have just issued a beautifully mounted edition, in four volumes, of Dr. Sibson's works, and we are informed that the example thus set may soon be followed by another well-known firm with respect to a little known, but widely appreciated physician of the past.

WE have received an advance copy of the *Leisure Hour* for April, which is quite up to its customary standard of excellence. The serials in this periodical are entertaining, of a high moral tone, and its "varieties" column very instructive reading. We cannot imagine any periodical more suited for the waiting-room table of consultants than the *Leisure Hour*, any number can be taken up with profit; as a family periodical it has no equal, and its cost—sixpence, monthly—is an additional recommendation.

WE are pleased to hear that at a meeting of about two hundred students and members of the Council of Edinburgh University, held on Friday last, a committee was appointed to take steps for raising a memorial to the late Thomas Carlyle, who was for some time Rector of the University. It was agreed that the memorial should take the form of a lectureship, the subject to be afterwards considered. Carlyle was undoubtedly one of the most profound and philosophical of thinkers the present century has produced. His style was trenchant, at times even discourteous, but it was always honest, and his works will be handed down side by side with Thackeray, and other great writers, as imperishable monuments of genius.

"A MANUAL of what every Mother should Know," by Edward Ellis, M.D. is the title of a little book just to hand, and the kindest thing we can say of it is, that it contains "what every mother should not know." It is bad enough to have prescribing chemists, worse that we should try to make every woman her own doctor. True, the author instructs mothers in pages here and there to send for a medical man, but why fill the book with prescriptions if the doctor is to be fetched. Clearly many who are tempted to buy the book from its title, would be equally anxious to try a little amateur doctoring, with what sad results cases are probably within the experience of most of our readers.

AFTER all, the American medical journals are, some of them, excessively amusing productions. The *Cincinnati Lancet and Clinic*, for instance, in a recent issue, gravely informed its readers that a newly-fledged "Dr." of the class of 1881, is about to start "for several years of study in Europe." It is probable that some undercurrent of fun is connected with this announcement that a student is struck with the aim of perfecting his education, and that there is a reason, not apparent in the *Lancet's* statement, to account for the curious prominence given to the promise of presenting its readers with "some items of medical news, which he will send us from London, where he will spend the summer." We trust this glorified youth will favour us with an early visit.

VETERINARY medicine and surgery has only, within the last seven years, found a home in America; the College and Hospital devoted to this specialty in New York being little over six years old. From *Harper's Weekly*, an admirably got up, and well-stored illustrated paper, we learn that the institution is both successful as a hospital, and appreciated as a school, numbers of graduates proceeding from it to fulfil the functions of veterinarians in different states of the union. It is hardly possible that a single college can supply America with skilled practitioners of veterinary medicine; probably the success attained by the first institution of the kind will encourage the creation of other similar centres of education. The more need of this since the only veterinarian specialist in Louisville, according to the *Medical News* of that place, has been removed from the post of superintendent of the stables

of the "fire department," in favour of an old-fashioned "hoss-doctor."

THE *Athenaeum* notes the decease of Mr. F. A. Robert, whose productions at least are familiar to every working microscopist. Mr. Robert was the manufacturer of test-plates and the more delicate micrometers, in ruling which no one could vie with him. He considered, at one time, that his nineteenth band, which was the 1-10,000th of a Paris line—equal to about 112-000 lines to the English inch—could never be seen resolved in the microscope. Dr. Woodward, however, succeeded, after infinite trouble, in photographing even the finest of these lines, and this led Mr. Robert to make fresh exertions, and the result was that he produced a new plate divided into twenty bands, the first ruled at the rate of 1,000 to the Paris line, and the last at the rate of 20,000, or about 224,000 to the inch. Even these, almost inconceivably minute markings, however, we shall probably ere long be enabled to see with comparative ease when the new American high-power comes into general use.

THE late A. H. Garrod, Professor of Zoology at King's College, left a considerable number of scientific papers, some of which were not without interest to the comparative anatomist. These are about to be collected in a single volume, and it is announced that early application is necessary by anyone who wishes to possess the work, since the number to be printed is strictly limited. This is a somewhat strange announcement, for if the volume have any value at all it must be in a scientific sense, in which case it cannot become too widely circulated. If, on the other hand, it is intended to be only a *souvenir* of a friend, then the act of subscription is scarcely a proper one. Prof. Garrod's contributions to myology were, several of them, such as might be useful to the student of classification; and in addition, he published a few other papers that are not without a permanent importance. Mr. H. Herkomer is to execute an etching of Mr. Garrod as a frontispiece to the book.

AMERICAN philanthropists, when they do venture on provoking the gratuity of posterity, do it in a way to ensure success wherever this is at all attainable. Whether it be a munificent donation for a special occasion of relief, or a bequest to make permanent provision for future multitudes, it bears with it the stamp of sufficiency. A site valued at eight thousand pounds, and forty thousand pounds in cash, have just been presented by Mr. Seney for providing in Brooklyn, New York, a hospital to be called the Methodist General Hospital. With a wise precision, too, the munificent donor insists that sickness and poverty shall entitle anyone to the benefits of the institution, be he Jew or Gentile, Protestant or Catholic, heathen or infidel, thereby recognising a fact too often forgotten by English charitable boards, that the divinest claim to aid is that put forth by the helpless and the sick. Certain metropolitan charities that have been figuring of late in a sectarian capacity would do well to emulate the generous New Yorkers' tolerant spirit.

THE importance of school hygiene has received practical recognition in Bern, where a petition is being numerously signed, the object of which is to invoke the aid of Government in carrying out the health reform in schools on which Prof. Vogt has long and eloquently insisted. The beneficial influence of cleanliness in school children is prominently urged, and that regular bathing of the whole body should be encouraged amongst the younger members of the population. Is it too much to hope that the common sense which dictates this demand will some time, ere long, find its way to British shores, and result in ridding our primary schools of the epidemic pestering stench that is the necessary accompaniment of unclean bodies?

WE understand that a third edition of Dr. Charteris's little *Students' Handbook of Medicine* is demanded. The first two editions have sold very rapidly, and it is evident that the book is a favourite one with students. Since Tanner's corresponding work has been enlarged, under the able editorship of the late Dr. Tilbury Fox, it has not commanded so good a sale. This fact is painfully significant of the abnormal requirements compressed in the brief period of study considered adequate for medical students, and the total inability of their possessing anything but the merest smattering of so-called medical science.

PRACTICAL science has sustained a serious loss by the death of Mr. E. R. Alston, a secretary of the Linnean Society, and well known as an energetic and enthusiastic naturalist, one of the few who carried his love of the subject to the length of practically following it out. Mr. Alston was only thirty-five years old, and had just lately completed the section "Mammals" in Salvini and Godman's work on the fauna and flora of Central America, the "Biologia Centrali Americana."

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NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list Feb. 23rd. "The Vivisection Prize Essays." By Dr. Macanlay and others. "Fasting and Feeding Psychologically Considered." By L. S. Forbes Winslow, M.D. "Dysmenorrhoea." By Heywood Smith, M.D. "What every Mother should Know." By Edward Ellis, M.D. "The Collected Works of Francis Sibson, M.D." Edited by W. Miller Ord, M.D. "Transactions of Obstetrical Society of London for 1880." Vol. XXII.

## Correspondence.

### THE DUALITY OF THE CHANCRE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Dowse, in a letter contained in your issue of March 23, disagrees with me in my allegation that the soft sore has nothing to do with the causation of syphilis. He says that for *three years* he made observations at his hospital, which convinced him that syphilis occurred after, and in consequence of, the soft sore, as well as after the hard or non-suppurating sore. I can only say I would be glad to hear what these observations were. I heard Mr. Lawson, a few days ago, narrate to the Committee on the Contagious Diseases Acts somewhat similar experiences; but I must say his narrative failed to give me much information.

At this moment in Paris it is the custom at the Hôpital du Midi and Lourcine, and indeed in all the French hospitals, to make a separate entry for soft sores and "hard sores" or primary syphilis. Fournier, Diday, Ricord, Henry Lee, Berkeley Hill, and almost every writer of note adopts the dualistic theory. Mr. Lee was, indeed, examined on this point before the Contagious Diseases Acts Commission about a week ago, and then alleged that the *whols weight of Continental authority* was on the side of dualism, or the entire separation of the "soft sore" from syphilis—"They no longer discuss that point."

Professor Danielsen, of Christiania, inoculated many lepers with soft sore-pus and nothing took place, until, on one occasion, the secretion from a primary syphilitic sore was taken, when syphilis was produced in the leper patient. The "soft sore" has no incubation, for in twelve hours it may be seen commencing, when looked at with a lens: the hard sore, when inoculated on a subject, for experiment, has an incubation of from ten days to two months. I could go on differentiating the two sores much longer; but surely, this will suffice. Soft sores, I repeat, have nothing whatever to do with syphilis.

I am, yours, &c.,

17 Woburn Place, W.C. CHAS. R. DRYSDALE, M.D.  
March 23, 1881.

### STIMULANTS IN WORKHOUSES — ALCOHOLIC LIQUORS AS MEDICINES FOR THE SICK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of March 16th there appears an article on "Stimulants in Workhouses, &c.," by Norman Kerr, M.D., F.L.S., London, in which the writer purports to give a return showing the "daily average number of persons relieved in workhouses during the year 1871; the cost of wine, ale, and spirits in each union, with the average cost per head on the number relieved, &c."

In this return Thurles Union is quoted, with 235 inmates, at an average cost for stimulants of 12s. 8d., making a total expenditure of £147 8s. 3d. This return astonished me much, as I am not in the habit of indulging my patients with stimulants to please their desire for them, but ad-

minister them medicinally. I therefore took the trouble of examining the books for 1871, and the result of my search shows that instead of £147 8s. 3d., there was only £22 19s. 2d. expended on stimulants for the year, giving an average of 1s. 11<sup>2</sup>/<sub>3</sub>d. for each inmate of the house.

How such a gross mistake could have occurred is a mystery to me.

Yours truly,

J. RUSSELL, Med. Officer,  
Thurles Union.

Thurles, 26th March, 1881.

[Having referred our correspondent's letter to Dr. Norman Kerr, we append his explanation of the apparent discrepancy:—"The 12s. 8d. quoted is a clerical error for 2s. 8d., which is the cost per head at both Lisnaskea and Thurles. The position of these unions between the 2s. 7d. of Castleblaney and Kilkee and the 2s. 9d. of Castlederg is proof of this. The return is quoted from the *Leinster Express*, and shows the amount spent on stimulants for the year ending Sept. 30th, 1871, as having been £31 19s. 11d.]

## Medico-Parliamentary.

### HOUSE OF COMMONS—FRIDAY, MARCH 25TH.

#### HOSPITAL MANAGEMENT.

MR. DODSON, in reply to Mr. J. Talbot, said he was aware of a charge having been made at a public meeting against the managers of the Metropolitan Asylum District of negligence in the management of the Small Pox Hospital at Fulham, in permitting nurses to go about the streets in their working dresses; that the charge was made in a letter by a gentleman who said he saw them, but that he had since admitted he was in error; that the letter was read at a public meeting; that he, (Mr. Dodson) regretted that the same publicity had not been given to the retraction as was given to the accusation.

MR. FIRTH, as chairman of the meeting in question, said there had not been an opportunity of making publicly the explanation suggested; but he should be glad to form a meeting for the purpose if the right hon. gentleman would attend and explain what was regarded as the inexplicable conduct of the Metropolitan Asylums Board.

#### SCARLET FEVER IN THE METROPOLIS.

MR. R. YORKE asked the President of the Local Government Board whether, having regard to the statements made to him by a deputation on the 21st instant on the subject of the prevalence of scarlet fever in the metropolis, and the increase of centres of infection, owing to the absence of all provision for the reception of convalescents from that infectious and dangerous disorder, he would give this urgent question his immediate attention; whether it was the duty of the Local Government Board to make provision for the establishment of convalescent homes in connection with the fever hospitals of the Metropolitan Asylums Board; and whether the existing state of the law admitted of this being done efficiently; and if it did not, whether he would take immediate steps to obtain by legislation the necessary powers.

MR. DODSON said he would not fail to give his attention to the subject, but it was no part of the duty of the Local Government Board to establish convalescent homes in connection with the fever hospitals of the Metropolis. Assuming, however, that such convalescent homes would be a complement of the hospitals, the Board would have discretionary power with respect to them. With regard to the action taken with respect to some other hospitals in the metropolis, he did not think the Board would meet with very much encouragement in endeavouring to make the provision referred to.

Indian Medical Service.—The following is a list of successful candidates at the competitive examination held 14th February at the University of London:—

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|----------------------|----------------------|
| 1. H. I. Griffiths.  | 12. M. B. Braganza.  |
| 2. F. D. C. Hawkins. | 13. H. W. Stevenson. |
| 3. A. Milne.         | 14. W. A. Corkery.   |
| 4. I. A. Cunningham. | 15. A. J. S. Patch.  |
| 5. A. G. E. Newland. | 16. E. Ross.         |
| 6. H. C. Hudson.     | 17. S. T. Rivetoom.  |
| 7. P. Mullane.       | 18. C. A. Adams.     |
| 8. A. Silcock.       | 19. J. F. MacLaren.  |
| 9. E. J. Baker.      | 20. J. B. Kanga.     |
| 10. J. W. Rodgers.   | 21. E. B. Da Costa.  |
| 11. E. G. Cooper.    | 22. A. J. O'Hara.    |

## NOTICES TO CORRESPONDENTS.

**AN EXTRAORDINARY TELESCOPE.**—We understand that Sir Henry Bessemer has almost completed the construction, at his house at Denmark Hill, of a telescope at which he has been working for nearly two years. The instrument will be of such power that he expects to be able by means of it to read a newspaper placed against the side of the Crystal Palace, 3½ miles distant.

**DR. RUATA (Padora).**—We have no copies of the *Gazetta Medica* by us, or we should be most happy to send them to the address given.

**ENQUIRER.**—Black Haw (*Viburnum prunifolium*) has had a reputation as an astringent for some time; it is now claimed to be anti-abortive and anti-spasmodic. Dose of fluid extract, 3ss.

**MR. GRAYSON MADDERS.**—Unsuitable for our columns.

**STATISTICS OF RECRUITING.**—The following notes gleaned from the annual Report of the Inspector-General on recruiting just issued will be of interest to army medical officers and others who take an interest in military matters. The number of recruits who joined the service during 1880 was 25,922. This was a slight diminution when compared with the number raised in 1879. The report states that the average physical qualities of the recruits offering themselves for enlistment have been improving annually. The reports on the recruits actually enlisted have also been more and more favourable each year, and the return on the 1st January, 1880, of the average physical condition of the soldiers serving in the army shows the following marked improvement; the proportion of soldiers under twenty years of age has fallen from 190 per 1,000 in 1871 to 100 per 1,000 in 1880. Also the proportion under 35 inches chest measurement has fallen from 291 per 1,000 in 1874 to 159 per 1,000 in 1880. The standard of height was reduced in 1880, to 5 feet 5 inches; whereas, in 1874, out of 10,000 recruits examined, 4,431 were under 5 feet 6 inches, in 1879 only 3,020 were under that height. A similar comparison in respect to weight gives 4,341 under 150lbs. in the former year, and only 3,737 in 1879. It follows from this that the average physical qualities of the recruits have been improving annually. It must, however, be remembered that we purchase this improved physique of the army at the expense of rejecting annually a much higher percentage of the men who offer themselves as recruits. The number of desertions in 1880 was 4,841, of whom 1,557 rejoined, showing a net loss by desertion of 3,284. The number of men discharged for misconduct was 1,877. As to the classes that furnish our soldiers, comparing 1874 with 1879, we find fewer labourers— from 619 per 1,000 to 594; more mechanics—from 176 to 198, whose handwork is greatly desired in the Army; and more shopmen and clerks—from 57 to 81. In 1876, out of 1,000 recruits, 719 were able to read and write, and 168 were unable to read; in 1879 the numbers were 761 and 189 respectively; while those who had enjoyed a superior education rose from 187 in 1872 to 678 per 1,000 on the 1st of January, 1880. The diminution of the illiterate is not great; there has, however, as yet been scarcely sufficient time to apply a test in this respect as a result of compulsory education. The relation of these conditions to the rates of sickness and mortality in the Army is important, and it will be interesting to observe how far the present very high rates of non-efficiency by these combined causes may hereafter be diminished.

**DR. DE SOUZA GUIMARAENS.**—The "Extraordinary proceeding of the Royal Microscopical Society" will be found in our columns for Feb. 23.

**DR. DUKE.**—The request will be attended to.

**MR. BANQUETTE** will find the subject exhaustively treated in our "Reports on the Bottled Waters of Europe" now appearing in the Journal.

**DR. J. MAGEE FINNY.**—Concluding portion of your "Lecture on Herpes" received, proof will be sent in due course.

**DR. THORWOOD.**—Received with thanks.

**ENQUIRER** should read the interesting paper in the April number of the *Medical Temperance Journal* by Dr. Alfred Carpenter side by side with the papers in the *Medical Press* by Dr. Norman Kerr.

OUR attention has been called to the following advertisement cut from half-a-column of shopkeeper's "cards" in the *Coleraine Chronicle*:

## CARD.

**W. H. CALDWELL, M.D., M.Ch., L.M.,**  
**HAS NOW COMMENCED PRACTICE**  
in COLERAINE.  
Residence and Consulting Rooms opposite  
Mr. STEWART HUNTER'S Establishment,  
Bridge Street.

As we cannot find this gentleman's name in the Medical Register for 1881, nor in any of the medical directories, we presume that he must be very recently qualified, and, therefore, unacquainted with what is expected in the way of professional respectability from Irish medical practitioners. We venture to remind him that members of our profession do not improve either their social or monetary position in Ireland by putting themselves in the same category as the local huxter or the advertising dentist.—ED. M. P. & C.

**DR. BERNARD KELLY.**—The emendation shall be made in the paper before it appears in print.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Wednesday, March 30, at 5 p.m., Croonian Lectures: Dr. Moxon, "On the Influence of the Circulation upon the Nervous System."

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—Thursday, March 31, at 8 p.m., Living Specimen.—Mr. Sebastian Wilkinson, "On a Case of Retinal Hemorrhage."—8.30 p.m. Adjourned Discussion on the Relation of Optic Neuritis to Intercranial Disease. Dr. Stephen Mackenzie, Mr. Hutchinson, Mr. Couper, Dr. Gowers, Mr. Nettleship, Dr. Walter Edmunds, Dr. Buzzard, Dr. Bralley, and others are expected to speak.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Friday, April 1, at 5 p.m., Lumleian Lectures: Dr. Southey, "On Bright's Disease."

**ROYAL INSTITUTION.**—Tuesday, April 5, at 8 .m., Prof. Schäfer, "On the Blood."

**HARVEIAN SOCIETY OF LONDON.**—Thursday, April 7, at 8.30 p.m., "Fibrous Polypus of the Uterus," by Dr. T. C. Hayes.—"The Treatment of Empyema," by Dr. Chesdale.

**CLINICAL SOCIETY OF LONDON.**—Friday, April 8, at 8 o'clock, Dr. B. O'Connor, "A Case of Syphilitic Psoriasis."—Mr. Eushton Parker, "A Case of Arterial Hematoma of the Forearm."—Dr. Stevenson, "A Case of Meningocele" (Patient will be shown).—Mr. J. H. Morgan, "A Case of Progressive Painful Inflammation of the Arteries."  
D. H. CULLMORE, F.R.C.S.I.—In our next.

## VACANCIES.

**Aberdeen.**—Medical Officer of Health for the City. Salary, £300. Applications to be lodged with the Town Clerk before April 9.

**Birmingham Lunatic Asylum.**—Assistant Medical Officer. Salary, £150, with board. Applications to the Medical Superintendent before April 2.

**Bournemouth General Dispensary.**—Resident Medical Officer. Salary, £120. Applications to the Treasurer before April 2.

**Carrickmacross Union, Donaghmoyny Dispensary.**—Medical Officer. Salary, £100 per annum, and £15 as Medical Officer of Health. Election, April 11.

**Dundalk Union, Barronstown Dispensary.**—Medical Officer. Salary, £120 per annum, and £25 as Medical Officer of Health. Election, April 7.

**Poplar Hospital for Accidents.**—House Surgeon. Salary commencing at £100, with board. Applications to the Hon. Sec., W. H. Beaumont, Rosherville, Kent.

**Royal Westminster Ophthalmic Hospital.**—Two Assistant Surgeons on the Staff; must hold the F.R.C.S. Applications to the Committee of Management before March 31. (See Advt.)

**Sunderland Infirmary.**—Two House Surgeons. Salary commencing at £30 and £60 respectively, with board. Applications to the Chairman of the Medical Board before May 4.

**West Sussex Infirmary, Chichester.**—House Surgeon and Secretary. Salary, £100, with board. Applications to the Secretary before April 9.

## APPOINTMENTS.

**BEVAN, W. LI., M.B., C.M.,** House Surgeon to the Dorset County Hospital.

**BREBETON, J. B., L.K.Q.C.P.I., L.R.C.S.I.,** Medical Officer for the First District of the Bodmin Union.

**CAWTHORNE, B. W., M.B., C.M.,** Medical Officer for the Fifth District of the Stroud Union.

**DAVIS, Dr.** Medical Officer to the Colton Dispensary, Ardes Union.

**EDWARDS, D. T., M.R.C.S.E.,** Medical Officer of the Pentrich District of the Cardiff Union.

**ENGLISH, Mr. E.,** House Surgeon to the London Hospital.

**JOHNSTON, H. M., M.D., L.R.C.S.I.,** Medical Officer to the Stranorlar Union Workhouse and Fever Hospital.

**KEMMIS, H. M., L.K.Q.C.P.I., M.R.C.S.E.,** Medical Officer for the First District of the Bridgewater Union.

**O'DONAGHUE, P., L.K.Q.C.P.I., L.R.C.P.Ed.,** Medical Officer to the Hospital of the Loughrea Union.

**ORFEUR, C. H.,** Medical Officer for the Nailsea and Wraxall District of the Bedminster Union.

**PATTON, W. J., B.A., M.B., L.R.C.S.I.,** Assistant Medical Officer to the Three Counties Asylum.

**SMITH, J., M.R.C.S.E.,** Medical Officer of Health to the Rural Sanitary Authority, Guildford Union.

**STEELE, W. C., L.R.C.P.Ed., M.R.C.S.E.,** Medical Officer to the Newington Infirmary, Walworth.

**WOOD, E. J., M.B., M.R.C.S.E.,** Medical Officer for the Third District of the Maidstone Union.

## Births.

**DAWSON.**—March 24, at 28 Hyde Park Street, London, W., the wife of Yelverton Dawson, M.D., of a daughter.

**PALMER.**—March 26, at 51 Waterloo, Northampton, the wife of John Richard Palmer, L.K. & Q.C.P.I., & L.R.C.S.I., of a daughter.

**SALE.**—March 26, at 43 Harcourt Street, Dublin, the wife of Dr. Gregory Sale, of Newpark, co. Kildare, of a daughter.

**WALLACE.**—March 21, at Cleckheaton, Yorks, the wife of Edward J. Wallace, M.D., of a son.

## Marriages.

**NESBITT-GRESHAM.**—March 23, at Derrylin, co. Fermanagh, Dawson Nesbitt, M.D., to Emily, youngest daughter of the late W. H. Gresham, Esq., of Glenwood Luan, co. Dublin.

**THOM-AITKEN.**—March 24, at Oaklands, Crief, Alex. Thom, M.A., M.B., son of Dr. Thom, of Crief, to Helen, elder daughter of Mark Aitken, of Oaklands.

## Deaths.

**DANIELL.**—March 23, at 20 Cathcart Road, South Kensington, S.W., Sarah, wife of Richard T. Daniell, M.B., F.R.C.S.I.

**DAVIES.**—March 13, at Nice, Albert Davies, M.D., late of Maidstone, Kent.

**ELLIS.**—March 19, at his residence, Tower Street, Hackney, and late of Sudbrook Park, James Ellis, M.D., aged 77.

**FORBES.**—March 20, at Queen Street, Edinburgh, Geo. Feddes Forbes, Surgeon-Major, H.M. Indian Army.

**JENKS.**—March 20, at 18, Circus, Bath, Eliza, wife of G. S. Jenks, M.D.

**LEVYCK.**—March 23, at West Ham, Essex, George Levick, M.R.C.S.E., in his 40th year.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 6, 1881.

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## Original Communications.

### THE LUMLEIAN LECTURES ON BRIGHT'S DISEASE.

Delivered before the Royal College of Physicians, London.

LECTURE I.—PART I.—Delivered APRIL 1ST.

By REGINALD SOUTHEY, M.D. Oxon., F.R.C.P. Lond., Physician to St. Bartholomew's Hospital.

To-DAY, sir, I shall attempt to place before you an historical and critical review of what has been written on the subject of renal dropsy. I hope to be able to show that our knowledge of those diseases of the kidneys which long have been, and as I believe long will be, associated with Bright's name, has been steadily progressing, but is still far from being complete.

The pathology of renal disease has been a much vexed problem, teeming with dispute and controversy. Men wax as hot over it as they did over tubercle, and each writer is confident that his own doxy alone can be orthodox. I have endeavoured to educate myself up to the standard of being a fair critic, and since, in my opinion, the time has arrived when we may profitably take stock, as it were, of facts and theories that have been laid up, I have hailed the opportunity to-day, presented by my appointment as your Lumleian lecturer, to do so. The preacher of old (Eccles. chap. I., v. 10), a man who gave his heart to seek and search out all kings, and who found out the vanity of most kings, wrote, "Is there anything whereof it may be said, see, this is new? It hath been already of old time which was before us."

Bright was not the discoverer of renal disease; no, nor of albumen in the urine associated with it, nor of the dropsy, nor of the death tendencies, nor of the small granular kidney. But he advanced our knowledge upon all these things by his remarkable clinical ability and clear judgment in a manner which has made posterity respect his work, and desire to perpetuate his name.

Hippocrates, in his *Frognostics* (21) distinguishes the

dropsies originating from the flanks or loins from those which are due to disease of the liver; and although, in his description of the diseases of the kidneys, we find nothing to prove that he was acquainted with any pathological condition other than those which are provoked by gravel, calculus, or by extensions of mischief from the bladder up into the kidney, it is obvious, from remarks found scattered through his writings, that he had not failed to observe diminished urination associated with general dropsy, beginning in the feet, and attended by obstinate diarrhoea, that failed to relieve or empty the abdomen.

In Section 7, Aphorism 84, we read: Bubbles maintained upon the top of the urine signify a disease of the reins, and likewise its long continuance; a fact which remained unimportant until the end of the last century, when it was ascertained that albuminous urine held a froth of bubbles on its surface.

Aretæus the Cappadocian (Adams's edition, London, 1856, p. 342) makes some observations upon blood in the urine which, interpreted by our present knowledge (and although vague and rather spoiled by being mixed up with remarks on hamorrhoids), show at all events that he recognised the association of pallor, sluggishness, proclivity to headache, and epileptic attacks, in some forms of urinary disease, as well as general anasarca and dropsy in others. It is probable that Aretæus was a contemporary of Galen, which takes us back, therefore, to the certain date, A.D. 131.

Towards the close of the sixteenth century, necropsis became more frequent; and several medical authors make mention of dropsy in connection with abnormal conditions of the kidneys.

J. B. Morgagni, Epistle 42, "De Sedibus et Causis Morborum," describes the case of a dropsical patient who died suddenly, and whose body he examined. In Epistle 41, art. 4, he notices a case of acute renal dropsy, provoked doubtless by exposure of the body to cold in the treatment of some skin eruption. Morgagni writes: "The kidneys were larger than normal." The itch was treated by an ointment rubbed into the skin; suppression of urine and vomiting followed, pain in the left lumbar region, general dropsy, and death. Granular kidneys and large white kidneys had therefore been discovered before Bright wrote: while Avicenna, in 1164, was certainly before him in distinguishing between the dropsies consequent upon disease of the liver, and those which followed upon disease of the kidney.

It is to Cotugno, however, in 1770 ("De Ichiade Ner-



vosâ Comment." Vienna, p. 24-25), that we are indebted for the discovery of albumen in the urine of dropsical persons, which he attributed to the passage of the dropsical effusion over into the urine, and regarded unfortunately most incorrectly, as Nature's mode of resisting and repairing disease.

Wells, whose "Observations on the Dropsy which succeeds Scarlet Fever," were published in the "Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge," vol. iii., pp. 16 and 194, may be fairly regarded as the pioneer who probably guided Dr. R. Bright to his clinical investigations upon the connection between renal disease and dropsy. Wells it was who pointed out that the urine after scarlet fever contained both blood-colouring matter and blood-serum; and that, even when scarcely abnormal in aspect at all, it might contain sero-albumen, recognisable by its coagulability both with heat and nitric acid. Out of 138 cases of dropsy after scarlet fever, he discovered serum, as he rightly enough calls it, in the large proportion of seventy-eight times; and, later on, pursuing his inquiries further, Dr. Wells observed that other cases of general anasarca were associated with renal disease and coagulable urine. He seems, too, to have completely forestalled Dr. Bright in his analysis of the clinical symptoms, having observed that in this variety of dropsy sharp pains in the loins and limbs sometimes preceded as well as attended the dropsy, and that the pulse, far from signifying general weakness, was often full and frequent. The case recorded by Wells, of a soldier, æt. 47, who died of dropsy, complicated finally by an inflammation of the lung, whose kidneys he found harder than normal, their cortical parts being thickened, and structures generally altered by deposits of coagulable lymph through their substance, is probably the first distinctly diagnosed case during life of chronic renal disease. Wells' work in this direction was eminently philosophical. He discovered albumen first in the urine of post-scarlatinal dropsy; afterwards in the urine voided in other species of dropsy connected with pathological states of kidney; then he examined the urine of persons in apparent health; and again occasionally lit upon the presence of albumen in it. He ascertained that blood-serum was discoverable in the urine in many forms of chronic as well as of acute disease; and discovered it once in the urine of a person who enjoyed the aspect of health, but who subsequently died dropsical.

In 1813, John Blackall published a volume, "Observations on the Nature and Cure of Dropsy," which ran through several subsequent editions. The most frequent cases of renal dropsy, which he records, were the forms following scarlet fever, and the cases of acute diffuse nephritis determined by exposure to cold and wet in persons who were pursuing a course of mercury. He surmised, but failed to prove, that the normal amounts of urea were retained in the system in these cases; and, although he made out that the kidneys were diseased in an unusual proportion of the cases, he was evidently biased by the various other inflammatory lesions, of which, as he writes, "the whole system bears the greatest marks;" and attributed the affection less to the kidney-lesion than Wells had done, and more to a wide-spread inflammatory general disposition. This theory of his led him to recommend free blood-letting and depletory treatment.

Dr. Scudamore, in his treatise on "Gout," published in 1823, insisted on the clinical and prognostic importance of albumen occasionally found in the urine of dyspeptic and gouty subjects, and noticed that these persons were of a peculiar nervous habit, and micturated frequently. More than this, he pointed out that, although no dropsy attended on these symptoms, the urine departed from a normal standard not only in containing albumen, but by holding less urea, less uric acid, and less salts altogether than it should do. It was an imperfect secretion, he wrote.

M. Andral, in 1826, published in his "Clinique Médicale," tome iii., p. 567, a case of dropsy without affection of the heart or peritoneum, in which the kidneys were the sole organs diseased. His description of these granular kidneys is very precise. Thus, he writes, the external cortical substance, and a part of the tubular (*i.e.*, medullary) portion, consisted chiefly of white granular tissue, and appeared divided up into little masses or grains which stood out distinct from the natural red tissue of the kidney. The death-cause in this case was double hydro-thorax; but this he referred to the original or primary renal lesion.

In 1827, Dr. Bright published his "Reports on Medical

Cases;" and in the same year, and probably entirely uninfluenced by his writings, M. Barbier, of Amiens, published in Paris his "Précis de Nosologie et de Thérapeutique," in vol. i., p. 410, in which he describes (Bright's) small granular kidney as a fact well known to him, writing: "On rencontre souvent les reins d'une petitesse remarquable; leur volume réduit au tiers on un quart de qu'il devrait être." He calls the affection "oligotrophie," and adds: "La sécrétion urinaire est toujours (?) notablement diminuée, il survient souvent un œdème général." He gives the case of an old woman in the Hôtel Dieu as an illustration of this affection, and notices that, with the exception of a heart "légèrement dilaté, les autres appareils étaient en bon état." A sudden pleurisy was also the final cause of death here. At p. 553, we find a chapter with the heading "Sclérisie des Reins," in which he shows his intimate acquaintance with this affection in its late stages, and its relation, as a cause, often overlooked, of a rebellious form of anasarca, in which the blood-serum had a more milky colour than was normal—leuco-phlegmasia with kidney-sclerosis.

Dr. Richard Bright's first publication appeared in 1827; it had been led up to, as all great epochs in the history of medicine have been, by study as well as clinical observation. Blackall and Wells had already established the importance of albumen in the urine as a symptom of dropsy. The distinguishing feature of Bright's volume is its careful reasoning and its modest inferences from facts, put forward after patient investigation of them. He heads the first chapter very tentatively, "Cases Illustrative of some of the Appearances on the Examination of Diseases terminating in Dropsical Effusion." The cases are narrated, the clinical symptoms described, and the post-mortem appearances dwelt on. The connection of diseased kidney with certain dropsies is pointed out; and the alterations in the structure of the kidneys found in the bodies of those whose deaths had been preceded by dropsy and albuminuria are sketched by a masterly hand. He distinguishes (as Hippocrates had done some 2,000 years before him) a dropsy in which the kidney is found diseased from a dropsy in which the liver is diseased; but he is far too cautious to advance to inferences unjustified by the facts before him, to talk of renal dropsy or primary renal disease as the cause of dropsy. He speaks of the coincidences—the associated facts. By him, in the first instance, the structural changes in the kidney are attributed to certain injurious influences which, acting on the stomach or the skin, disturb the renal functions, either by disordering the circulation through the kidneys, or bringing about a state of decided inflammation in them. Further on, he writes: "He thinks his observations almost authorize him to establish three varieties, if not three completely separate forms, of diseased structure; but he does not pin himself down to these three typical forms. He thought his third form might be an advanced stage of the same essential process which produced the second; and he distinctly notices other conditions of kidney—a pre-renal softness of the organ, associated with similar flabbiness of the liver, spleen, and heart, as a pathological condition which led to albuminuria; and describes a separate category of cases, in which the kidneys were firmer than is normal, and where the tubules are blocked up.

I wish to point attention to his cautiousness in making varieties, and to the conciseness with which he attributes the renal structural changes to widespread influences, which, acting either through the stomach or the skin, disordered the renal circulation and its functions.

After all the work that has been expended in the closer investigation of the minute anatomy of the different diseases of the kidneys, and all the clinical observations which have been published in the last fifty-four years upon the same subject, the questions whether there be one or more varieties of diffuse renal disease, and what is the real first cause of the renal degenerations to which he called special attention, remain much where he left them.

The writers who followed Bright, amongst whom in England the most eminent were Christison, James Gregory, Osborne, Copland, Elliotson, Graves, and Willis, added clinical information of no inconsiderable value; but some of them busied themselves over-much in controversy upon the etiology of the new disease, and neglected investigating the nature of its pathology. Thus we find doctors differing very early, and ranging themselves in two hostile camps; the one as humoro-pathologists, teaching that the disease was general, and commenced in a vitiated state of the

blood, before ever the kidneys suffered; the others maintaining that the kidney-disease was primary, and led to the impairment and mal-constitution of the blood.

Dr. Bright, in the publication of his second volume, which appeared in 1831, having established upon irresistible evidence the coincidence of the three facts—dropsy, albuminuria, and special pathological changes of the kidneys—inferred that the renal lesion ought to be regarded as the first cause, or entity of the disease, and the dropsy and albuminuria as the consequences of it. Graves, Elliotson, and Copland thought the renal lesion was the part symptom only of a general blood disease.

Christison and James Gregory stood by Bright and regarded it as the primary lesion, and they further advanced our knowledge—Christison by careful clinical examination, both of urine and blood-serum, in various stages and varieties of renal disease. The discovery of urea in the blood, and several estimations of its quantity in renal dropsies, were made by him in some cases of albuminuria; and he was led to accept the idea—first put forward by MM. Prevost and Dumas, founded on experiments made by them in extirpating the kidneys of animals—that urea was not generated by the kidneys, but separated by them.

Christison proved to demonstration the low specific gravity of the serum of the blood that attached to chronic renal disease; confirmed the associated hypertrophy of the heart which Bright had noticed; discussed the essential and non-essential symptoms; showed that general anasarca, although a very frequent was no necessary symptom of diseased kidney; called attention to pulmonary catarrh, emphysema, hæmorrhagic apoplexy, as more frequent complications than inflammations of the serous membranes; and pointed out the tendency to death by coma and so-called serous apoplexy, so often discovered in these cases, when the necropsy presented congestion neither of the brain or of its membranes.

Dr. J. Gregory's observations on diseased kidney (*Edinburgh Medical Journal*, 1831, vol. xxxvi, p. 318), connected with albuminous urine, are quite as remarkable as Bright's work was. He fully recognised the fact that the urine might be albuminous in certain disordered states of the system, unconnected with any special pathological alterations of the kidneys. "But," he writes, "when the urine is coagulable, and at the same time decidedly low in density, and below the natural standard in quantity; and when this state of urine has existed for some time, in a more or less marked degree; and when it is accompanied by dropsical effusion, in some of its forms, particularly slight but obstinate œdema of the extremities and face; and when, in the absence of dropsy—by no means a constant symptom—there is intractable vomiting and diarrhoea, we have evidence of organic disease of the kidney, upon which we may rely with much confidence."

It was in 1838 that Dr. Robert Willis published a work on "Urinary Diseases and their Treatment." It was a work that deserved translation, and it was translated into German by Hensinger, and published at Eissnach in 1841.

In his book, reference is made more than once to Bright's disease, as a new discovery. Dr. Willis's book, read at the present time, offers little of interest regarding the diffuse diseases of the kidney; but there was a certain order about it that recommended it to book-writers; and it is probable that its appearance in Germany introduced Bright's observations to German readers, and stimulated many to read his clinical reports.

It was in 1838 also that Martin Solon published in Paris a work on "Albuminuria or Dropsy caused by a Disease of the Kidneys;" and to him in England we owe the vague general denomination of albuminuria for a variety of renal affections, some of which were, but many of which had no claim whatever, to be classed as the kidney disease which Bright had clinically portrayed.

M. Rayer's work, "Traité des Maladies des Reins," was not yet published, but the materials for it must have been forward in Rayer's hands, for as he himself writes, vol. ii, p. 666, "My first researches on renal disorders were begun in 1830."

As Rayer justly says, to group together, under the head of albuminuria, affections so different in nature and issue as M. Solon did, was practically useless. Albuminous urine is a symptom, not a pathological entity. Evidently there were not many passages-at-arms between M. Martin Solon

and M. Rayer at the Royal Academy of Medicine; the one maintaining his *néphrite-albumineuse*, with six different subforms; the other, his *albuminurie au premier, second et troisième degré*; or, 1. Sans lésion rénale; 2. Avec lésion rénale; 3. Avec hydropisie; 4. Avec les productions granuleuses du Bright; 5. Avec dégénération variée du tissu renal et productions accidentelles.

To Rayer, however, the thanks of all who study renal diseases must eternally attach, for a work quite unparalleled in the annals of medicine for research and clinical acumen. Its weakest part is just Bright's disease—the acute and chronic forms of diffuse nephritis—and here it falls short, because, at that time, neither the minute normal or pathological anatomy of the kidney had been much investigated in Europe.

Hitherto, the disputed points had been a primary renal or primary blood disorder; but now that the German observers—up to this date singularly indifferent to Bright's discovery—took up the matter, the nature of the renal lesion began to be closely sifted by the microscope. Was it an inflammatory process, a fatty degeneration, a steatosis, a fibrous degeneration, or fibrosis? Was it one disease from first to last, with various stages, or were there several distinct varieties, with each their own separate clinical history?

Passing over, as we may, with scant notice the early pathological observations of Gluge Valentin and Henle Vogel, Canstatt, and von Siebold, our attention is arrested by Reinhardt's work, published in the *Deutsche Klinik* (von Göschen), November 5th, 1849, who attached all the pathological states of kidney described by Bright, to inflammatory processes. He gave the name of diffuse inflammation to the changes in question, because the exudation poured out showed so little disposition to organise, and because it extended so widely through the affected organ. It was a croupous form of inflammation, because casts came away from the tubular structures; it was an inflammation that pursued various courses, according to the causes that induced it, and the individual it invaded; but he did not regard the various forms of kidney figured by Bright as the result of one single process of the disease, but of several successive invasions. Like every other inflammatory process, it might come under observation at different stages of hyperæmic congestion or of exudation, with fatty degeneration of epithelium of connective tissue new growth with ultimate scar tissue-like contraction.

It is not to be supposed that the professors of pathology in the Berlin and Vienna schools had overlooked conditions so obviously abnormal as the kidneys of Bright's disease presented. Rokitansky, in his text-book of "Pathological Anatomy," 1842, described eight forms of morbus Brightii, of which the lardaceous kidney was the last; but the clinical symptoms attaching to these were not understood for the minute anatomy of the kidney and physiology of the urine secretion, had been hitherto only imperfectly studied.

The first important step in advance was Mr. Bowman's philosophical paper on the Structure and Use of the Malpighian Bodies of the Kidney, which appeared in 1842 in the "Transactions" of the Royal Society, which described the minute anatomy of the organ with great care. From the facts before him, Mr. Bowman inferred that the glomerules separated the urine-water, and the secreting tubes and cells the urine-solids; and the situation of the tufts incorporated at the terminals or beginnings of the tubules, appointed them, as he thought, an apparatus contrived for washing the more solid secretion out of the renal epithelium. From thenceforth, the study of Bright's disease advanced, *pari passu*, with anatomical investigation and physiological experiment. To follow it step by step would require a longer review than we can afford to give, although we propose to glance briefly at some of the important stand-points, as these have been in succession reached.

For many years in England Bowman's views were accepted without a doubt, and may be certainly regarded as the foundation-stone upon which the English physicians and pathologists based their doctrines of renal disease. Bowman's idea that the tufts are the source of the urine-water I combated many years ago. It is, I believe, one source of the urinary-water, certainly not the sole source. The vasa recta are modified, Malpighian tufts and urine-water passes from them through and into the down-looping tubes.

In November 1845, Dr. G. Johnson communicated to the

"Medico-Chirurgical Transactions" his earliest communications on the Minute Anatomy and Pathology of Bright's Disease (*vide* vol. xxix, 1846). He found that the granulated or mottled aspect of the kidney, associated with albuminous urine and dropsy, was due to an inordinate amount of fat collected in the renal epithelial cells; and he reasoned, correctly enough, that such a distension and infarction of the tubules must encroach upon the intertubular capillary rooms, regard the circulation through these networks, and lead to engorgement of the Malpighian tufts. Fatty degeneration of the renal epithelium was, he thought, the commencement and essence of Bright's disease; effusion of blood and blood-serum in the urine was the result of abnormal blood-pressure, secondary to the tubulous infarction.

Even at this early period, Dr. Johnson distinctly taught that the kidneys described by Dr. Bright could not be accepted as different stages of the same disease. Bright's small red granular kidney had little in common with the large white smooth one; and, if the name of Bright's disease was to be retained for a renal degenerative process, which began and progressed by fatty metamorphoses, the white kidney must be separated from the atrophic organ.

Dr. Johnson's communication evoked a notable rejoinder from Dr. Quain, which appeared in the November *Lancet* for 1845, p. 594. Quain writes that "in more than fifty specimens of this disease examined by me, the fatty condition of the kidney was, in one instance only, sufficient to attract much attention." In the large proportion of cases, he found caco-plastic lymph, either in the form of nucleated cells, or of simple granular matter, or of a deposit that he observed assuming distinctly filamentous or fibrous characters.

Quain assigned the seat of the deposit to the parenchyma of the kidney, external to the tubes, and observed granular matter contained within the tubes themselves. He inferred that congestion preceded the deposits, and that the changes in dispute were from the first inflammatory.

Quain was the first to make three forms of kidney-disease the several outcomes of these different forms of deposit or exudation: 1. The simple enlarged mottled kidney; 2. The truly granular or atrophied kidney; 3. The large, flabby, fatty-looking kidney. Dr. Johnson's views on fatty degeneration received complete sifting and clear answer by Professor Virchow in his "Archiv," Band iv., s. 260 (1847), where the inflammatory nature of the initial changes in Bright's disease was clearly enunciated; who further distinguished between simple tubular catarrhal and parenchymatous inflammation, the former recovering completely without further hurt, the other having possible issue in interstitial or glandular hyperplasia.

(To be continued.)

## DR. GUY ON TEMPERATURE AND MORTALITY. (a)

On the 15th March Dr. Guy read a paper on this subject with the primary object of illustrating the use of tabular analysis in the discovery of truth. But, as the paper has a medical interest of its own, irrespective of this its primary object, we here give it with the necessary omission of certain tables and plans which will be doubtless published in an early number of the *Journal of the Statistical Society*.

It is now nearly forty years (May, 1843) since Dr. Guy tells us that he made an attempt to determine the influence of the seasons and weather on sickness and mortality here in London. Twenty years later, Dr. R. E. Scoresby-Jackson submitted to the Royal Society of Edinburgh an elaborate paper on the same subject, ingeniously illustrated by eight coloured circular diagrams. This paper is one that ought not to be passed over by any student of such matters who would know how industry intelligently directed can be made subservient to the discovery of truth. (b)

(a) On Temperature and its Relation to Mortality: an Illustration of the Application of the Numerical Method to the Discovery of Truth. By William A. Guy, M.B., Cantab., F.R.S., one of the Honorary Presidents of the Statistical Society.

(b) "Transactions of the Royal Society of Edinburgh," vol. xxiii, part ii.

But the works to which Dr. Guy called the attention of the Society were the well known quarto tract of the younger Heberden, published in the first year of this century, (a) and the learned production of Dr. Thomas Short, issued in the middle of the last century. (b)

What Heberden has to say on the subject of Dr. Guy's paper will be found from p. 46 to p. 59 of his work, under the heading of "The Weekly Table of Mortality." Dr. Guy begins by presenting us with Dr. Short's fifteenth table printed at p. 192, which he inserts rather than his eleventh table, because it comprises not the monthly number of deaths only, but also, the ages at which the deaths happened. As this table is the more simple table of the two, Dr. Guy begins by inserting the three columns of that table which throw most light on the subject of his paper. The entire table will be found at p. 176 of Dr. Short's work. It is headed, "Of the London Bills of Mortality Monthly for Fifteen Years, viz., from 1st January, 1732, to 1st January, 1747."

This table Dr. Guy calls a *table of Record or Reference*, and proceeds to inquire what steps we ought to take in order to convert it into a table of *Analysis or Discovery*. How shall we arrange these figures so that they may reveal to us some truth? At present they are all confusion. Let us try to put order into them.

The author assumes to begin with, that the figures of the table are such an approximation to the real numbers as fairly to represent what happened to a considerable number of the inhabitants of London in the aggregate of several successive years, about the middle of the eighteenth century.

The table, if we question it aright, will have something to reveal to us about the relation of the months and seasons of the year to the number of deaths, and of that which most distinctly characterises them—their temperature; for Dr. Guy assumes the greater influence of temperature on mortality, when compared with all other atmospheric conditions which can be measured and recorded by instruments, to be clearly established both by Heberden (to say nothing of earlier writers on the subject) and by Scoresby-Jackson. On the face of the table as it stands, the maximum mortality occurs in January (one of the winter months), and the minimum in July (a summer month), and that both for males and females. Is this because January is cold and July warm, for temperature is obviously the element in which the two months differ most? The way to find this out is to arrange the figures of the table by cold and hot months respectively.

But the months, like the weeks of which they consist, are but arbitrary divisions of time, and so are the seasons. May we not substitute for our seasons something more in accordance with the nature of things? That which we call *winter* in our climate does not embrace all the coldest months, nor that which we call *summer* all the hottest; and *spring*, which resembles *autumn* in the medium character of its temperature, is separated from it by the four warmest months. The vulgar division of the year into four quarters of three months each (first quarter, January, February, March; second quarter, April, May, June; third quarter, July, August, September; fourth quarter, October, November, December), does not readily lend itself to a scientific treatment of the relations existing between the two obviously allied conditions, temperature and mortality. For between the average temperature of January, February, and March, and the average temperature of October, November, and December, the difference is less than 2 degrees (1.9). We clearly improve on this division of the year when we substitute for it four groups of three months each, making December, January, and

(a) "Observations on the Increase and Decrease of different Diseases, and particularly of the Plague." By William Heberden, jun., M.D., F.R.S. 1801. 4to.

(b) "New Observations, Natural, Moral, Civil, Political, and Medical, on City, Town, and Country Bills of Mortality. To which are added Large and Clear Abstracts of the best Authors who have wrote on that subject; with an Appendix on the Weather and Meteors." By Thomas Short, M.D. 1750. 8vo.

February to stand for *winter*; March, April, and May for *spring*; June, July, and August for *summer*; and September, October, and November for *autumn*.

On striking an average of the five years 1838-42, the superiority of seasons over quarters, when temperature is the element to be inquired into, is very obvious. The differences between season and season are very much more evenly, and therefore much more conveniently, distributed; for between the winter and summer temperature there is an average difference of nearly 25 degrees (24·7 deg.), such a difference as may be expected to make itself felt in the record of deaths. This difference is also in excess of that between the first and third quarter by 5·5 degrees.

But there is a better division of the year than either of the foregoing—a division into three periods of four months each; the four hottest months being June, July, August, and September; the four coldest, December, January, February, and March; and the four temperate, April, May, October, and November. This division has one or two obvious advantages. In the first place, it creates for comparison two extremes and an average. In the second place it necessitates only one act of rectification, and that only needed when we are not dealing with a leap year. The temperate and the hot months consist each of 122 days, and so do the cold months in leap year. In other years, the three periods are made of equal length by adding to the four cold months the fraction 1-121.

The average temperatures of these three divisions are as follows:—Four coldest months, 40·0; four temperate months, 49·4; four hottest months, 62·3; the difference between the four coldest and four temperate months being 9·4, and between the four temperate and four hottest months, 12·9, making the difference between the four coldest and four hottest months, 22·3.

By this arrangement, too, the average temperature of the four cold months (40·0 deg.) is widely separated from that of the four hot months (62·3 deg.).

By now converting this table of *Record and Reference* into a table of *Analysis and Discovery*, that is to say, by grouping its figures in accordance with the three-fold division, the higher mortality incident to the four cold months of the year as compared with the four hot months, both in males and females, is brought into distinct relief. The intermediate position of the four temperate months is made equally manifest; so that, without any need of rectification of the figures of the first four months, we arrive at the conclusion that the death-rate is greatly in excess in the cold season of the year. A simple calculation shows that if 55 in 100 die in the colder months, only 45 die in the warmer. Among individual months, January shows the highest figure, and July the lowest. The figures for the two sexes taken together are:—winter, 138,182; temperate months, 125,634; summer, 114,019.

These figures, then, afford a complete justification of Heberden's first proposition, that "the whole number of deaths is the greatest in January, February, and March, and least in June, July, and August." This was true of the early part of the eighteenth century here in London. It may not have been true in Greece or Italy, or even in England, in earlier periods of its history, but we know it to be true of the England of to-day. Nor is it true only of the London of the early part of the eighteenth century, for Heberden appeals to Dr. Short's registers of five-and-twenty different country towns in England in proof that the death-rate follows the same rule in the provinces as in the metropolis; and Woolcombe (a) embodies in one table, at the end of his work, the results obtained for no less than thirteen different countries, cities, towns, and groups of towns. In every case the ratio per cent. of the mortality in winter exceeds the ratio in summer. In the

case of Eccles, near Manchester, it is as small as 4, and so it is in Sweden. But in London it is 8, and at Plymouth as many as 18.

In the whole series of facts there is not a single exception to the rule that winter is more fatal to life than summer, though the winter mortality ranges from the low figure of 52 per cent. to the high figure of 59.

The high mortality of the winter months may, therefore, be taken as a fact placed beyond the reach of doubt; but we have yet to consider the larger question of the relative position, in respect of temperature and mortality, of the three groups of four months each, including the four temperate months.

The three aggregates of burials for the three cold, temperate, and hot sections of the year, as deduced from the table which Heberden gives at p. 48, are 66,357; 61,991; and 52,508. Here we have the same order as above; but the maximum monthly mortality is shifted from January to March and April, and the minimum to August and September. So also with the seven years' register of burials of the city of York, published by Dr. White, and quoted by Heberden at p. 49. The four cold months figure for 1,210 deaths, the four temperate for 1,009, and the four hot months for 956; while the months of January and July resume their places at the top and bottom of the monthly return of deaths.

Six tables given by Dr. Price, in his celebrated essay on "Reversionary Payments," when April and May and October and November are thrown together as the four temperate months, result in similar figures.

Though Sweden and Stockholm show a slight excess of deaths in the four temperate months over those of the four cold months, and one out of the four English towns (Eccles) is an exception to the rule, which places the cold and hot months at the two extremes of mortality, and the four temperate months in the intermediate position, with the one exception of Stockholm, the mortality of the winter months largely exceeds that of the summer.

The same order of the four quarters of the year prevailed, as Heberden tells us, at Edinburgh and Paris, and throughout Sweden.

But at Marseilles and Montpellier a wholly different state of things prevailed, as Heberden shows by a table also inserted at page 49. In lieu of the death-rate varying as the temperature, the four cold months displaying the highest, and the four hot months the lowest, mortality, the figures stand thus:—June, July, August, September—Marseilles, 6,920; Montpellier, 4,021. December, January, February, March—Marseilles, 6,781; Montpellier, 3,363. April, May, October, November—Marseilles, 6,618; Montpellier, 2,960.

If, as is probably the case, the three groups of four months correspond in these southern districts of France to the coldest, hottest, and temperate divisions of the year, we have them ranged in the same order in either place, namely, the four hot, the four cold, and the four temperate months, so that if we mark the four months of greatest mortality by the figure 3, the four months or least mortality by the figure 1, and the four months of intermediate mortality by the figure 2, we shall have the following contrast:—England, Sweden, Edinburgh, and Paris—Cold, 3; hot, 1; temperate, 2. Marseilles and Montpellier—Cold, 2; hot, 3; temperate, 1.

These figures give us good reason to believe that the order of the seasons, as it prevails in the more temperate climates, does not obtain in warmer countries; and it is likely that the Roman physician Celsus had reference to the warmer parts of Italy, when he made the well-known statement, that the healthiest season was the spring, then the winter, then summer, and lastly the autumn. (a) The figures for Marseilles and Montpellier agree in placing the Roman spring at the top of the scale as the healthiest season, and the Roman autumn at the bottom as the most fatal to life.

(a) "Remarks on the Frequency and Fatality of Different Diseases, particularly on the Progressive Increase of Consumption, with Observations on the Influence of the Seasons on Mortality." By William Woolcombe, M.D. 1808.

(a) "Igitur saluberrimum ver est; proxime deinde ab hoc, hiems; periculosior aestas; autumnus longe periculosissimus." Lib II., cap. i.

Having now converted Short's eleventh table, which presents us with the deaths that took place among the population of London during the early part of the last century, from a table of reference to a table of discovery, by arranging the figures in accordance with the probable theory that temperature to a great extent governs mortality, and found that theory to be justified by the figures, Dr. Guy then proceeds to treat Short's more elaborate table, the fifteenth of his series, given in full by Heberden at page 47, in the same way; that is to say, by submitting it to the same process of analysis by re-arrangement, as he had already adopted in respect of Short's eleventh table. This table is described as a table "for fifteen years, viz., from 1st January, 1728, to 1st January, 1743, being monthly, and begins with January and ends with December." It comprises an aggregate of 405,951 deaths.

As this table was extracted by Heberden from Dr. Short's work, Dr. Guy first collated the one table with the other, and found that Heberden's table contained two misprints, one of slight importance, the other so considerable as to seriously affect the results; and as it happened, gave rise to the solitary exception to the rule which the remainder of the figures established.

Having made this necessary correction, Dr. Guy proceeded, as he did with the first table, to transform it from a table of reference into a table of discovery, commencing with the column of deaths for all ages. When the figures of this column were arranged in three groups of four months each—the four coldest, four hottest, and four temperate months—the total were found to fall into the order already made out:—

Four cold months, 146,917; four temperate months, 136,423; four hot months, 122,611.

So that again, and for a different series of years, the death-rate was found to vary inversely as the temperature. The figures of the two distinct series of fifteen years (the first fifteen ranging from 1728 to 1743; those of the second series from 1732 to 1747, yield the same results, and so far confirm each other.

It is also worthy of remark that though the two sets of figures, both for the months and groups of months, differ throughout, the differences between the extreme numbers for the cold and hot seasons approximate very closely. The difference between the extremes in the first being 24,163, and in the second 24,306.

Another fact worthy of notice is, that when the figures of the three sections of the year are reduced to centesimal proportions of the totals, the percentages expressed in round numbers are identical. They are as follows:—Four cold months, 37 per cent.; four temperate months, 33 per cent.; four hot months, 30 per cent.

(To be continued.)

## STIMULANTS IN WORKHOUSES—ALCOHOLIC LIQUORS AS MEDICINES FOR THE SICK.

By NORMAN KERR, M.D., F.L.S., London.

(Concluded from page 266.)

It cannot be denied that medical officers have sometimes laid themselves open to criticism by lavish and indefensible prescription of intoxicants. For instance, in a parish in Ireland in 1873, a district medical officer ordered creature comforts to an out-door pauper to the extent of £1 6s. per week. During the discussion of the case at a meeting of the board of guardians, the doctor recommended the addition, to the weekly grant of £1 6s. of from 14 to 20 glasses of brandy weekly. The *Medical Press and Circular* very properly condemns this indiscriminate prescription of liquor as a most unjustifiable use of authority, and, in the interest of Poor-law medical officers, a subject for regret and deprecation.

Whenever intoxicating drink is prescribed to any pauper, the medical officer should scrupulously take care to write the case off the books, or in some way discontinue the

allowance so soon as the end, for which the liquor has been ordered, has been gained. Otherwise the alcoholic remedy, once ordered, is apt to be continued indefinitely. By way of example, let me refer to the statement made by the medical officer of an extensive London workhouse in the spring of 1873. Attention was called to the enormous consumption of brandy, and the medical officer stated in explanation that the brandy, when ordered by him, was continued to each patient longer than he had intended, in consequence of an oversight on his part in not stating in the in-door medical book when the brandy so ordered was to cease.

Not infrequently the friends consume the brandy meant for the outdoor sick pauper. I was called once to a district parochial case in another district where the sick man, his wife, and his wife's sister were all under the influence of the liquor which was ordered medicinally for the sick man alone. Such cases are by no means uncommon. It would be a decided gain if, when brandy or any other alcoholic stimulant is ordered by the medical officer, the liquor were given in combination with some medicinal bitter, and were supplied to the patient in a mixture as a medicine, and not as an ordinary beverage. By many medical officers this course is followed. The only caution requisite here is to avoid adding to the attractiveness of the liquor, as has been done in one instance with which I am acquainted, the spirit being made more palatable than ever by the addition of cinnamon water.

When I believe a powerful and prompt stimulant to be urgently needed I hesitate to order wine or spirit—for therapeutic reasons—mainly because I have no confidence in the composition and strength of the liquid. Fermented wine, above all other drinks, is of very uncertain medicinal potency. Ordinary port and sherry, for example, range from 30 to about 60 per cent. of proof spirit. On such uncertain and variable compounds the enlightened medical practitioner can place little reliance. Then what is sold as wine is often a mere chemical concoction, in which the juice of the grape is either conspicuous by its absence, or is present only in a homoeopathic proportion. When pressed by clergymen and wealthy district visitors to order port wine in fever to the sick poor, I have told them that if they would place at my disposal some of their own genuine blue seal at 66s. a dozen, I would seriously think of it; but with the common port of commerce, such a prescription would be a mockery, and reliance on such a sham endanger the suffering sick one's life. For these reasons, from a scientific point of view, I prefer, where stimulants are indicated, to rely either on alcoholic tinctures, such as spirit ammon. arom., and spirit chloroform, or on spirit vini. rectificat. and tenuior, in combination with cloves, cardamoms, cinnamon, or other aromatics. By this method I know what I am prescribing, and I can prescribe the exact dose which seems to me called for. From a moral standpoint, too, I hesitate before ordering an intoxicating beverage. The bulk of our pauperism springs from drinking, and a large proportion of the diseases we are called upon to treat among the poor arises, directly or indirectly, from indulgence in drink. When we order them brandy or wine, or beer in illness, these wretched inebriates are delighted. Not only are their prejudices on behalf of their destroyer confirmed, but unhappily fuel is added to the fire already raging within them, and their craving for alcohol is strengthened and intensified.

Though probably if I had been in his place I would have prescribed even a smaller quantity of stimulant than he has, it seems to me that the true spirit in which to order stimulating drinks is well exemplified in a remarkably ingenuous and candid letter in the *Belfast News Letter* from the medical officer of the Coleraine Workhouse, Dr. Carson, himself a life abstainer. Dr. Carson says that the medical officer of a workhouse occupies a responsible post. He must do everything he can to save life, and, as far as consistent with this, save the taxes of the people. The plan he adopts as most satisfactory to his conscience is this. Never to prescribe ale, porter, wine or brandy, but to order malt whiskey as the best of stimulants. He never

gave stimulants as a mere cordial or luxury to nurses or any one else, old or young; but he gave whisky to all whose lives he believed it would assist in saving, and to no others. The number of patients on his sick list daily ran from 45 to 90, according to the season of the year, and he found, from a return made out for him by the clerk, that the quantity of whisky prescribed during two years ending September, 1879, was just 45 quarts altogether. Dr. Carson adds that he has been a teetotaler since boyhood, and prescribes stimulants on principle, not from taste.

If we carry out the experiment in Dr. Carson's spirit, we will ere long be justified in coming to some definite conclusion as to the true usefulness of alcohol and alcoholic drinks in the treatment of the sick poor. Mr. Dolan, of Halifax, justly says that, 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 estimate of the real value of alcohol in the treatment of pauper patients.

May I venture to appeal to my colleagues in the Poor-law service throughout the kingdom to give the whole subject serious and impartial attention? That evils, many and grievous, arise from the presence of strong drink in our workhouses, no one will venture to deny. The entrusting of a night supply of intoxicating liquor to nurses and attendants, in the event of a sudden call for a prompt stimulant, especially among the aged and infirm, is a temptation too strong always to be resisted. There are stimulants which would answer the purpose as well, which would not present such temptations to abuse. A comprehensive and exhaustive description of non-alcoholic stimulants has been prepared for the South Dublin guardians by the Chairman of their Stimulant Committee, the experienced and judicious Dr. Evory Kennedy.

Nothing mars the good conduct and discipline of a workhouse as does the presence of intoxicants. At a recent meeting of the Shoreditch guardians the master reported the house to be so full that he was obliged to use the receiving wards to accommodate paupers when they returned to the house the worse for liquor. To see indoor paupers, in the garb of the house, intoxicated in the streets of London, is no uncommon sight. The shocking prevalence of drunkenness among the inmates on their return in the evening of their day for leave of absence, is well known. The records of our police-courts amply attest the existence of this deplorable state of things. In the Holborn Workhouse lately a woman represented to the doctor that she was very ill, and was allowed a certain quantity of brandy. It was afterwards discovered that immediately the allowance was given to her she began to sell it to the other patients in the ward. So impressed were the Lord's Committee with this aspect of the stimulants in workhouse question, that they inserted the following in their report:—"The supply of alcoholic drinks to the poor, whether given in workhouses or to out-door poor (except in cases in which it is medicinally indispensable), has a tendency to create a taste for stimulants in those who perhaps would not otherwise have acquired it, and it leads ignorant people to conclude that as wine and spirits are prescribed for them by the doctor, and supplied by the relieving officer, they must be a needful remedy in most cases of illness, and thus the habit of flying to the bottle for relief is created, and the groundwork is laid for habits of indulgence and intemperance, which would otherwise never have been acquired."

Such being the evils so apt to flow from the presence of intoxicating drink in workhouses and infirmaries, and as it is an acknowledged fact that the great majority of our pauperism springs from intemperance, would it not be a most excellent consummation if the ordinary profusion of these beverages were almost, if not altogether, dispensed with? There is, as we have seen, reasonable ground to believe that the health of the poor would not suffer, and that the mortality would not be increased. It is certain that their behaviour and their *morale* would be improved, that many painful scenes would be pre-

vented, and that discipline would much more easily and effectively be enforced. I ask not for the absolute exclusion of alcohol, but in the interests of the poor themselves, of the ratepayers, and of the community at large, I do earnestly entreat my colleagues to steadfastly set themselves to inquire whether they can conscientiously try the experiment of treating the many afflicted ones under their care with the smallest amount of alcohol compatible with safety.

## ON THE VARIOUS TREATMENTS OF ANEURISMS. (a)

By W. J. WHEELER, M.D.,

Master of Surgery of the Dublin University; Fellow and Member of Council, Royal College of Surgeons, Ireland; Surgeon and Lecturer on Clinical and Operative Surgery to the City of Dublin Hospital.

In this designedly brief communication I do not purpose entering into any lengthened account of the various treatments of aneurisms, which even to the present time there is some difference of opinion.

The treatment by pressure, to which I am more particularly alluding, does not appear to have made much way, though used by Hunter and advocated by Freer; indeed, Guthrie dismisses it in his work on "Diseases of the Arteries" in a manner that would seem to ridicule it. Truly, it was not till Irish surgeons perfected this treatment, and demonstrated its application to that extent which produced the consolidation of aneurisms, that this practice received the place in surgery to which it has proved entitled.

To Dublin surgeons the credit belongs of not only perfecting compression but pointing out the cases for which it is most applicable; for, undoubtedly, there are some cases totally unsuited to this line of treatment, and if applied to such, not only disappoints the surgeon but brings the practice into disrepute. Those who would adopt compression where much œdema was present, or where the sac was about to rupture, or where the aneurism was quickly increasing in size, would surely have cause for disappointment.

The more completely the current of blood is cut off from the sac, the more rapidly does the cure take place; and for this reason digital pressure, when practicable, ought always to be adopted.

I could relate cases of aneurism thus treated to cure aided by position, and a strict observance of regimen. But my object is not to bring forward what has been frequently discussed at this Society—the general treatment of aneurism—but rather to confine myself to the treatment by the elastic bandage, and to hope that, should discussion arise, it will be limited to this.

C., male, æt. 37, in August, 1877, was admitted into the City of Dublin Hospital, and came under my care, for a aneurism situated in the left popliteal space. Up to two months before his admission he states he enjoyed good health. While at work about that time he felt a lump at the back of his knee, which caused him pain, and pulsated or throbbled continually. The posterior tibial artery could not be felt, but both anterior and posterior could be distinctly felt in his other ankle. The surface veins were larger than on the right side. There was no œdema of his limb. The tumour was about the size of a small orange, and a distinct bruit could be heard in it. On pressure of the common femoral artery the sac seemed to be completely emptied. The limb measured one inch and a quarter larger round the patella than on the sound side. He occasionally had cramps in the calf of his leg when standing or walking.

The patient suffered from diarrhoea for three days after his admission; so no treatment was adopted till the fourth day.

On Tuesday evening, the 31st of August, Signosini's

(a) Read before the Surgical Society of Ireland.



clamp was applied for a few hours; and on Wednesday, September the 1st, digital pressure was applied to the femoral artery, from 10 o'clock a.m. till 2 o'clock p.m., when it had to be given up, owing to the students not returning (there being only a few attending, clinical instruction having ceased during the summer recess), to continue keeping up the pressure. Signosini's clamp was applied for the remainder of the day, till 7 o'clock p.m. The limb was also flexed. The amount of pressure exercised on the common femoral artery did not completely stop the current of blood through the aneurismal sac. The clamp was shifted several times to keep the soft parts from injury, which were also dusted with French chalk; but, notwithstanding the precautions taken, the patient would not bear it longer than the above-named hour (7 o'clock).

On Tuesday, the 2nd of September, the limb having been elevated, for some minutes I applied an elastic bandage from the toes up to the inferior margin of the aneurism, and commenced applying a second similar bandage from the superior margin of the aneurism up the thigh, and compressed the femoral artery with the elastic band. The limb lost temperature; the pulsation ceased in the aneurism, which measured one-eighth of an inch larger circumferentially.

After 65 minutes the patient complained of so much pain and uneasiness at and above the seat of constriction, that I was obliged to remove the elastic band, which I did gradually, the limb being elevated, and the precaution taken not to extend the leg, which had been flexed; and also to apply a compressor on the femoral artery close to the pelvis, and above where the elastic band had been. On removal of the band the pulsation returned, but not nearly so strongly as before. The tumour had become much more solid, and the external articular artery of the knee could be felt beating with as much force as is common to the radial artery. There was marked stasis in the cutaneous vessels (capillaries). The compressor was used for two hours, but did not stop the pulsation after that time. I elevated the limb, and re-applied the bandages as before described, making pressure a little higher up on the femoral artery than when it had been controlled by the elastic band previously. In 45 minutes I was obliged to remove it on account of the distress complained of by the patient, and did so after the manner described on the first removal. The pulsation had stopped. The tumour felt solid. The compressing tourniquet was, however, kept on the femoral artery for three hours, but scarcely any pressure exerted. Cotton wadding was applied round the leg, which was partially flexed. There was no constitutional disturbance; the patient only complained of some shooting pains in the calf of his leg.

Mr. Tufnell and others saw the tumour before and after the treatment. Up to the 11th of September the tumour was getting smaller, and perfectly solid. On that day the patient refused to remain longer in hospital, and said he was cured.

I am much indebted to Mr. Ashe, our present house surgeon, for his valuable assistance in this case.

The second case I wish to record is that of a young gentleman, *æt.* 23, who was sent up from the country to me in August last, to be treated for bursal tumour in his right popliteal space. The tumour, which was about the size of a walnut, was an aneurism; and on describing the nature of the ailment to his parents they became so alarmed that I suggested a consultation. Mr. Butcher saw the case with me.

The patient was of a nervous and excitable disposition, and I had difficulty in getting him to remain in bed for two days before applying treatment, during which time I gave him full doses of bromide of potassium.

On the morning of the third day I elevated the limb for two or three minutes, and then applied Esmarch's elastic bandage continuously from the foot to beyond the middle of the thigh, but very lightly over the aneurismal tumour. The elastic band contracted the common femoral

artery; the limb became blanched and cold; the pulsation ceased. He had borne the pressure only for twenty-five minutes, when he complained of pain, and said he could bear it no longer. However, a hypodermic injection of morphia relieved him, and with much persuasion he kept it on for fifty-two minutes. I was then obliged to remove it, which I did gradually, having first placed a tourniquet on the femoral artery above the band. No pulsation could be felt in the tumour. I even loosened the tourniquet for a moment, to make certain; but there was no return. Moderate instrumental pressure on the femoral was kept up for three hours. After the pulsation ceased the limb was bandaged with flannel.

The tumour gradually decreased in size. He left Dublin with a plaster of Paris bandage on his limb five weeks after I first saw him.

The two cases I have brought forward afford examples of treatment of what may be called the interrupted and uninterrupted by the elastic bandage. For my own part, I prefer the latter, and believe it will be found as efficacious as the interrupted, and that there will be less danger to the aneurismal sac than there is in the method of "locking" the blood in the sac.

In the first case I recorded there was some increase in the size of the aneurism, and tension of the sac. I compressed the femoral artery in both cases for some little time after the pulsation had stopped, in case the pressure of blood might injure the newly-formed coagulum.

I do not believe there is any danger of causing gangrene of the limb or rupture of the sac by this treatment, if ordinary precautions are used.

I consider the elastic bandage a great aid in the case of external aneurisms.

## Clinical Records.

### THE LONDON HOSPITAL.

*Case of Psoriasis, associated with Osteo-Arthritis, cured by Vegetable Diet.*

Under the care of MR. J. E. ADAMS, F.R.C.S.,  
Surgeon to, and Lecturer on Surgery at, the Hospital.

Reported by BLAGDON RICHARDS, B.A.

F. F. L—, *æt.* 19, in 1877 was admitted into the hospital for psoriasis. She had been attending for some time previous as an out-patient, without deriving any benefit. At that time she remained in the hospital five months, and was re-admitted on December 28th, 1880, for a return of the skin disease.

*Family History.*—Father and mother both dead; immediate cause of death unknown. Father used to suffer from rheumatism, and mother had ascites when she died. Three brothers and three sisters all living, and in good health.

*Previous History.*—Patient has always been weak and delicate from a child. When very young she had measles and rheumatic fever. After her recovery in 1877, she was apprenticed at a fancy depository at the seaside, and in January, 1880, she was admitted into the London Hospital, under the care of Dr. Stephen Mackenzie, for chlorosis. She remained under his care for five weeks, and went out considerably better. Her chief symptoms at the time were (1) irregular menstruation, (2) *anæmia*, (3) palpitation, (4) weakness (discs normal), (5) dyspepsia, (6) *anæmic* bruit at base of heart. On July 14th, 1880, she was re-admitted, under Dr. Mackenzie, for osteo-arthritis, mitral systolic murmur, and psoriasis, and remained in the hospital till October 29th. The high temperature was controlled by salicylate of soda and quinine. After treatment, tonics and cod-liver oil. She left the hospital much improved, but still suffering from the psoriasis.

*The Skin Disease—First Attack.*—The disease first commenced in 1876, in her left leg; and the remedies applied and drugs administered in the out-patient department were ineffectual to stay its progress. After her admission she

was treated first with liq. soda arsenicalis,  $\pi$  x., ter die; and locally was applied spongo-piline, soaked in liq. carbo. detergens. Afterwards she used the following ointment:—

Hyd. oxid., flav., gr. x.;

Oleum Amygdalæ, quant. suff. Ft. unguentum.

She used at the same time hot water to promote perspiration. No improvement took place until her diet was altered; and this was restricted to vegetables alone, when an immediate amelioration of her symptoms supervened, and she rapidly got better.

**Second Attack.**—Commenced about two years ago (one year after the first), by a small patch on the lower part of her back. The patch was at first red, and small in size. It gradually became white, and increased in size. She also had a very small place on the top of her head. These places gradually spread, and she then noticed patches on the dorsal aspect of her feet, and afterwards in the palms of her hands. The eruption then became general, but was worse on the back than on other parts of the body. She had an attack of rheumatism about this time, which is mentioned above; and she noticed that as the rheumatism became worse, the eruption also increased in intensity, but did not improve as her rheumatism got well.

**Present Condition.**—December 28th.—Patient presents a scaly eruption all over her body and extremities, with the exception of her face, which is quite free. The eruption consists of red scaly patches, circular in character, and affecting more especially, and being more marked on, the extensor than on the flexor aspects of the extremities. There are in several situations on her body "heaped up" patches of epidermis, which resemble rupia in character.

**Treatment.**—

Locally— Liq. carbo detergens; and  
Ung. petrolei.

Internally—Mistura quina.

**Diet.**—Strictly vegetable.

January 6th.—Patient is improving. The scales are rapidly falling off, leaving a reddish condition of the surface of the skin underneath.

14th.—Patient is getting much better under the vegetable diet, but can now only use the ointment, on account of rheumatism.

20th.—Patient is a great deal better, and the skin disease is almost cured. The epidermis is still hard, and somewhat scaly in places, but where the scales drop off there is no redness whatever. Patient to get up this evening. She still continues to keep to vegetable diet, and use the ointment. She complains of severe pains at the back of the head.

25th.—Patient to have warm bath.

28th.—Two eggs each day. Disease nearly altogether disappeared.

February 8th.—Patient still suffers from pains in the head, and rheumatic pains in the shoulders. She sleeps well, and is in good general health, eating with a good appetite, but some distaste for the vegetable diet. The psoriasis has altogether disappeared.

**Remarks.**—Perhaps it is to be regretted that in the treatment of the second attack any local application was used, as it may be said that the lotion cured the disease rather than the diet. It must, however, be borne in mind that in the previous attack no improvement took place under the same local treatment, until the alteration in diet was made. Vegetable diet has been tried many times in cases of psoriasis, and has very frequently proved to be absolutely useless; but Mr. Adams thinks that in cases where ordinary internal and local treatment fail to improve the condition, that a vegetable diet should certainly be tried. Probably, or rather possibly, these general "dermatites" depend upon some chemical changes in the blood or tissues, and that we may not be able to determine the exact process by which they are brought about; but so long as any doubt exists, it is worth while to use any simple means, such as this one of restriction of diet, if other means fail. The convalescence from the previous attack was so marked from the date of the commencement of the diet that Mr. Adams did not feel justified in experimenting with the lotion alone; and in the interests of the patient prescribed the vegetable diet in addition, though feeling that for scientific purposes it would have been better to prove a second time the failure of one before employing the other.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, March 4th, 1861, in the Albert Hall, Royal College of Surgeons.

Mr. HENRY GRAY CROLY, senior member of the Council of the Society present, in the chair.

Mr. RICHARDSON, Hon. Sec., read the minutes of the previous meeting, which were confirmed.

#### EXCISION OF THE SHOULDER-JOINT.

Mr. H. G. CROLY (Mr. E. S. O'Grady having taken the chair *pro tem.*) exhibited a specimen of disease of the right humerus of a young man, *æt.* 17, whose history had been given by Mr. Lambkin, the resident pupil of the City of Dublin Hospital. The patient, who was admitted on the 22nd February, was a labourer. He stated that about seven years before, he fell on his right shoulder, but was not much hurt at the time, having been able to use his arm a few days afterwards. Six years after the fall, an abscess formed at the back of the joint and burst; the joint then gradually got stiff until he could not move it at all. For the abscess he was treated by a drainage tube before he came into hospital, and he got some relief from the drainage, in the vicinity of the joint. On his admission the chief symptom was intense pain on pressing over the head of the humerus. There was a sinus over the anterior part of the humerus about four inches below the joint, and another near the angle of the scapula. In consultation the case was seen by Mr. Tufnell who agreed with Mr. Croly that it was one in which excision of the shoulder-joint ought to be performed. In accordance with experience of excision of the shoulder-joint the long tendon of the biceps was destroyed. The capsular ligament of the joint was greatly thickened and there was not an atom of cartilage found on the head of the bone. The periosteum, at the point of a second section he was obliged to make, was properly related to the bone. It was only necessary to gouge the glenoid cavity superficially, the bone under the eroded cartilage being perfectly sound. It was singular the disease was not more extensive.

#### ANEURISM OF ARCH OF AORTA.

Mr. F. J. B. QUINLAN showed a recent specimen of aneurism of the arch of the aorta. The patient, a strong, athletic man, *æt.* 61, had never complained of any symptom, except an increasing coldness of the right upper extremity up to the day before his death, which was caused by anæmia, the result of obstruction of the circulation. This absence of pain was remarkable as the aneurism, which was of very large size, had eroded the sternum in front and the rings of the trachea behind. It also pressed upon the recurrent laryngeal nerve, causing stridulous breathing. The interior of the aneurism was filled by a mass of fibrine of old standing, laminated at the walls of the vessel, and becoming gradually softer towards the centre which was filled by recent coagulum. An embolic process of this coagulum occluded the right subclavian artery. Mr. Quinlan pointed out all these appearances, and added that, on the day of death the pupil of the right eye was dilated.

HAIR-PIN REMOVED FROM THE VAGINA AFTER IT HAD LAIN THERE FOR UPWARDS OF SIXTEEN YEARS AND HAD CAUSED A VESICO-VAGINAL FISTULA.

Dr. ATTHILL spoke as follows, regarding the specimen:—A. B., *æt.* 30, unmarried, came under his care, suffering from symptoms of an undecided character. Of these the most prominent were diarrhoea, spinal irritation, and inability to walk. Menstruation recurred normally, but was scanty; there was a good deal of leucorrhœa. She had been under treatment for years, it being mainly directed to the spine, but little improvement taking place, her present medical attendant thought it probable that her symptoms were due to some uterine affection. She, however, absolutely refused to permit him to make a vaginal examination, and it was with great difficulty that Dr. Atthill succeeded in doing so. The orifice of the vagina was very small, but the finger had not penetrated an inch till it came in contact with a foreign body which, though partially embedded in the anterior wall, was at once recognised to be a hair-pin; and the patient admitted that she was aware of one being there. On being questioned

she stated that while quite a little girl, not more than twelve or thirteen years old, she had pushed a hair-pin up into the vagina, and not being able to get it back had concealed the fact; that at first it caused some discomfort, but that though conscious of its presence, she had for years given it little thought. She was, however, aware that a portion of it had come away. On bringing the patient under the influence of chloroform and exposing the parts by means of a duck-bill speculum, the blunt end of the hair-pin was seen in close contact with, and rather behind, the cervix uteri. One leg which evidently had been free in the vagina had broken off at about its middle; the other had pierced the vesico-vaginal septum, and lay in the bladder. Seizing the portion of hair-pin, which was in sight, with a pair of blunt forceps it was pushed upwards and backwards into the posterior cul-de-sac of the vagina with the view of drawing out of the bladder the part which was in it, but it was so thin that it broke. However, Dr. Atthill succeeded without much difficulty in extracting both fragments through the vagina. The length of the hair-pin was, before it broke, exactly three inches; of this the portion which lay in the bladder measured nearly two. After extracting the fragments the bladder was examined, and on passing the sound through the urethra, a fistula was found to exist between the vagina and bladder; this was of considerable size; it was situated in the upper third of the vagina, and permitted the sound to pass through with ease; the edges were quite round, and strange to say, though nearly a quarter of an inch in length, the patient never had incontinence of urine, nor, though a portion of the hair-pin must have for years lain in the bladder, was it incrustated with urinary deposits; nor had she suffered from the symptoms usually existing with the presence of a foreign body in the bladder. That the urine did not escape from the bladder was probably due to the fact that the fistula was valvular; the other two facts are not so easily explained. The patient was very comfortable after the removal of the hair-pin; and as there was no escape of urine it was decided to postpone any operation for the closure of the fistula for the present, it being considered likely that Nature would effect this, the foreign body being removed which had kept it open. The patient's condition rapidly improved, and she soon became almost perfectly convalescent.

#### MEDULLARY CANCER OF PENIS.

Dr. M. KILGARIFF exhibited a specimen of cancer involving the penis, which he removed on the 24th ult. from a patient, æt. 55, in the Mater Misericordiarum Hospital. About four months previous to his admission, he noticed a small swelling towards the anterior part of the organ. However, it caused him no inconvenience, nor did it grow with any appreciable rapidity for some time; in fact, remaining in a stationary condition until about five weeks ago, when its growth became very energetic indeed. About three weeks after the growth becoming so very active, a protrusion appeared through the preputial orifice. This pressed the urethra, causing considerable difficulty in micturition. Still it caused him no pain; but the symptoms became so alarming, he came to town, and placed himself under Dr. Kilgariff's care. Dr. Kilgariff amputated the organ at the pubis. On making a longitudinal section of it, it would appear to consist apparently of two dissimilar parts; an anterior portion, which was small, the greater mass being situated behind. In appearance, colour, and consistency, the anterior portion strongly resembled a broiled kidney; while the mass behind, which was rather egg-shaped, on its removal was about the size of a turkey egg, and appeared uncommonly like the section of a healthy testicle. The spermatic cords and the inguinal glands were free from any implication. From the history of the case, it struck him as questionable that the original swelling, which the patient stated commenced four months before, and was in shape like a grain of oats, ever constituted a portion of the tumour. On making the longitudinal section, the knife did not divide the skin inferiorly; it stopped short at the urethra, and the mass implicated every tissue of the organ, except the skin. The corpus cavernosum on the left side, was quite unrecognisable. Portion of that body was indisputably on the right side. The growth struck deeply, and invaded portion of the substance of the corpus spongiosum. Degeneration had commenced, and in some places was more advanced than in others. The history of the case pointed to the disease being malignant. His colleague, Mr. Coppinger, had made sections of it, and pronounced it to be a medullary carcinoma, which was rarely found in this organ; so that the specimen was one of interest.

#### CARIES OF MASTOID PORTION OF TEMPORAL BONE.

Mr. WM. WHEELER exhibited portion of the temporal bone which he had removed on the previous Thursday by the trephine, from a patient in the City of Dublin Hospital. The specimen was one of great interest, on account of the comparative infrequency of the operation for the disease, as well as of the appearances of the specimen itself. The patient, æt. 56, had had a discharge for a long period from his right ear, with pain and occasional throbbing. More than two months ago he had typhus fever. On his recovery from the fever, a swelling came in the soft tissues behind his ear. The pain increased. On cutting into the soft tissues, a quantity of matter flowed, about an ounce. The temporal bone was denuded and roughened. Appreciating the precarious condition of the patient, he determined to trephine him, and thus give free exit to pus. Placing the crown of the instrument a little above the level of the external ear, he reached the large spaces lying close above and behind the tympanum. The pus did not flow directly the bone was removed, but since the operation there had been a free discharge, and the running from the external ear had entirely ceased. On close examination of the bone, it could be observed that its inferior surface opened into the cells, and that on its internal and superior surface the bone was worm-eaten and carious. Since the operation the patient had done well; his pulse being 80, and his temperature 99°. Pus continued to flow through the opening. He considered the specimen and the operation worthy of the Society's attention.

Mr. WM. WHEELER read a paper on

#### THE TREATMENT OF EXTERNAL ANEURISM WITH ESMARCH'S BANDAGE,

which will be found on page 289.

Mr. TURNELL said he had seen the first case mentioned by Mr. Wheeler in hospital; and he had observed the application of Esmarch's bandage lightly over the tumour, but firmly above and below it, so as not to run any risk of rupturing the sac while confining the blood. That mode of treatment answered remarkably well, but was not to be adopted where the patient had to be left, as in dispensary practice, for many hours. In applying Esmarch's bandage, it should be done in hospital, or where the patient was under surveillance. The same remark might apply to all pressure except the digital. In the digital the pressure was sustained; but where the pressure was instrumental, the remark was certainly applicable.

Mr. ED. BENNETT asked Mr. Wheeler to give some further details with reference to the second case; because he had heard nothing as to the nature of the aneurism, the symptoms associated with it, the age of the patient, or the history of the case. There was another point which, perhaps, was an oversight. Mr. Wheeler had mentioned that he applied the compressing tourniquet over the common femoral; but that he assumed to be a mistake for the superficial femoral.

Mr. A. H. CORLEY did not know whether or not Mr. Wheeler had clearly indicated the particular kind of cases suitable for that mode of treatment. On theoretical grounds, he would be rather doubtful of treating aneurism in that way. Anyone that saw the extraordinary vascular excitement in the limb when the bandage was taken off, the erysipelatous blush that suffused the entire limb, would conclude that the danger of an unfortunate event would be more likely under that form of treatment than any other. Where it occurred in a very young subject it might be assumed there was no arterial disease present. But in the usual case of an elderly man, as far as his judgment went, he would prefer trusting to the method in which there would not be the same risk of subsequent vascular excitement.

Mr. E. S. O'GRADY referred to the case of a man going about the Dublin hospitals for a good many years who had arterio-venous aneurism of the leg fifteen or sixteen years. He did not know whether the treatment adopted could be compared to that of Esmarch's bandage, but he used an elastic bandage from the toes to the groin. Among others he was under the care of Mr. Wheeler. Though the bandage was used with considerable firmness, it was not applied so firmly as an ordinary Esmarch's bandage. However, the sequel was that the lower tumour in the thigh advanced from bad to worse; in fact, to the verge of bursting. The femoral artery, which was larger than his thumb, he divided and tied each end. The man recovered for a time. He returned again with the aneurism higher up, close to the groin. It burst. The man lost a great deal of blood, and the vessel was dilated

almost to the size of the funnel of the lamp. He died of shock. It was a matter for consideration whether the enormous dilatation of the vessel, and all the vessels about the locality would, in any way, bear on what Mr. Corley had spoken of as the possible consequence of the use of Esmarch's bandage. In three cases he had seen the consummation of aneurism preceded by diarrhoea, so much so that he looked on it as *post hoc propter hoc*.

Dr. NIXON having made the post-mortem examination in the case alluded to by Mr. O'Grady, desired to bear him out as to the size of the external iliac artery, so that he took it to be portion of the small intestine. It was considerably larger than the abdominal aorta. It was also worthy of notice that the corresponding iliac vein was considerably larger than the vena cava. All the vessels of the thigh were enormously enlarged. The specimen was in the museum.

Mr. O'GRADY remarked that he had omitted to mention what Dr. Nixon stated as to the size of the iliac artery. It was about the size of the small intestine—an inch and a-half in diameter. Indeed, it looked like a coil of intestine.

The CHAIRMAN.—Was not there a varicose condition of the veins of the leg all through?

Mr. O'GRADY.—I had succeeded in curing that long before. I had injected it.

Mr. B. WILLS RICHARDSON.—Did you say that you tied the common iliac in that case?

Mr. O'GRADY.—Yes.

Mr. RICHARDSON.—What was its size?

Mr. O'GRADY.—Normal.

Dr. NIXON.—There were aneurismal dilatations, either two or three, below the site of the original aneurism. There was also an aneurism at the point where Mr. O'Grady placed the ligature on the common femoral vessel.

The CHAIRMAN.—I remember seeing that man myself on more than one occasion. It struck me as being a remarkable case of arterio-venous aneurism of a very unusual character, the limb being almost elephantine, with large veins and arteries—anything but a nice-looking case.

Mr. WHEELER replied with regard to the history of the second case that had been asked for—indeed, he might say that both cases would have been recorded more fully had he anticipated that his communication would positively be read that evening, but he expected that the gentleman whose name preceded his on the list would not have disappointed. He observed that the only reason assigned for the popliteal aneurism in the young gentleman was the exertion of jumping over the wickets while playing at cricket, to prevent himself from being run out. It was the superficial femoral artery he compressed, and if he had said common femoral it was a mistake. As to the sudden flow and return of blood when the elastic bandage was removed, he mentioned specially that he had compressed the main artery of the limb with a tourniquet to prevent it. He believed it was better to apply the bandage continuously, and not to lock the blood in the sac, as he did in the first case. He could not say whether or not the bandage would be equally applicable in the case of elderly persons, and where much disease existed, having had only two cases of aneurism treated in the method described, and as far as he knew, there was not further experience of it in Dublin. However, had he to deal with an old person he would, he thought, exert some form of pressure before the bandage, in order that the collateral circulation might become somewhat established prior to its application. The case of arterio-venous aneurism referred to by Mr. O'Grady did not appear to him to bear on his communication.

The Society then adjourned.

#### ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

WEDNESDAY, MARCH 16, 1881.

THOMAS EDGELOW, L.R.C.P., President in the Chair.

#### IMPERFECTIONS IN THE DENTAL ACT.

Mr. W. A. R. CATTIN drew attention to a courteous letter he had received from the Secretary of the Royal College of Surgeons of England, asking him to correct one or two slight errors into which he appeared to have fallen in his recent address "On the Imperfections of the Dentists' Act," when alluding to the license in midwifery. It would

appear that out of the three unqualified persons who were examined for the license in midwifery, only one (*not three*) received it, and two were rejected. From the regulations respecting the license, a copy of which accompanied Mr. Trimmer's letter, he ascertained the fact that candidates who were members or licentiates of other Colleges, or who had passed through a curriculum of education prescribed by Rule vi. were, up to 1875, entitled to be examined for the license in midwifery, so that he was wrong in saying only members of the College could receive it.

#### CASES IN PRACTICE.

Mr. EDWARD BARTLETT read a short paper on the four following cases:—

Case 1 was that of a girl, *æt.* 20, with a supernumerary tooth posterior and between the central incisors, and which appeared at the same time as the centrals.

Case 2 was that of absence of the second bicuspid, which was accounted for by the posterior deciduous molar being forced nearly into the antrum by the closure of the first bicuspid and molar over it. This (the crown of the molar) Mr. Bartlett removed, which felt, on exploration, like dead bone being covered with tartar.

Case 3.—Two very large supernumerary teeth, and a lateral, which he had removed from the mouth of a man, *æt.* 33, who had a third central incisor indistinguishable from the normal ones.

Case 4 occurred in a young lady, *æt.* 19, in which all the permanent teeth were absent, with the exception of the two centrals, two canines, and two molars; some of the temporary teeth remaining in their position.

The PRESIDENT stated that he had described an almost identical case to that of No. 2 to the Society only a few months since.

Mr. HAMILTON CARTWRIGHT (the Treasurer) then made some remarks on

#### THE TREATMENT OF RIGG'S DISEASE,

Consisting of the destruction of the periosteum of the teeth, absorption of the alveoli, and ultimate loosening and loss of the teeth. He said that it generally commenced in an unhealthy condition of the gums, and that he believed the deposit of tartar to be secondary to the disease: the deposits of the saliva pocketing between the separated gum and the teeth. Of course the first and most important matter was to remove the tartar effectually, but he still held that much might be done by a very, so to speak, "heroic" treatment with the knife, and echarotics used alternately. The Treasurer then gave his mode of treatment in detail.

Mr. HAMILTON CARTWRIGHT then showed

#### A REMARKABLE CASE OF THE JAW OF A DWARF,

about three feet high, and compared the denture with that of the American Midgets. The dwarf was the child of wealthy parents, and grew normally for some months, when the development of his body became completely arrested, whilst that of the head and brain continued to get to a great extent. The boy is about 16 years of age, and highly intelligent, having recently gained a prize for French at school, and having a great taste for study generally. He walks, however, with difficulty, his head being so much larger than his body, but otherwise is of a bright and lively disposition. His teeth, unlike most dwarfs, are not deficient, as in the case of "the midgets," but consist of a perfectly formed first set. In the upper jaw only the first molars had been shed to give place to the bicuspids, which are nearly erupted, whilst the six year old molars are just appearing. In the upper jaw there is a perfect set of milk teeth, without any sign of caries. In conclusion, he wished to draw the attention of the Society to the analogy existing between the teeth and dermic structures in their development, and that, as a rule, both the hair and teeth were deficient in dwarfs; but that, in this case, the hair was as perfect as the teeth; the only peculiarity in the latter being the persistence of the first denture up to the age of sixteen years.

On Monday next an amateur performance of "Out of Sight," and "Les Beaux Arts," will be given at Cromwell House in aid of the new out-patient wing of the Victoria Hospital for Children, Chelsea.

## Department of Lunacy.

### THE NORTHUMBERLAND COUNTY ASYLUM.

IN explaining the fact that the rate of recoveries calculated on the number of admissions in the Northumberland County Asylum for last year were unusually low, being only 26·8 per cent., Dr. McDowall, the Medical Superintendent, justly observes that annual fluctuations in this rate are often dependent on circumstances over which the officers of the asylum have no control. A large number of admissions towards the close of the year, or the practice of sifting paupers through work-houses, will unduly depress that rate, while a preponderance of admissions in the earlier months of the year, and a prompt resort to asylum treatment in all cases of insanity on the part of the poor-law officials, will proportionately raise it. But Dr. MacDowall goes too far when he says "in any asylum the rate of recoveries and deaths depends far more upon such circumstances and upon the character of the cases admitted than upon the treatment adopted. . . . These variations from year to year mean nothing, and are of no importance." If this be so, and if the system of treatment pursued in any asylum has no influence in promoting recovery or postponing death, then it may well be asked why medical officers with large salaries should be attached to such institutions? If, again, the rate of recoveries and deaths in a lunatic hospital has no insignificance whatever, but is the mere sport of incalculable circumstances, the question will arise by what standard are these establishments to be judged, and how are they to be compared with each other. The truth would seem to be that the death-rate and recovery-rate in each asylum are full of meaning to those who can read them aright, the circumstances which produce their annual variations being capable of statement and calculation. No doubt a juster estimate may be formed of the state and management of an asylum by a survey of the results of treatment over a series of years, but very fair inferences may be deduced from the summary of even one year's work, when that is accompanied by necessary explanations. It would be unfortunate should asylum medical officers come to think that the rate of recovery and deaths in the establishments under their care is beyond the province of criticism.

### THE EAST RIDING LUNATIC ASYLUM.

THE annual report of the East-Riding Lunatic Asylum, at Beverley, has just been published. On the 1st of January last, the establishment contained 260 patients. During 1880 the death-rate was 9·69 per cent. calculated on the average number of patients resident, and the rate of recovery was 52 per cent. calculated on the admissions. These figures justify the verdict of the Commissioners in Lunacy at their annual inspection that the present management of the asylum is satisfactory. Dr. Whitcombe, the Medical Superintendent, who is responsible for that management, notes many alterations and improvements that have been effected during the last twelve months, all tending to augment the comfort and promote the recovery of the inmates of the hospital. He refers in his record of surgical experiences to an operation for strangulated femoral hernia performed on a male patient, which evidently contributed more towards the recovery of his mental faculties, than the various drugs previously administered to him. Improvement commenced immediately after the operation, and continued uninterruptedly until the patient was discharged. The want of a detached hospital for the treatment of contagious diseases is, Dr. Whitmore says, keenly felt. Dr. Henry Godfrey James, the assistant medical officer of the

Asylum died in April last, and a graceful tribute is paid to his ability, integrity, and devotion to his duties up till within a few days of his death.

### THE KILLARNEY DISTRICT LUNATIC ASYLUM.

DR. OSCAR T. WOODS, of the Killarney District Asylum, has done an excellent work in calling attention pointedly in his annual reports to the mode of admission of a large proportion of patients, as dangerous and criminal lunatics, into Irish asylums. This mode of admission was condemned by fourteen medical superintendents of Irish asylums in their answers to the Poor-law Union and Lunacy Inquiry Commission, and yet it seems to prevail as widely as ever. Its evils are not far to seek. To brand as criminal, and to pass through the hands of the police an unfortunate being whose only offence is that he is suffering from a disease of the nervous system, is to inflict an injury on him, on his family, and on the public; on him by imperilling his prospects of recovery, on his friends by reflecting some discredit upon them, and hurting feelings already sorely wounded, and on the public by breaking down those strong barriers which ought always to separate visitations of Providence from vicious acts. Dr. Woods adverts to another evil consequence of the abuse of the criminal warrant, and that is, that it deprives the medical staff of the asylum to which the patient is consigned of reliable information concerning him which might guide at once to suitable treatment. The police who accompany him have not that acquaintance with his antecedents which his friends and neighbouring Poor-law officials would naturally possess. It is to be hoped that steps will be taken to remedy the evils which Dr. Woods has so clearly set forth.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.O.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 278.)

### VICHY WATERS (continued).

IN our last article we concluded the analyses of the Vichy waters, and we now wish to make a few remarks upon the bottling of these important waters. We do not wish to insinuate that other waters are not bottled equally well, but the Vichy springs being under government supervision, we have an insight into the matter which is not afforded by the general run of information given in other cases. The question of bottling is one of great importance in connection with the importation of mineral waters, and when we observe that very few mineral waters will stand any considerable time without giving a sediment, we see the desirability of dwelling a little time upon this subject.

As regards the Vichy waters, the corking is done by machinery, and good corks are specially selected. There

is an excellent system pursued in connection with them which should be carried out with all the others. Each bottle is secured with a tin capsule bearing the date of the year when it was bottled. Now, having regard to the change that might take place in mineral waters after keeping for some years, we cannot commend this practice too highly; there is no reason to suppose otherwise than that those waters which contain organic matter would, however well corked, become putrid after a lapse of time, such a change being quite irrespective of the deposition of many of their most active ingredients.

To illustrate the important commercial phase which the importation of mineral waters has assumed — Of Vichy waters alone, in 1866, 2,045,140 bottles were sent out, as against 350,000 bottles in 1853. M. Bouquet states that the average loss of carbonic anhydride in the bottled waters is about 10 per cent., but from our own observation this loss is very erratic. The last portions, however, of carbonic anhydride, are retained with great tenacity, and as, in most waters, the quantity required to keep the carbonates in solution is very small, the question is really not of so much importance. The iron is generally deposited by virtue of oxidisation, not by escape of carbonic anhydride. Still, all waters should be stored in cool cellars, with as much care as would be expended upon good wine; and the practice of placing the waters in shop windows, under a broiling sun, or on counters, is most objectionable.

COURT ST. ETIENNE.

*Arsenical Waters.*

Not a very great distance from the historic ground of Waterloo, some arsenical waters were discovered in 1878, at Court St. Etienne. The Court St. Etienne waters cannot be considered as purgative, but it is stated that it is one of the strongest and most permanent of the arsenical waters.

It has been analysed by Prof. De Wilde, of the University of Bruxelles, whose analysis runs as follows:—

Silica ... ..	0.0086
Ferric oxide ... ..	0.0090
Lime ... ..	0.0728
Magnesia... ..	0.0061
Potash and soda... ..	0.0193
Lithia ... ..	trace
Sulphuric acid ... ..	0.0776
Carbonic acid ... ..	0.0110
Chlorine ... ..	0.0176
Nitric acid ... ..	0.0346
Arsenic acid ... ..	0.0097
Organic matter and loss ... ..	0.0259
	— grm.
Total ... ..	0.2921
Less oxygen corresponding to ... ..	0.0039
	—
Chlorine, total per litre ... ..	0.2882 grm.

We do not find this water exactly the same, and would prefer to try and associate the acids and bases together. The specimen gave on analysis—

Chloride of sodium ... ..	1.80
Chloride of calcium ... ..	0.34
Nitrate of calcium ... ..	3.03
Sulphate of calcium ... ..	6.26
Sulphate of potassium ... ..	0.39
Iron (ferric oxide) ... ..	0.35
Silica ... ..	0.60
Carbonate of calcium ... ..	2.07
Carbonate of magnesium ... ..	1.03
Organic matter and loss ... ..	0.80
Lithia ... ..	trace
Arsenic (As <sub>2</sub> O <sub>5</sub> ) 0.5 = Arseniate of sodium ... ..	0.83

Total solids ... 17.50

Free carbonic acid and gases not determined.

*Skeleton Analysis of Half-a-pint (10 fluid ounces.)*

Total Solids.	Antacids.	Arseniate of Sodium.	Salines.
1 1-10th gr.	2-10ths gr.	.05	1-3rd gr.

The Court St. Etienne spring is evidently a very valuable water of a new character. It might, we should say, be indulged in rather freely, because the total solids are under 18 grains per gallon; but at the same time, it must be borne in mind that over 4½ per cent. of those solids consist of arseniate of soda. That the arsenic exists in water as the higher oxide of arsenic there can be little doubt, and in this respect it differs materially from such waters as Vichy, in which the arsenic is present as As<sub>2</sub>O<sub>3</sub>.

The water is perfectly neutral to phenol-phthalin owing to the fact of its antacids being only carbonates of alkaline earths. It contains no alkaline carbonates. It is also perfectly neutral to tropeoline, and seems to possess great permanent properties. It seems to be quite free from nitrogenous organic matter.

SMALL-POX is still very prevalent in London, Paris, Vienna, and Philadelphia; typhoid in St. Petersburg and Paris; scarlet fever in New York, and diphtheria in Berlin, New York and Brooklyn.

ACCORDING to custom, the election of President of the Royal College of Physicians of London will take place on the Monday before Easter. We understand that the honour is likely to be offered to Sir William Jenner, which, if accepted will necessitate the election of another Censor to the College.

OF diseases of the zymotic class in the large towns last week, scarlet fever showed the largest proportional fatality in Bradford and Sunderland; and whooping-cough in Glasgow, Newcastle-upon-Tyne, Leeds, Sheffield, and Portsmouth. Of the 29 deaths from diphtheria 9 occurred in Glasgow, 7 in London, 3 each in Edinburgh and Portsmouth, and 2 in Bristol. The death-rate from fever, principally enteric, was highest in Dublin, Portsmouth, and Oldham. Small-pox caused 52 deaths in London, and its suburban districts, one in Birmingham, one in Newcastle-upon-Tyne, and none in any of the other large towns.



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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, APRIL 6, 1881.

## PRIVATE SCHOOLS.

THE important connection that exists between the surroundings of children and their physical development, is one that scarcely receives the attention it deserves from those directly concerned with the education of the young. School hygiene may be said to be a subject of all but present growth; its recognition as a factor in the determination of beneficial results has been of tardy acceptance, and even now it possesses for the majority of people only a vague significance. And yet but a little attention to all that it involves suffices to convince how essential it is for physical well-being to accompany satisfactory mental evolution. The two may be considered to advance *pari passu*; unhealthy physique and stunted intellect are inseparably connected, as surely as improper punitive proceedings entail immediate or future diseased conditions in the persons of the unfortunate victims of over-zealous authority. And until there is universal appreciation of the fact that sanitary arrangements in schools are as potent to produce healthy scholars, as well-devised methodical teaching, and a general attempt is made to carry out the rules of hygiene in every teaching establishment, we may not anticipate that the schools of this country will rise much above the position they occupy—a position the reverse of good, the antithesis of perfection.

In some measure, the buildings erected under the supervision of the School-Board officers are infinitely superior to the older primary schools, and in many of them the arrangements are such as to permit of well-devised schemes being carried out to secure an ordinary amount of ventilation and warmth. Such school buildings, however, are a minority only of those in which numbers of pupils are each day crowded together. In every town and village of the kingdom, there are to be found ordinary dwelling-houses distinguished by plates bearing the inscription "Establishment for Young Ladies," "Boys' Seminary," "Training Academy," and the like; and in these, during ordinary school hours, will be found classes of children, varying from eight or ten to twenty or thirty, cooped up in one or two rooms calculated to contain at most three or four people for any considerable length of time. The houses selected by the needy individuals who "open a school" as a last resource against starvation, are not likely to be particularly adapted to the purposes held in view by their tenants; the question of rent is a more important one to them than that of accommodation; and herein they and their charges are associated five hours or more daily, under conditions the most injurious to early physical growth. The continued respiration of imperfectly purified air, and the close confinement in a limited space unequal to the requirements of half the persons in it, cannot fail to react most injuriously on the children submitted to its evil effects; and that it does so is within the experience of every parent who has unwisely selected a preparatory school as the scene of his child's first educational efforts. Headaches, lassitude, dullness, general ill-health—these are again and again complained of without any assignable causes being apparent for their existence. A little inquiry, however, will in every case of this kind reveal the fact that the patient is in the habit of attending a local school, where, if examination of it is made, will be found ample evidence of the causes which are to blame for the child's indisposition. And even in the more pretentious schools, which aim at dignity of collegiate titles, but little better arrangements obtain. In them it is a common occurrence to pack from forty to fifty boys in a room twenty feet long by a dozen or fifteen wide, where they remain for periods of from two to three hours; and, in cold weather especially, with only so much interchange between the internal and external atmospheres as can take place through cracks for the admission of the draughts that go a long way to account for the prevalence of colds among juveniles in winter. In some better-conducted schools we have known it to be a constant rule to permit a class to occupy any one room for only an hour, or at most an hour and a-half. It is then taken into a second room, in which open windows have ensured the purification of the atmosphere within; and meanwhile the chamber vacated is thoroughly ventilated before re-occupation. This plan, incomparably superior as it is to that which permits the repeated breathing of vitiated air, is, nevertheless, open to serious objection. Unless thoroughly well warmed, the ventilated room cannot fail, in severe weather, to strike a chill to every sensitive child entering it from a warmer situation, and the danger of this can hardly be over-estimated. The growing child and youth are, until they attain a certain degree of robustness—that is, in the earlier years of development,

from seven to twelve—peculiarly liable to respond at once to whatever depressing influences may be brought to bear on them. The organism at this age requires only a little to disturb the harmonious relations existing between its components; a mere slight cause will lead to disastrous and lasting effects, and possibly induce a permanent condition of disease which terminates with death alone. The deficient supply of purified air for breathing, together with the injurious influence exerted by organic poisons accumulated in a repeatedly-used medium, are in themselves two potent causes in the production of child ailments; but when there are added to them the further defects of improper drainage and close surroundings, the wonder is that so many children escape illness rather than that so many are overcome by the unhealthy influences they encounter.

The question of children's welfare is of vital importance to the progress of the country, for we cannot forget that "the children of to-day are the rulers of to-morrow." That the poorer and lower middle classes do suffer considerably from the inadequate proportions and wholly improper nature of the apartments in which their education is conducted, will admit of no question; neither that the evil effects following from them are perpetuated in numberless instances through the lives of the unfortunate victims. Weakened physique and impaired functions are the constant sequelæ of school experience; and often enough it puzzles the patient to account for the first onset of the symptoms that, in their development, are a source of serious inconvenience, and in no slight degree may shorten the span of life.

There is but one way to reduce, in the future the extent to which this has occurred in the past, viz., to ensure that all schools are arranged, and conducted with a view to the preservation of health and powers. This, moreover, can only be done in one way other than by licensing every teacher to undertake the office of pedagogue; and that is by an efficient system of inspection. Preaching to the public on the folly of sending its young to unventilated school-rooms is altogether a vain proceeding. The British public will send its children where the least money will buy the greatest apparent bargain; and even though it were to certain death, some parents would send their sons to be taught by the teacher with the highest cramming capacity. No question of ventilation or hygiene troubles him then, nor will he hear, as yet, the meaning of these terms in connection with his family. It will not always be so, we fain would hope; and the time, perchance, will come, and come, it may be, soon, when every father's anxious first inquiry will be, on his child's behalf, "Are the sanitary arrangements good?" and not, as is too frequently now the case, "How many did you pass at the last examination?"

The time has arrived for a determined attempt to be made in favour of abolishing all imperfectly-arranged school-rooms; and first among those to be condemned are, we are strongly convinced, the small, stuffy apartments in private houses, which, never intended for the purpose they are put to, are cruelly inadequate to the needs they are called on to supply.

## THE COLLEGIATE VERDICT ON DUBLIN INSANITATION.

THE death-rate of the City of Dublin for the week which ended March 26 was 34·8 per 1,000 of the population. This mortality was lower than that of any week save one since the beginning of February; yet it was *only* about 35 per cent. higher than the mortality in London, Edinburgh, or Glasgow, the reason for the unwonted apparent salubrity of Dublin city being that the zymotic deaths were largely under average. While we congratulate the citizens upon having a little better chance for their lives than they usually enjoy, we must observe that the congratulations under such circumstances are a sufficient justification for the valuable and timely report upon the death-rate of Dublin which has just been issued conjointly by the Dublin Colleges of Physicians and Surgeons. For the first time we have before us a truly unprejudiced exposition of the causes and remedies of the miserable state of Dublin sanitation, and for the first time the apologetic misrepresentations of the Dublin Corporation for the melancholy *status quo* have been extinguished by the authoritative statements and unanswerable arguments put forward by the conjoined colleges. It is in this respect that the report has done, and will do, most good. Long since every one has known what sanitary reforms are needed, and how they ought to be effected; but hitherto the demand for these reforms have been uniformly answered by the Public Health Committee with disingenuous and wholly erroneous assertions that the law at their disposal is insufficient, that the excessive mortality was only visionary because the calculations were faulty, and that the geologic and climatic conditions of the city were chiefly to blame. The Collegiate report sets out with a categorical statement,

"That the existence of an excessive mortality in the city of Dublin is proved beyond a doubt, and that the loss of life and of material prosperity from preventable diseases in Dublin is so serious as to call for immediate action as to its causes, and for the removal of all such deleterious influences as can be remedied."

These assertions the Colleges support with statistical statements which we need not reprint, because, though probably new to most of the citizens, they are familiar to all sanitarians who have given consideration to the state of Dublin. The report then proceeds to demolish *seriatim* the self-deceptive excuses which the Public Health Committee has for years been preaching into the ears of the citizens.

The Colleges are satisfied that the high death-rate cannot be attributed to—

1. A system of registration peculiar to this city.
2. A notable increase in the population.
3. The immigration of sick persons in the provinces.
4. The geological conditions of Dublin, or
5. The climatology of the city.

Upon each of these supposed causes of the high death-rate the Colleges offer the following observations:—

1. The system of registration in force in Dublin is in effect similar to what obtains in cities and large towns of England.
2. There is no reason to believe that any sensible increase in the population of the city has taken place since the year 1871, when the last census was taken. Indeed, the Registrar-General considers it probable that the population has decreased rather than increased during the current decennial period.
3. If it were true that the deaths of immigrants from the provinces were included in the Dublin mortality, that fact

would not render less striking a comparison of the death-rate of the city with that of London and other capitals and large towns, to which immigrants from the country also flock in large numbers for the purpose of seeking medical aid; therefore conclusions based upon such a comparison would not be shaken by such a statement, even supposing it to be true. Moreover, we have it on the authority of the Registrar-General that the deaths of immigrants are deducted from the number of deaths registered in the city.

4. As to the special influences of physical and geological conditions upon the salubrity of Dublin, the College note that in their report the Royal Commissioners express an opinion "that there are no elements in the site, situation, or elevation (of Dublin) to make the climate necessarily unwholesome." The Commissioners consider that "these natural conditions, if properly taken advantage of, may enable the engineer to sewer and drain the city and its suburbs in the most perfect manner known to modern sanitary science, so that Dublin may stand as an example not surpassed in Europe."

5. It is shown in the evidence of Dr. J. W. Moore that the climate of Dublin is in the fullest sense an insular one, extremely equable. It therefore should exercise a favourable influence on the public health. The absence of great heat in summer should diminish the prevalence of, and the fatality from, diarrhoeal affections; and the absence of great cold in winter should diminish the prevalence of, and the fatality from, affections of the respiratory organs.

The Colleges are also of opinion that the period of ten years, upon which the death-rate calculations are based, is sufficiently long to eliminate the operation of weather influences and other exceptional causes of mortality.

The real causes of the excessive mortality of Dublin, the Colleges set out under eleven separate heads which we may abridge by dividing them under the two comprehensive sub-heads, dirt and neglect, as follows:—

1. Dirty tenement houses. 2. Dirty slaughter houses. 3. Dirty streets and ash-pits. 4. Dirty sewers. 5. Dirty cellars. 6. Dirty and drunken lower classes. 7. Neglect to regulate chemical manufactories. 8. Neglect of precautions against infectious disease. 9. Neglect to provide means for conveyance of sick to hospital. 10. Neglect to supervise new buildings.

With these the Colleges group the saturation of the subsoil by disused wells. The first of these causes, the filth of the tenement houses, in which a large proportion of the city population reside, we have ourselves repeatedly referred as the chief origin of the excessive death-rate, and this opinion is thoroughly emphasised by the Colleges. They

Fully concur in the opinion expressed by the Royal Commissioners, that the tenement houses are "the prime source and cause of the excessively high death-rate of Dublin;" a conclusion which is based upon the overwhelming and almost unanimous testimony of the witnesses examined by the Commission. To that testimony the Colleges are justified in adding their opinion to the same effect on behalf of the medical profession in Dublin, whose knowledge of the condition of habitations of the poor, and the results of such condition upon their health is extensive and reliable.

The tenement houses of Dublin, the Colleges consider, are structurally unsuitable for the purpose which they now serve, and they cannot entertain any hope that the health of the poor who inhabit these houses can ever be materially improved except by the demolition of a large number of them.

While recognising the necessity for thorough reconstruction, the Colleges are of opinion that, in the meantime, by due vigilance and by the firm and universal application of the legal powers entrusted to the civic sanitary authority, it is possible to render some of the Dublin tenement houses at least habitable and moderately wholesome, without great delay or any very serious cost to the ratepayers.

In many instances the profits derived by the owners of tenement houses from the letting of those houses are enormous. It was proved before the Commission that a certain owner of this class of property was receiving for a house,

the rental value of which (owing to its state of dilapidation) was only £10, a total rent of £240 a year; and it was further shown with respect to a number of houses taken for the erection of artisans' dwellings upon their sites that the annual rents received were in most cases not less than five times the ratepayers valuation. The Colleges therefore express, in emphatic terms, their sense of the necessity for an immediate, complete, and systematic inspection of these tenement houses by the civic sanitary authority, and for the firm and persistent enforcement of their legal powers until all sanitary improvements which may seem possible have been effected.

It is impossible for us to give place in our columns to following out the evidence adduced by the colleges with reference to the causes of excessive mortality. We must content ourselves with saying that on the authority of the Royal Sanitary Commission, and frequently out of the mouths of the Corporation officers themselves, the colleges prove *seriatim* the existence in Dublin of all the insanitary conditions which we have enumerated, and they wind up their report by putting, in the form of seven practical suggestions, the conclusions arrived at by them upon the evidence before them, these suggestions being neither more nor less than a recommendation to the Public Health Committee to perform, at least, the duty which has been so long and so clamorously urged upon them, and which they have so grossly neglected. That it may no longer be possible for that Committee to escape from discharging its functions upon the plea that it does not possess the requisite legal powers, the colleges give in an Appendix a *resumé* of the sanitary sections of the Public Health Act, from which it seems indisputable that not only has the Dublin Corporation always held in its hands complete authority to reform the sanitation of the city, but that it has been charged peremptorily with the responsibility of using that authority, and has omitted to comply with that mandate.

We cannot more forcibly express our opinion on this subject than by echoing the following words of the conjoint report:—

The Colleges, after careful consideration of all available facts, feel it expedient to give expression to their deliberate opinion that—

The City of Dublin is, and has been, unhealthy in an excessive degree, and its extraordinary death-rate is attributable—not to errors of computation, or irremediable circumstances—but to long-continued disregard of sanitation, and the omission to enforce the legal means provided for a remedy.

The Colleges are further of opinion that—  
The excessive mortality within the city demands from the civic sanitary authority the most firm, energetic, and persevering execution of the powers entrusted to it, to secure even a partial amelioration of the existing evils; and the health of the city will be likely to deteriorate still further unless dealt with by a new and radical method much more vigorous than that which has hitherto been adopted.

If, with this official declaration before it, the Corporation persists in playing at sanitation, it must accept the undivided blame of the disgraceful state of affairs which now exists. Up to a few years ago, when the present superintendent medical officer of health was appointed, the Public Health Committee made hardly even a pretence of doing anything; since then as much has been achieved as can be expected from a committee which is indifferent, a chief medical officer who has a dozen iron in the fire, a staff of medical sanitary officers who are paid as little as possible for doing as little as possible

and an utterly insignificant body of sanitary inspectors and other subordinate officers. This state of things must not continue. The responsibility of the Corporation for the abominable and fatal condition of the city of Dublin has been fairly placed on its shoulders, and it is, we hope, not likely that public opinion will again sleep upon the question until, as the Colleges declare, the insalubrity of the city of Dublin is dealt with "by a new and radical method much more vigorous than that which has been hitherto adopted."

### TYPES OF BEAUTY MEDICALLY CONSIDERED.

THE types of female beauty, by English artists, exhibited last year at the Graphic Gallery, attracted so much public attention that a similar commission was given to several distinguished French artists, and the fruits of their endeavours to portray ideal loveliness, are now on view in the Strand, side by side with the pictures of their English brethren. Most Englishmen will think that British art does not suffer by the comparison thus instituted, and that for purity, grace, intelligence, and moral elevation, the "dreams of fair women" of the twelve insular artists who contribute to the gallery, vastly transcend those of the six continental artists who have supplied materials to it, even though they may think at the same time that the former have fallen short of their highest possibilities, and have put on the canvas veritable portraits, rather than ideal types.

The French contributions to the Graphic collection are not free from that pathological taint to which we called attention last year, as deteriorating materially in the eye of the physician and physiologist, and even in that of the shrewd but unscientific observer, from the merits of more than one of the English pictures. Two of the French beauties, those of M. Carolus-Duran, and Pierre Auguste Cot, may be said to be in vigorous health, and of robust constitution, but the other four beauties display more or less morbid tendencies or bad health. M. Paul Baudry's conception of female beauty involves a wasting disease in an advanced stage, and physical debility and mental exhaustion, that it is painful to witness. The emaciated and ghastly woman whom he paints is quite unfit to maintain the erect posture in which he has cruelly placed her, and ought to be recumbent in bed. Her wan features, pinched nose, everted lips, filmy eyes, and vacant expression, speak of bodily and mental prostration, and an early grave, and do not even give assurance of a bygone and faded charm. M. Gustave Jaquet's specimen of *beauté perfection* again is also of spare habit and sickly look, suggesting by her swarthy complexion and general bilious appearance, some hepatic derangement of a chronic nature. She has endeavoured to disguise her condition by the use of rouge, and the assumption of an arch expression, but her malady shines through, and is not even contradicted by the redness of her lips, of which the upper one projects preternaturally. The queen of beauty of M. Jules Goupit stares from the canvas with an impudent—not to say brazen—self-assertion that consorts ill with her pale pasty complexion, and evident *ischæmia*. Mentone would be a safer place of

abode for this large-mouthed and broad-cheeked young lady than London during the season of north and east winds. Her neighbour, who embodies M. Henri Lévy's best thoughts of comeliness, labours under mental trouble or malignity, and carries danger in her side-long glance. Fair hair, blue eyes, delicate flesh tint, and noble lineaments, fail to make her attractive, for they cannot dispel the repugnance engendered by her hard and vindictive expression, and by the want of anything approaching to tenderness in her countenance and bearing.

M. Pierre Auguste Cot has drawn his inspiration from sunny Languedoc, and paints for us a pleasing brunette not at all *spirituelle*, but firm and practical—a woman sound in body and mind, not without strong passions, which are disciplined, however, by a living faith, and by a powerful will. She presents to us a type of beauty which, if not of the highest, is still worthy of admiration, as being human and serviceable, and free from all mawkish sentimentality. M. Carolus-Duran has gone even further a-field than M. Cot for his model, and depicts a bouncing Circassian maiden, with round dimpling face, florid complexion, plump limbs, and saucy expression. The Circassian is in high health unquestionably, and in high spirits too, born of her proud consciousness of her own fascinations.

The suffrages of the French artists represented in the Graphic Gallery are given in favour of fair hair and eyes, as were those of the English artists last year, a fact somewhat remarkable, for blondes are not so numerous in France as in England. Of the six French types of beauty, four have blue or grey eyes, and two dark brown eyes. Four have fair or light brown hair, one dark brown, and one black hair. The treatment of the hair by the French artistes decidedly leans to dishevelment, five ladies having rough untutored locks, and only one a comparatively calm *coiffure*. Large hats are also in vogue in French studios, three of the ladies being adorned with these appendages. In all the ladies in whom the ears are visible—five out of six—the lobes are long and pendulous. In one case only is incipient bronchocele discernible. Long necks are universal, and so is precision of outline in the lips, which, in a majority of instances, are inclined to fullness.

## Notes on Current Topics.

### Lord Beaconsfield.

ON inquiry we learn that the asthmatic attacks from which Lord Beaconsfield has been suffering have considerably mitigated in their intensity. He is suffering now from bronchitis, extending into the smaller tubes, accompanied by viscid secretion difficult to remove. The heart, both structurally and functionally, is but little affected; and though there is a small portion of albumen in the urine, the specific gravity is 1015 to 1016; and there are no casts. The pulse ranges between 80 and 90, and the temperature seldom reaches 100°. The usual treatment is being adopted, consisting of ammonia, squills, mercurial alteratives, &c. The prognosis in such a case must tend to be unfavourable, seeing the advanced age of the illus-

trious patient—how much physical and mental exertion he has gone through, and knowing how readily in cases such as this sanguineous congestions and the accumulation of viscid secretion tend to block up portions of lining, and to interfere with respiratory process, his lordship's patience and endurance in this very severe illness are very remarkable.

#### Professor Turner on Dental Licensing.

THE General Medical Council may, perhaps, consider it allowable that it should proceed to legislate on dental questions without making itself acquainted with the law and practice of Dentistry under the new Act; but, if it be considered unnecessary for the members to work themselves up in the subject before they give judgment it is, at least, prudent for them to refrain from public speech which displays their ignorance. We find in the *British Journal of Dental Science*, for March 15, the report of a speech delivered by Professor Turner at a dinner of the Edinburgh Odonto-Chirurgical Society, in response to the toast of "The General Medical Council." The proposer of the toast should, of course, say something civil, so he expressed his opinion that they "as dentists might be thankful that they had been taken under the care of so venerable (*sic*) a body as the General Medical Council. He had no doubt that that body would care for them in every particular, and that their dental degrees would be in all cases worthy of the name." Professor Turner does not seem to have realised that the speaker must have been "poking fun" at the representative of a Council which had "cared for the dentists in every particular," by flooding their profession with uneducated *canaille*, for he gravely thanked the gentleman, and proceeded to give some collegiate statistics. The English College of Surgeons, he said, had within a year licensed eighteen dentists with curriculum, and only one without; while the Glasgow Faculty and the Irish College of Surgeons had passed, respectively, thirty-four and fifty-five without curriculum, and none with. Professor Turner "did not profess to give an explanation of the fact, but thought it was worthy of thought and consideration," from which it appears that he is not aware that the Irish College and the Glasgow Faculty have, since the passing of the Act, not yet completed the "year of grace" allowed for the admission of dental licentiates on examination only, and, therefore, are not yet authorised to require a curriculum. They are, in fact, passing through the preliminary stage which the London College passed through many years ago; and after August next, they will be in exactly the same position as that College. It would seem reasonable that Professor Turner would have asked instruction upon these facts from some one who knows something about dental licensing before passing an implied censure on these Colleges.

#### The Faraday Lecture.

PROFESSOR HELMHOLTZ delivered the Faraday Lecture at the Royal Institution, Albemarle Street, London, on the occasion of the triennial festival of the Chemical Society, which was held on the 5th inst. The subject was "On the Modern Development of Faraday's Conceptions of Electricity." The learned Professor will

afterwards proceed to Dublin, where he has undertaken to deliver the same lecture on this day (Wednesday) week at the Royal Dublin Society. The Council of the Royal College of Surgeons in Ireland have determined to present him with the Honorary Fellowship of their College. This honour, which has been very rarely conferred, is granted, under the authority of the College Bye-Laws, only to "such persons as have eminently distinguished themselves in the sciences of surgery or in any of the branches of knowledge auxiliary thereto." By his discovery of the ophthalmoscope alone, Professor Helmholtz has well merited all honour with which it is in the power of the College to distinguish him.

#### Resection of the Stomach.

BILLROTH's remarkable employment of "heroic" surgery on Jan. 29, when he excised a considerable portion of the stomach, including pylorus, in a woman suffering from cancer of that organ, was so successful that he has twice since repeated the operation. These latter cases, however, were unsatisfactory, one living but eight days after; the other only twelve hours. The original operation was performed with the first intention of exploration simply; an incision along the border of the right false ribs, immediately above the tumour, previously recognised as a large movable mass at the edge of the pylorus, displayed it covered by epiploon and adhering to the transverse colon. It was found to be a considerable growth, and its entire removal was effected by making two incisions, one towards the middle of the lesser curvature, and the other beyond the pylorus, in the healthy duodenum. Immediate and complete adaptation of the cut surfaces took place, and sutures put into them were retained with a facility that is among the most marvellous results of the undertaking. The abdominal wound was closed by sutures and antiseptic dressings, but no drainage tube was employed. Two days after the operation, the patient took food by the mouth, and on the eighth day the suture were removed from the abdominal wall. The favourable progress was not interrupted in this case, convalescence having set in, and solid food having been resorted to without any disastrous consequences. The patient, two months after, continues well; and the success of the operation in her case apparently indicates its feasibility in that class of diseases of which hers was an example.

#### Testimonial to Dr. Habershon and Mr. Cooper Forster.

THE movement initiated some time ago to present the late senior medical officers of Guy's Hospital with a testimonial of the admiration in which they are held by past and present Guy's men, resulted in the fulfilment of the design on Monday week. The presentation was made at the rooms of the Medical Society of London, Mr. Lund, of Manchester, presiding. A very considerable gathering took place, and among those present were several well known members of the profession, including Prof. Odling (Oxford), Messrs. Henry Morris and Durham (honorary secretaries to the Testimonial Committee), &c. The subscriptions, which were limited to one guinea, amounted to a considerable sum, and were put to purchasing two handsome epergnes, one, together with an album contain-

ing the names of subscribers, being presented to each of the two guests of honour. Subsequently to the presentation ceremony, there took place a dinner at the Langham Hotel, where over fifty gentlemen met to do honour to Dr. Habershon and Mr. Cooper Forster, in whose entertainment also this part of the proceedings was arranged. The whole affair was eminently successful.

### The Dalrymple Home.

It may be remembered that in our account last year of the meeting held to consider the best mode of carrying out the provisions of the Habitual Drunkards Bill, 1879, we explained the efforts being made to found a home to which recognised dipsomaniacs might be sent. The establishment of such a retreat has as yet been found impossible, and in furtherance of the aim a meeting will be held at the Mansion House, the Lord Mayor presiding, on May 17th, at 3 p.m. Attempts have been made before this to make private "retreats" remunerative, but in vain, Dr. Forbes Winalow having, at considerable loss, kept one open for some time. The meeting called for May will, it is hoped, call forth sufficient voluntary assistance to enable the committee who have the question in hand, to found at an early date the first Dalrymple retreat for habitual drunkards, and maintain it efficiently during an experimental term.

### Inherited Memory.

THE anti-vivisection fraternity will find in *Nature* of March 31st a distressing instance of the callous unconcern with which their nicest prejudices are outraged by the class of beings whose intelligence is not swamped by the maudlin sentimentality of ignorance. Speculating on the probability of memory being an inherited faculty in animals, and on the possibility of definite experiences being transmitted from parent to offspring, Mr. W. Matien Williams suggests the following experiment. "By means of a small Leyden jar, moderately charged, startle both the father and the mother of an intended forthcoming generation of puppies. When these are full grown, and away from their parents, observe whether they are at all disturbed by the sight of a bottle or a Leyden jar, care being taken that the bottle is never shown to the parents in the presence of the offspring." The excruciatingly painful nature of the proceeding for the unhappy dog, will at once commend itself to the pitying sympathy of the Anti-vivisection Society, and possibly they will need only this hint to take some active steps in the matter. Especially since Mr. Williams, in the most determined fashion, continues "a single experiment will not be sufficient. It should be tried by several. There is no more cruelty involved than in an ordinary practical joke. It is not the pain of the shock, but its startling mystery that frightens the animal, especially if the shock is given by placing the jar on a piece of tin-foil or sheet metal, and allowing the dog spontaneously to investigate by sniffing the knob of the jar, while his fore-feet are in communication with the outer coating. Under ordinary circumstances the dog obtains through his nose much information concerning the properties of things before he actually touches them, but in this case his whole life experience is contradicted by the mysterious, inodorous, diabolical vitality of the vitreous fluid. A bottle thence-

forth makes upon the intellect of the dog an impression similar to that which a sheeted broomstick in a churchyard makes upon the similar intellect of a superstitious rustic." The observations suggested in this letter may be almost as easily conducted on the human animal *mutatis mutandis*, and it is a subject altogether well-deserving the attention of the practical psychologist.

### Portable Home-Baths.

F.R.C.P. in the *British Medical Journal* suggests that advantage would accrue from a revival of the custom formerly prevalent, of supplying baths and attendants with everything complete, at the homes of patients who would be benefited by the use of these therapeutic aids. F.R.C.P. advises the formation of a company to work the scheme thoroughly, and there can be little doubt that, ably arranged, it would be a remunerative undertaking. Many practitioners will echo the words of F.R.C.P., and wish success to his proposal. He says, "my experience—and I have little doubt that other practical physicians would agree with me—is that few houses contain the necessary arrangements for the easy administration of baths; and, even if there be a bath-room, it is rarely in such proximity to the patient's room that it is readily available in sickness. In the majority of cases of severe disease, the bath ought to be placed at the bedside, so that the patient may be lifted directly from the couch into the bath, and *vice versa*. The difficulty of filling a portable bath, which may be said never to be at hand in private houses, is great, apart from the inconvenience of the noise and excitement unavoidable when ordinary servants are required to carry up thirty or forty gallons of hot and cold water to a second or third floor. Having in former years often, both in my own house and for my private patients, employed the *bains à domicile*, the absence of which in London I now deplore, I can speak with confidence of the immense convenience of such an arrangement as then existed; and I would urge that you would confer a real boon upon sick people and their medical attendants if you were to draw the attention of capitalists to the present defect in our social economy. If there were a proper organisation of home-baths, the present state of our knowledge on the subject would render it necessary that the institution, which supplied them, should also have a greater or less number of well-trained assistants, who should be conversant with the use of the thermometer, with the importance of the various influences exercised by various temperatures, with the power of reducing or elevating animal heat by the artificial variation of the bath-temperature while the patient was immersed, with the effect and mode of administration of the various modes of manipulating the body while in and after the bath, and perhaps also with the administration of medicated and galvanic baths."

IN the principal foreign cities, the rates of mortality, according to the latest weekly official return, were:—Calcutta 25, Bombay 32, Madras 42; Paris 31; Geneva 16; Brussels 25; Copenhagen 25; Stockholm 28, Christiania 23; St. Petersburg 51; Berlin 22, Hamburg 25, Dresden 24, Munich 29; Vienna 32; Buda-Pesth 35; Rome 29; Naples 25, Turin 37, Venice 31; New York 30, Brooklyn 25, Philadelphia 22, Baltimore 19.



**Lord Beaconsfield's Medical Attendants.**

It would not be fair to Dr. Quain, nor good for the profession, if we were to refrain from noticing the circumstance of his association with a homœopath in attendance on Lord Beaconsfield. We cannot but regret that the public should be the spectators of an apparent fraternisation between so distinguished a physician and a gentleman of Dr. Kidd's medical creed, and we do not doubt that the most will be made of Dr. Quain's supposed recognition of the homœopathic schism by those who would desire to make scientific medicine ridiculous and inconsistent. But strict as we would wish to be in maintaining the line of demarcation between the scientific physician and the homœopath—which line, in our view, is coincident with the distinguishing limit between professional honesty and the reverse—we acknowledge that special circumstances occasionally arise which justify a temporary and guarded communion between these parties, and we fully believe that Lord Beaconsfield's illness created these special circumstances.

Dr. Quain, we believe, at first refused to consult with Dr. Kidd, but on the assurance that Lord Beaconsfield was not under homœopathic treatment (though attended by a professed homœopath), and on the advice of those highest in the profession, he eventually felt bound to obey Her Majesty's command, and visit the distinguished patient. The situation was a difficult one, and we imagine the public would have been very angry if so valuable a life as that of Lord Beaconsfield had been imperilled even for a moment by an incompatibility of practitioners, which would not be clearly understood. Dr. Quain elected to sacrifice his own feelings rather than incur the responsibility of refusing his aid when it was called for by the Queen, and urgently needed by one of England's greatest statesmen. The circumstances—as we have said—had no precedent—and will give no reason for the same course being pursued in other cases; and we feel bound publicly to acquit Dr. Quain of any avoidable infraction of professional propriety, and to approve of the advice on which he acted.

**Fees for Inquests to Prison Surgeons.**

We learn that the dispute in reference to the fee for medical evidence at an inquest upon the body of a prisoner, to which we referred last week, has been decided, without recourse to law, in favour of Dr. Kinkead, who attended the Grand Jury, and laid before them the legal aspects of the question, as set forth by us last week. Notwithstanding a letter from Dublin Castle to the contrary, the Grand Jury paid the fee, thus, for the second time, recognising the validity of the prison surgeon's claims.

**The Notification of Infective Disease in Dublin.**

We publish to-day a report of the speech of Mr. Edward Dwyer Gray in moving the second reading of his Bill. That measure was read a second time without opposition in consequence of the absence from the House of Dr. Lyons, M.P., to whom the Irish Medical Association had entrusted the resistance to it, but the alteration

of the Bill in Committee was reserved by the Government when they allowed it a second reading.

As to the demerits of the Bill we shall say nothing at present, our only purpose being to express our great surprise that Mr. Gray should have misled the House as to the coercive nature of the Bill. We must assume that a report communicated by telegraph from the House to Mr. Gray's own paper is a correct record of what he said, yet we find therein the statement that "the Bill gave no new power whatever," and that it "did not interfere with the interests or convenience of any section of the public," and again, "no additional powers were sought under the Bill, it asked for no compulsory powers nor did it interfere with individuals." We cannot hesitate to stigmatise these assertions as mis-statements which any one who reads Mr. Gray's Bill must necessarily detect. Mr. Gray is perfectly well aware that his Bill gives to the Dublin Corporation and every board of guardians in Ireland which pleases to accept the authority, the "new power" to compel every medical practitioner within its jurisdiction, by means of a police court prosecution and a £5 penalty, to act as notifier of infective diseases whether he likes it or not. We, therefore, do not hesitate to declare the statement that the Bill does not interfere with the interest and convenience of any section of the public to be totally inaccurate, and calculated to mislead Parliament, who may, on the faith of such a representation, be induced to pass a Bill which they would not tolerate if they knew its nature.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Salford 17, Norwich 17, Nottingham 17, Birmingham 18, Wolverhampton 18, Brighton 18, Sheffield 20, Bristol 20, Bradford 20, London 21, Leicester 21, Manchester 21, Newcastle-on-Tyne 22, Sunderland 22, Oldham 23, Hull 23, Edinburgh 24, Glasgow 24, Leeds 25, Portsmouth 25, Plymouth 26, Liverpool 28, and Dublin 34.

At the fortnightly meeting of the Metropolitan Asylums Board, on Saturday last, the returns showed that the total number of small-pox patients in the several hospitals of the managers had increased since the previous fortnight by 19. The cases under treatment numbered 881, and 49 beds were still available. The number of fever patients under treatment was 179, showing a decrease in the total number under treatment since the previous fortnightly returns of 62.

**Scotland.**

(FROM OUR NORTHERN CORRESPONDENT.)

MEDICAL COMPETITION IN GLASGOW.—The correspondent of a contemporary (the *Lancet*) in referring to the recent extensive changes which have taken place in the ranks of the profession in Glasgow descants upon the number of candidates for "the medical officership to an insurance company," and states that "it is a noteworthy fact the President of the Faculty of Physicians and Surgeons is canvassing as a candidate for it." This is doubtless intended as a "dig" to the

aforsaid President. We cannot regard it as personally merited. If it be a fact it reflects rather on the state of the profession, than personally on the gentleman in question. The medical profession is overcrowded in many large cities, and notably so in Glasgow, not relatively to the population, but to the amount of paying work to be got honestly, by the excessive so-called "charitable" work which cuts in so unjustly on the profession, that if a £5 appointment is vacant there may be fifty candidates. We are informed that the medical officership of this "important insurance company" may be worth from £15 to £20 per annum, and that there are nearly thirty candidates for it! No one who knows anything about the humiliation of canvassing for anything in Glasgow, would submit for one moment to it, unless impelled by necessity; and this necessity *does* arise from the panpering and demoralising influence referred to. If the President of the Faculty is thus compelled to go through so much dirt to so little dignity, he has our cordial sympathy. It might be guessed with a strong probability to accuracy that the paragraph in question has been written by some one connected with these professionally demoralising agencies, and who, with more money than brains, has been, possibly, through social influence, pitchforked into a position, in which he is neither qualified to instruct, nor personally fitted to adorn.

EDINBURGH UNIVERSITY.—CLOSE OF THE MEDICAL CLASSES.—The different classes of the Medical Faculty of the University of Edinburgh were closed on the 31st ult. In all of them, with the exception of that of Pathology, the closing proceedings were almost entirely confined to the distribution of prizes, being University medals and other certificates. In the class of Midwifery Professor Simpson expressed the hope that by next winter session they would be able to take up work in the new medical buildings. In the Pathology class, which during the session has been conducted with such conspicuous ability by Dr. D. J. Hamilton in room of the late Professor Sanders, after the distribution of prizes an address, signed by 260 students, was presented to Dr. Hamilton by the senior medallist. In their address the students testified to the highly efficient manner in which Dr. Hamilton had performed the duties which had been so unexpectedly imposed upon him, of interim Professor. In reply, Dr. Hamilton, after alluding to the lamented death of the late Professor, expressed his pleasure at the honour done him by the students, which he took as more than a sufficient recompense for the arduous labours of the past winter.

GLASGOW ROYAL INFIRMARY SCHOOL OF MEDICINE.—The winter session of this school terminated on Thursday, the 31st ult., when the various prizes were presented to the various students. In the absence of the Lord Provost, Mr. Wm. McEwen proposed that Dr. Scott Orr should preside. On taking the chair Dr. Orr said he had come amongst them quite unprepared to make any speech. He stated that the establishment of the school had been a great boon to the students. There was a movement to amalgamate this institution with the Andersonian College. On this matter he did not intend to express any opinion.

GLASGOW UNIVERSITY COURT.—At a meeting of this Court, held on the 31st ult., present—The Principal, Professor Berry, Dr. J. A. Campbell, M.P., Mr. King, and Dr. Kirkwood, Dr. Hector C. Cameron, of Glasgow, was appointed Examiner in Surgery for the next four years; Dr. Donald Fraser, of Paisley, to be Examiner for the same period in Medicine and Clinical Medicine; and Dr. Alexander MacAlister, of Trinity College, Dublin, to be Examiner for the same period in Physiology and Pathology. What Dr.

Donald Fraser's pretensions to this position are, appear to us enigmatical. He is a graduate of the University of Glasgow of 1867, but we have never heard that his reputation extends beyond the suburb in which he practises. This appointment is perfectly in keeping with one or two recently made in Glasgow.

ANDERSON'S COLLEGE.—The Medical Session at Anderson's College was brought to a close on the 1st inst. Prizes and certificates were distributed to the students who had distinguished themselves. Mr. John McGavin occupied the chair, and was supported by the "Professors," several of the "Philosophers," and other Trustees of the School. After a free indulgence in the vulgar horse-play, which usually characterises the young "gentlemen," who are to be the future practitioners of medicine, the chairman congratulated the meeting on the continued prosperity of the School. Its fame was not local, but world-wide. Professors Morton and Lindsay addressed the audience in a similar strain, and on a vote of thanks being accorded to the chairman the meeting terminated.

THE CHAIR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.—The appointment to this important chair continues to create the liveliest interest in Scotch medical circles. The question at present agitated is whether it is expedient that the chair should be purely a scientific one, *i.e.*, dissociated from private or hospital practice; or should be held by one engaged in private and public practice. On the whole, we think the duties of this chair would be more efficiently discharged by one devoting his whole time to the subject. In support of this view a memorial to the subjoined effect has been presented to the curators by a large number of the senior students of the University:—"It becomes year by year more manifest that the rational treatment of disease is mainly founded upon an accurate acquaintance with pathology. Without this knowledge of the altered structure of the body in disease there can be no rational treatment—nothing but symptoms learned by rote, and treated empirically. In the past the conviction that this knowledge was wanting was the encouragement to the growth of charlatanism, pretence, and quackery, which have hindered so much the recognition of the true worth of medicine. From this it is obvious that a thorough training in pathology is absolutely essential to the student of medicine. But the advance of pathology during the last ten or fifteen years has been so rapid, and so many new means of research have been discovered, that it is only by incessant work, direct observation, and single-hearted devotion that anyone can keep abreast of the advance of the science in all its details; and no intellect, however powerful and untiring, can at once combine an unremitting attention to the teaching of this important subject with the cares and duties of a large practice. To carry on, then, such toilsome researches, to exhibit the processes by which they are carried on, and to teach the results, requires a physician willing to devote his whole time to the special study of pathology."

THE SURGEONCY TO THE WESTERN INFIRMARY, GLASGOW.—Exception is taken by the correspondent of a contemporary to Dr. Cameron's candidature for the appointment of Surgeon to the Western Infirmary, Glasgow. We do not think the objection well founded. Dr. Cameron has gone through the drudgery of the subordinate position in dispensary practice, and has had considerable experience as Surgeon to the "Royal." He is, we believe, a fair operator, and a gentleman of a liberal education. It is high time the farce of inviting candidates by public advertisement, when the appointment is already virtually decided upon, should

be terminated, and on these and personal grounds we wish well to the candidature of Dr. Cameron.

**HEALTH OF EDINBURGH.**—For the week ending Saturday the 26th ult., the deaths in Edinburgh rose from 81 to 105, with a death-rate of 25 per 1,000. This is to be accounted for by the unusual prevalence of chest diseases owing to the severity of the weather—at least half the mortality being due to that cause.

**HEALTH OF GLASGOW.**—For the week ending with Saturday the 26th ult., the death-rate of Glasgow was 24 per 1,000 per annum.

**PAISLEY.**—On the 28th ult. the annual meeting of the subscribers to the Paisley Infirmary was held in the Museum, Mr. Russell (ex-treasurer for the burgh) in the chair. The directors were elected for the ensuing year as follows: Messrs. Thomas Coats, William Polson, Hugh Macfarlane, David Melville, Alexander Begg, John Kerr, James Arthur, M. Hodgart.

**TRICHINÆ IN PORK.**—The Board of Supervision has sent to each local authority in Scotland the circular and memorandum which have been issued by the Local Government Board to the sanitary authorities in England and Wales, respecting the alleged existence of trichinæ in the flesh of swine. It states that "inasmuch as the meat infested with these worms cannot be recognised by any popular test, and the worms themselves can only be detected by careful microscopic examination, it becomes important to take precautions against harm to man in the case of meat from all pigs. The only known means of avoiding disease in man from this dangerous quality of meat from pigs is by very thorough and efficient cooking. If there is reason for thinking a particular sample of meat to contain the parasites, it ought not on any account to be eaten, no matter how it is cooked. Hams, sausages, and like articles, whether or not they have been smoked or salted, should never be eaten in the raw state. To be efficient for the required purpose, the cooking of pork, of ham, of bacon, and of other articles should be prolonged for about half as much time again as is customary. The smallest joint should be cooked for not less than an hour; and whatever be the size of the joint, it should have not less than half an hour's cooking for each pound of meat. No part of a joint that is seen to have an underdone portion in it should be eaten. In boiling hams or pork, the meat should be put into cold or lukewarm water, and the period of cooking should be reckoned from the time when the water boils.

## Correspondence.

### VACCINATION FROM THE CALF IN LONDON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—Some years ago, after a visit to the International Medical Association at Brussels, I narrated in the Medical Society of London and in some of the journals the great success of animal vaccination in Belgium. Since then the practice has become generalised throughout Europe until England, or at least London, has been nearly the only place where there has been no chance of having a patient vaccinated direct from the calf. Dr. Brown, of Finsbury Circus, and others, indeed tried for a term to carry on calf vaccination, but found it too expensive, and too little supported by the public; so that until now I have waited in vain to see the plan carried out and with a fair prospect of success.

To-day, however, I have had the pleasure of visiting a most admirably conducted calf vaccine establishment in the Marylebone Road (228), the private venture of Dr. Charles Renner, M.R.C.S., Eng. of Hamburg, and I would venture to predict that the latest attempt to introduce the practice of

animal vaccination into London will succeed, if only the public spirited and able gentleman who conducts it be a little assisted by the profession and the public at the commencement, which I think will be the case.

Dr. Renner at present inoculates two calves weekly with lymph originally derived from the calf vaccine establishment at Rotterdam, each calf being inoculated on two successive days. Thus, the calf which I saw to-day, Monday, March 28, had been inoculated on Wednesday a certain number of times, say 20, and on Thursday a similar number of times. As the vesicles furnish lymph on the 5th day after the last inoculation he can vaccinate from the first 20 to-day, and will vaccinate from the other twenty to-morrow. The other calf vaccinated on Friday and Saturday will furnish vaccine on Wednesday and Thursday; and on the two last days of the week, Dr. Renner vaccinates patients at a reduced fee (5s.), from the lymph collected on the previous days, and not used for calf to arm vaccination. He charges a fee of one guinea on the first four days of the week.

Of course, if the process becomes popular and more calves are wanted, more can at once be vaccinated, and thus an unlimited supply of lymph can be obtained *sans peur et sans reproche*.

Dr. Renner is evidently determined to spare no expense or trouble, as he has secured the co-operation of an experienced veterinary surgeon to watch the health of the calves—I advise all who care for the progress of practical hygiene to visit Dr. Renner's clinique at 2 p.m. on the first four days of the week. There they will see a most carefully conducted experiment and one which is destined to take root in the customs of this country.

I am sir, yours, &c.,

CHARLES R. DRYSDALE, M.D.

17 Woburn Place, London, W.C.  
March 28, 1881.

### A PRACTICAL TEST OF THE VALUE OF EMULSIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—I understand that it was the unanimous wish of the meeting of the Medical Society of London on Monday evening, March 28th, that a thorough trial of the new principle of preparing emulsions of cod-liver oil (suggested by Dr. Fothergill's paper) should be made with a view of testing its therapeutic value. Being myself also desirous of further knowledge on this important subject, I beg you will publish the following offer from me:—

"I shall be pleased to make a donation or present of such emulsion to as many as twelve different hospitals (where a careful trial of it will be made), to the value of at least two guineas to each hospital, and will prepare the emulsion of the finest cod-liver oil, and according to the suggestions of the physicians of the hospitals where it is to be tried, using as the emulsifying agents either bile, or choleate of soda, and extract of malt.

"I can also guarantee to make a permanent and palatable emulsion.

"I hope that twelve hospitals will avail themselves of this offer of a donation immediately. Acceptances of this offer will be attended to in the order in which they are received, until the number of twelve acceptances is reached.

"My object is (as a pharmacist) to learn from the experience of the medical profession the value of bile, choleate of soda, and extract of malt as emulsifying agents in increasing the usefulness of cod-liver oil."

Yours, very respectfully,

S. M. BURROUGHS.

Snow Hill, London, E.C.

P.S.—I make this offer at the suggestion of the Medical Society of London.

### THE COURAGE OF MEDICAL OFFICERS IN BATTLE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—As many people are under the erroneous impression that the position of the medical officer in war time is one attended with much less danger, and consequently with less honour, than that of the combatant officers, and as every

opportunity should be utilised to place the matter in its true light before the public, perhaps you will kindly insert in your next issue the following remarks from the special correspondent of the *Times*, which appeared in that journal on the 26th inst. After speaking in highly laudatory terms of the conspicuous coolness of all the officers under a deadly fire, he continues: "Where all were calmly courageous it seems invidious to make mention of any; but Dr. McGann, Army Medical Department, behaved splendidly. He never spared himself for an instant, and when the cry was heard 'pass the word for the doctor,' he quickly made his way to the wounded man, making himself for the nonce the most prominent target for the Boer marksman." The other medical officers are also spoken of in terms of praise.

Yours faithfully,

D. H. CULLIMORE, F.R.C.S.I.,  
Surgeon in H.M. Indian Army.

15a Connaught Square, London, W.

## Literature.

### EXPERIMENTAL CHEMISTRY FOR JUNIOR STUDENTS. (a)

"ANOTHER yet," and still they come. It is, however, pleasant to feel that we are here dealing with a book that the student may rely upon, and which possesses some novelty. Everything that Prof. Reynolds undertakes will sure to be carefully considered, and, besides, emanates from an experienced teacher.

In this book the author generally follows each theoretical description by a series of experiments; no better system could be adopted for instruction. If we are to take exception to any part of this book, it is that the experiments are needlessly repeated, and are too primitive in their character; as an instance we give, page 80, experiments with acids, and alkalies, and salts.

Wherever required this little work is judiciously illustrated by wood-cuts. Prof. Reynolds is fond of taking two, or a few elements, to ring the changes on. No doubt such a system has an advantage for the student, as it does not needlessly confuse things. Most of the physical and chemical illustrations in the book are tacked on to the two elements, oxygen and hydrogen.

### HISTORICAL SKETCH OF THE PROGRESS OF PHARMACY IN GREAT BRITAIN. (b)

JACOB BELL has now been dead many years, and time has added to the bright halo which has gathered round his name. Not so much from striking powers displayed by the man as from a steady and fixed determination to raise the status of pharmacy in England. This historical sketch was written at a time when pharmacy was trying to assert itself (1842). Nothing could be possibly worse than the state of pharmacy previous to that date in England, and it must ever remain a blot upon the general advanced civilisation of that country. The struggles for the emancipation of pharmacy from the thralldom of ignorance and trade interests, is well detailed in the first part of this work, which was written by Jacob Bell. The history of the progress of pharmacy in England since that day may be said to be the history of the Pharmaceutical Society of Great Britain. The story has been well told in the book before us by Prof. Redwood, as a continuation to the first sketch by Bell—one of the foremost soldiers in the fight himself; no better man could have been selected for this purpose. Like all that he does, it is done thoroughly. It places strikingly before us the delicate position that the Pharmaceutical Society was frequently placed in. It, however, always seemed to have come out well, and we doubt if the public, or the medical profession in England, will ever thoroughly appreciate all that they owe to the Society. There are many anecdotes in this work that will interest the medical practitioner.

(a) "Experimental Chemistry for Junior Students." By Emerson Reynolds, Professor of Chemistry, University of Dublin.

(b) "Historical Sketch of the Progress of Pharmacy in Great Britain." By Jacob Bell and Theophilus Redwood. 1880.

## Medico-Parliamentary.

### HOUSE OF COMMONS.—MARCH 30TH.

#### NOTIFICATION OF INFECTIOUS DISEASES (IRELAND) BILL.

Mr. E. DWYER GRAY rose to move the second reading of this bill, to the principle of which he had not heard the slightest objection taken by any individual. The Bill proposed to give no new power whatever, and it would be construed with the Public Health Act, which conferred certain powers on the sanitary authorities for the prevention of infectious disease. The main difficulty experienced by the sanitary authorities hitherto had been that information did not reach them in sufficient time to enable them to take steps in order to check the spread of infectious disease. His attention had been directed to this subject by the fact that last year, when he occupied the Dublin Mansion House, a very influential deputation waited on him, consisting of the whole medical profession of Dublin, asking that the Corporation of Dublin should see that steps were taken to secure the notification of infectious diseases when it occurred within their sanitary district. The proposal the Bill contained was that the authorities of every sanitary district may apply to the Local Government Board to declare the Act in force within its district. It required the sanitary authority to take the initiative, not the Local Government Board; and then it would be in force in such district, or in whatever portion of it as that sanitary authority may decide, but the identical provisions will obtain in every district in which it may be put into operation. If the bill turned out effective, and did result in checking infectious disease, it would be open to Parliament to act in regard to it in the same manner as it had done in previous sanitary acts, and make it compulsory after it had first been tried as a permissive enactment. He had a large body of evidence to urge in favour of the Bill, but he would not weary the House by going into it. In Dublin, unfortunately, they had had very bitter experience of the way in which small-pox can make its home in a district. For the past four or five years a state of things existed which would be rendered impossible if the sanitary authorities possessed the power conferred on them by the Bill now before the House. It should be understood that this bill did not interfere with the interests or convenience of any section of the public; it did not harass the poor at all. The poor, however the wretched tenements in which they dwelt favoured the spread of disease, were when they were dealt with properly generally tolerably ready to do whatever may be right. The difficulty was their ignorance; and their permitting disease to spread through the members of their families before they are rightly aware of the risk they run by so doing. No additional powers are sought under the bill; it asked for no compulsory powers, nor did it interfere with individuals; it simply provided that notification should be given to the sanitary authorities to take whatever steps for the checking of disease which they are already empowered to take by existing acts. With regard to the details of the bill, he could only say that whatever views the house was disposed to take with regard to them he was quite prepared to accept. (Hear, hear.) In conclusion, he would just mention that recently a joint committee of the Royal College of Surgeons and the Royal College of Physicians of Ireland was appointed to inquire into the causes of the high death-rate of Dublin, and in their report the very first remedy they suggested was the notification and registration of infectious diseases by the sanitary authority.

The SOLICITOR-GENERAL for IRELAND said he entirely agreed with the object of the bill, and therefore the Government would not oppose it going into committee; on the contrary, they would assist. (hear, hear.) But the Government would reserve to themselves the power of amending the bill in committee on the ground that a large and influential medical body in Dublin—the physicians of the King's and Queen's Colleges—were of opinion that some of the details of the bill required to be altered. It was desirable to obtain all the assistance they could from the medical profession to alter and extend the scope of the bill (hear, hear).

### 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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**A PUBLIC VACCINATOR.**—There are one or two establishments in London for public vaccination from the calf and for the supply of calf-lymph. One has recently been opened by Dr. Renner at 228 Marylebone Road, W. The lymph can be obtained, post free, at 2s. 6d. for one glass-tube, or two ivory points from Messrs. Allen & Hanbury, 37 Lombard St., City, or Mr. Martindale, 10 New Cavendish St., W.

#### COCK'S OPERATION ON THE URETHRA.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of 30th March I am reported correctly as having said "that I did not afterwards attempt to establish the continuity of the urethra" in a case in which I performed Mr. Cock's operation; the reason for my not doing so, and which I stated, has been omitted—namely, that the patient was suffering from albuminuria. Kindly insert this, and oblige,  
Yours faithfully,  
27 Great Fitzwilliam Street, Dublin,  
W. J. WHEELER.

April 2, 1881.

**CUTICLE.**—We believe Dr. Balmanno Squire was the first to introduce the practice in this country.

MR. G. S. C.—Unsuitable for our columns.

**ANTI-QUACK.**—The letters which originally appeared in this Journal exposing the nefarious system, have been long since reprinted in book form and have met with an enormous sale.

#### THE DUALITY OF CHANCERE.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—In reference to this subject, now being debated in your columns, will you permit me to state that I have found constitutional symptoms follow soft sores, and been blamed for having assured the subjects that the sores were non-infecting.

Fark Place, Leeds,  
April 1, 1881.

Yours, &c.,  
PHILIP FOSTER, M.D.

**FRANK, BUT NOT FLATTERING.**—The *Students' Journal and Hospital Gazette* is certainly an amusing little journal, characteristic of the class by whom it is supported. There is a *verve et bonhomie* in its correspondence which is refreshing, though at times more honest than polite. As an instance of this may be given the editorial answer to a correspondent in last Saturday's number. It runs thus:—"Your opinion that 'science is all humbug, and there is nothing but classics and mathematics worth a man's knowing,' has, no doubt, been arrived at after a full and exhaustive survey of all human knowledge; and we do not hesitate to believe that you are especially competent to decide the relative advantages of different studies. We shall be glad to see you at an early date if you can make it convenient to call. We never knew but one man of your capacity, and he died—mad."

MR. BARNWELL.—We never give the name of any practitioner for consultation. There is a list of consultants in Silverlock's "Medical Reference Book," but this is manifestly incomplete and unreliable. Any practitioner of standing should be able successfully to treat your case.

DR. CHURTON (Leeds) is thanked.

**PRISON LIFE OF THE CONVICT BUCHANAN.**—Dr. Buchanan, the foster-father of bogus medical diplomas, entered the Eastern Penitentiary at Philadelphia a few days ago, says the *Louisville Medical News*, with his head covered by a sack to prevent his knowing the location of his cell. He had been confined up to that time in the county prison, but now he is a convict in the Penitentiary, fulfilling the sentence passed on him for conspiracy to defraud the United States of his bail. There are other charges still pending against him, and it is not unlikely that, at the expiration of his present sentence, his diploma-mongering may be placed indefinitely in abeyance on other counts.

A CANDIDATE should get Gant's "Guide to the Examinations," the fourth edition, a copy of which has just reached us, contains all the alterations in examinations at the College for the Membership and Fellowship, together with a re-arrangement of the anatomical and physiological preparations in the Museum by Dr. Garvon, Assistant-Curator.

MR. J. B. H.—We shall shortly devote one or two articles to the subject, for which we shall not fail to make use of the information contained in your note.

**IN MEMORIAM—DR. PERLE.**—The following lines have been composed by Sir Francis William Brady, Bart. :—

"Hushed is the voice so lately raised  
In sweetest notes of sacred song;  
Those notes, that God so oft have praised,  
To God, for evermore, belong.  
Cold is the hand that oft has led  
The weary sufferer back from death,  
When, by some lonely pain-racked bed,  
Each moment seemed the last of breath.

Still is the heart, so warm and true,  
That ever beat at Honour's call,  
What'er was Right, 'twas his to do,  
To Duty live, to Duty fall.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**—Wednesday, April 6, and on Friday, April 8, at 5 p.m., Lumsian Lectures: Dr. Southey, "On Bright's Disease."

**BROMPTON CONSUMPTION HOSPITAL.**—Prof. Marshall, F.R.S., will deliver two lectures at this Hospital to-day (Wednesday), and on Wednesday next, at 3 p.m., "On Diseases of the Chest requiring Surgical Treatment," to which members of the profession will be admitted on presentation of their cards.

**HUNTERIAN SOCIETY.**—This evening (Wednesday), at 7.30. Comed Meeting.—3 p.m. Dr. Hughlings Jackson will exhibit Cases of Disease of the Spinal Cord.—Dr. Port, "On a Case of Disseminated Sclerosis."

**EPIDEMIOLOGICAL SOCIETY.**—This evening, at 8, Deputy Surgeon-General Joseph Ewart. "On Scrofula, Tuberculosis, and Phtisis in India."

**OBSTETRICAL SOCIETY OF LONDON.**—This evening, at 8, Specimens will be shown by the President, Drs Godson and Cory, and Mr. Alban Doran.—The Discussion on Dr. Barnes's paper "On Missed Labour" will be resumed, after which "A Case of Delivery through an Imperforate Vagina," by Dr. Heywood Smith, and other communications.

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—Thursday, April 7, at 8 p.m., Living Specimens.—Dr. Hughlings Jackson, "On a Case showing the state of the Discs ten years after recovery from optic Neuritis."—Mr. Waren Tay, "On a Case of Disease at Yellow-spot Region in an Infant."—Report of the Committee on Colour Blindness (presented by Dr. Brailley).

**LINNEAN SOCIETY.**—Thursday, April 7, at 8 p.m., Dr. Cobbold, "On Parasites of Elephants."

**ROYAL INSTITUTION.**—Friday, April 8, at 8 p.m., Prof. Tyndal, "On Conversion of Radiant Heat into Sound."

#### VACANCIES.

Aberdeen.—Medical Officer of Health for the City. Salary, £300. Applications to be lodged with the Town Clerk before April 9.

Carrickmacross Union, Donaghmoynne Dispensary.—Medical Officer. Salary, £100 per annum, and £15 as Medical Officer of Health. Election, April 11.

Dundalk Union, Barronstown Dispensary.—Medical Officer. Salary, £120 per annum, and £25 as Medical Officer of Health. Election, April 7.

Hertford General Infirmary.—House Surgeon and Secretary. Salary, £100, with board. Applications to the Chairman of the Board before April 22.

Lancaster Union.—Medical Officer for the Southern District. Salary, £45, with the usual extra fees. Applications to the Clerk of the Union before April 15.

Liverpool Royal Infirmary.—Resident Medical Officer. Salary, £100, with board. Applications to the Chairman of Committee before April 20.

Salisbury Infirmary.—House Surgeon. Salary, £100, with board. Applications to the Secretary before April 21.

Sunderland Infirmary.—Two House Surgeons. Salary commencing at £90 and £80 respectively, with board. Applications to the Chairman of the Medical Board before May 4.

#### APPOINTMENTS.

BLANDFORD, J. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Norton District of the Stockton Union.

CARDEN, G. A., M.R.C.S.E., Honorary Medical Officer to the Branch Dispensary of the Cheltenham General Hospital.

CATHOART, C. W., M.B., F.R.C.S.E., Lecturer on Anatomy in the Royal College of Surgeons, Edinburgh.

CHAPMAN, J. H., M.K.Q.C.P.I., L.R.C.S.I., Medical Officer to the Hospital for Incurables, Dublin.

HAYWARD, J. B., M.R.C.S.E., Medical Officer for the All Saints' District of the Maldon Union.

JEFFREYS, R., M.R.C.S.E., Medical Officer for the Bampton and Walton District of the Chesterfield Union.

KENNE, F., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Aylesbury Rural Sanitary District.

MOGHEGH, W., M.D., M.Ch., M.R.C.S.E., Honorary Assistant Medical Officer to the Ladies' Charity and Lying-in Hospital, Liverpool.

MEERES, E. E., M.D., M.R.C.S.E., Physician to the Plymouth Public Dispensary.

MALLEY, A. C., M.B., M.Ch., Medical Officer for the Manalaw District of the Ludlow Union.

MATURIN, Dr., Temporary Medical Superintendent of Kilmainham Fever Hospital, Dublin.

#### Births.

DEANE-BUTCHER.—March 30, at 18 Friar Street, Reading, the wife of W. Deane-Butcher, M.R.C.S., of a son.

HAMILTON.—Feb. 7, at Tandragee, South Australia, the wife of T. Kinley Hamilton, M.D., F.R.C.S.I., late of Tandragee, co. Armagh, of a son.

#### Marriages.

DOCKEY.—KNOX.—March 31, John Alexander Dockey, L.R.C.S.I., and Edin., of Usher's Island, Dublin, to Marie Louise, eldest daughter of John T. Knox, Esq., late of her Majesty's Customs.

JONES—HICKS.—April 2, at St. John's, Notting Hill, William Jones, L.R.C.P., L.R.C.S., of Edmonton, to Emily Elizabeth, eldest daughter of George Hicks, Esq., of Royston Villa, Bayswater.

PYE—KIDSTON.—April 1, at 27 Blythwood Square, Glasgow, Walter Pye, F.R.C.S., of London, to Anna, daughter of J. B. Kidston, of Glasgow.

#### Deaths.

DOVE.—March 31, at St. Stephen's Square, Bayswater, W., W. Watson Dove, L.R.C.P.Ed., late of Alexandria, aged 33.

MERRIDMAN.—March 24, at West Lodge, Putney Common, after a few hours' illness, John Merridman, M.R.C.S.E., L.S.A.L., Apothecary Extraordinary to the Queen, aged 80.

SAUNDERS.—Feb. 23, at Weston-super-Mare, Thomas Dudley Saunders, L.R.C.P., M.R.C.S.E., of Sion Hill, Bath, aged 35.

WEBB.—March 29, at the Vicarage, Heckmondwike, Yorks, Edward Charles Webb, L.R.C.S.Edin., aged 32.

WHEATLY.—March 24, at Gainsborough, Torquay, Edward Wheatly, M.R.C.S.E., aged 61.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 13, 1881.

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## Original Communications.

### THE LUMLEIAN LECTURES ON BRIGHT'S DISEASE.

Delivered before the Royal College of Physicians, London.

LECTURE I.—PART I.—Delivered APRIL 1ST.—(Continued).

By REGINALD SOUTHEY, M.D. Oxon., F.R.C.P. Lond., Physician to St. Bartholomew's Hospital.

In reviewing, however, what was done at this date, it would be unjust not to mention a very elaborate paper communicated by Mr. Toynebe, to the "Medico-Chirurgical Transactions," in 1846, on the intimate structure of the human kidney. Toynebe was most successful in his injections, both of the tubules and of the arteries. Dr. Bright had himself furnished him with a great variety of kidneys in several stages of disease, and very good use he obviously made of them, as his drawings and text prove. He was the first to establish distinctly the existence of intervacular spaces (*vide* "Med.-Chir. Trans.," vol. 29, p. 304) of no inconsiderable size, situated between the blood-vessels and tubuli, and occupied by a substance he named parenchyma. Ruysh had described this as a cellular network, connecting the vessels together. Toynebe recognized the importance of this intertubular parenchymatous network of cells in diseased processes. Those who care to examine his drawings of the tubuli uriniferi (*vide* figs. 2, 6, and 8), will see how entirely they confirm the latest modern views (Dr. Klein) on the size and contours of the tubes. He showed how in the second stage of Bright's disease, when the primary congestion of the organ subsided, the swelling and dilatation of the tubuli, compressed the intertubular capillaries, while the afferent artery to the Malpighian bodies became enlarged to eight or ten times its normal dimensions, and proportionally varicose, and how, in the third stage, the parenchyma became hard, and appeared composed of elongated stellate cells, having fine thread-like prolongations. His views, therefore, formed quite independently of Dr. Johnson, tended to strengthen those of the latter, in his separation of the large anæmic fatty kidneys from the small granular vascular one.

In 1847, Dr. Johnson's second communication to the

"Medico-Chirurgical Transactions" was published, which discussed the inflammatory diseases of the kidney, which he divided into two classes, traumatic and constitutional. The lesions, which he attributes to a constitutional cause, some abnormal condition of the blood, he subdivides into four different types or forms. 1. An acute desquamative nephritis. 2. A chronic desquamative nephritis. 3. Simple fatty degeneration. 4. A combination of fatty degeneration with desquamative nephritis. He showed that in all these forms morbid materials were deposited in the tubules, and washed out of them again, forming casts (Franz Simon's fibrinous threads), which were to be of the highest importance hereafter as indices for treatment and in prognosis.

In the same volume of the "Transactions," vol. xxx., 1847, appeared a remarkable paper from the pen of John Simon, who thought it "indispensable for correct nomenclature, that the name of Bright's disease should be discontinued." He is convinced that there are two forms of disease at least confounded together under this term, for he, too, like Johnson, is an early dissident or dualist. He separates one form of kidney-disease from the other by the nature of the inflammation which sub-tends it. One is an ordinary subacute inflammatory process, the other a scrofulous degeneration.

Subacute inflammation of the kidney might, according to his views, be provoked by exposure to cold, by rheumatism or by gout, by intemperance, by the circulation of various fever poisons in the blood. The products of inflammation poured out into the tubes, led to blocking and bursting of them, and to liberation of inflammatory exudation, as well as of free renal epithelium cells into the parenchyma of the organ, the exudation materials subsequently underwent contraction, the free renal cells developed into cysts. Thus was brought about the small, red, granular multiple cyst containing kidney.

The scrofulous degenerative disease, however, as it had a different etiology, so, too, pursued a different pathological course, which consisted in the successive deposition of fatty materials in the glandular substance, which slowly accomplished its entire disorganisation, and resulted in a large white or mottled kidney. "The mottled kidney," he writes, p. 158, "in an infinitely large proportion of cases remains large and mottled to the end."

That the temperament and health of the individual modifies the course taken by disease in all his organs, who shall gainsay; but the distinctions he drew admit of fixing by no hard and fast lines, and, therefore, as grounds for basing a classification on, do not commend themselves.



But among the many valuable and most suggestive ideas scattered through this careful paper, the following passage proves how thoroughly he realised the fact that the peculiar shape and length and alterations in calibre of the tubuli uriniferi modified the end result of inflammatory processes involving them. Thus (p. 142) "the complexity of the tubules, the narrowness of the canals renders them especially liable to be embarrassed by changes in the physical qualities of their secretions." "The delay, accumulation, and obstruct action, of which suffice to derange the whole microcosm of the (gland) in which they occur."

Even at this early date the thickened state of the renal vessels had attracted attention, as well as what Bright had observed, the associated hypertrophy of the heart. It was not very easy to ascertain who was the first to perceive that the arterial walls of the renal vessels became thickened. Toynebee noticed the fact that in his injections of Bright's kidneys, published in 1846, and Dr. Johnson, in his third communication to the "Med.-Chirurgical Transactions" in 1850 (vol. xxxiii., p. 107), writes to this effect. "The changes of the secreting cells involve imperfect elimination of real constituents of the blood, the nutritional changes, do not go forward properly, and this accessory circulatory force becomes impaired. Hence the tendency is for the blood to dally in the capillaries, and to require additional pump-force from the heart to drive it forward, when, what happens is that the heart becomes hypertrophied, and the walls of the arteries also."

The same fact is dwelt upon by him later on, as a most important factor, in the development and prognosis of renal disease. It is only necessary to call attention to the matter here, as a part of the history of Bright's disease; its importance will claim notice later on.

At this date, *i.e.*, about 1850, Martin Solon's vague name of albuminuria for acute and chronic renal disease was, in England, as in France, creeping into general use; it recognised a fact, and avoided a difficulty; it implied that the kidneys functioned faultily, and hazarded no diagnosis upon the nature of the lesion in them. It left room for an open prognosis to be drawn from observation of other symptoms; it might, or might not, be a serious symptom itself. It must be borne in mind that Bright's disease was a term as yet of very uncertain value. English physicians were quite undecided whether it should be held to comprehend one uniform or a variety of pathological states of kidney.

Dr. Owen Rees now published (1850) a volume on "The Nature and Treatment of Diseases of the Kidney." In this he thoroughly sifted the subject of what Bright's disease consisted in, and what it should be restricted to—namely, degenerative changes of the kidney, which were the result of past or present inflammatory processes.

After ably showing (p. 40) the fallacy of the argument that a general blood-disease should not be found guilty of inducing degeneration or inflammation in one special organ, he writes, but so far as our present knowledge extends, it is in the tissue of the kidney itself that we see those first departures from a normal state which produce albuminuria. Many of the changes observed in the blood may undoubtedly be traced to the condition of the kidney. Dr. Rees was the earliest writer to point out that urine, with excess of earthy phosphates in it, gave a copious white deposit on being boiled, which closely resembled albumen, and had often been mistaken for it. He also showed how to obviate error by the well-known reaction with nitric acid. He was too, I think, the earliest to notice the frequent desire to rise and pass urine at night as a symptom of Bright's disease (p. 59), and the hard, wiry pulse, less elastic than in health, and tortuous, which, if connected with a pallid face, is, as he says, very suggestive of the nature of the malady.

In 1851, Frerichs' monograph, "Die Brightsche Nieren Krankheit," was published in Germany, and carried throughout Europe, the name and discoveries of the great Guy's physician, who had linked together albuminous urine, general dropsy, various pulmonary affections, asthma, bronchitis, and pleurisy, uræmic symptoms, and apoplexy, with a peculiar and insidious pathological degeneration of the kidney, and showed how the kidney disease led to an alteration of the blood, and this alteration of the blood to an hypertrophy of the heart, wholly independent of any disease of its valves.

New and more comprehensive views upon inflammation than those which had hitherto chiefly emanated from the Vienna school, were advancing from the north of Germany. The era of fluxions and exudations, catarrhal, croupous,

and fibrinous, was drawing to a close. Could the pathological alterations, described by Bright as taking place in the kidney, be left to fulfil the old conditions of an inflammatory process? Could it be interpreted by them?

Frerichs describes the pathological events as succeeding each other in the following order. The mischief began in the kidney by a first stage of hyperæmia and exudation into the parenchyma of the gland; it was continued, his second stage, by various metamorphoses which the exudation underwent; it terminated, his third stage, by retrograde changes and atrophy of the glandular substance. One important feature of the second stage, which he illustrates by a woodcut, is the varicose dilatation of the secreting tubes sometimes, as he says, to twice or three times their natural size (p. 28); some portions of the tubes retaining their cell-linings in an apparently normal state, others presenting altered and fatty cells in them, and others, again, being left apparently quite denuded, as Dr. Johnson had described them. He admits that the second stage was that which most frequently fell under observation. He makes an acute and a chronic form of the disease. At p. 58, he shows the objection to Dr. Johnson's inference, that the nature and extent of the degeneration can be diagnosed by the casts, because the diseased process exists in different stages at the same time in the same kidney, and because every variety of cast may be present at one and the same time. He considers the amount of albumen in the urine a measure of the intensity of the exudation process, and applicable upon the anatomical changes in the gland, so much of which is destroyed. As to the effect of the removal of renal epithelium upon the escape of albumen, he pronounces no definite opinion. According to him, the immediate effects of renal disease upon the system are: impoverishment of blood, increase of organic materials in it from impurities, which ought to have escaped, remaining combined in the blood. Among the symptoms to which he calls special attention—and his symptomatology leaves little to be improved upon—he notices the occasional follicular ulcers of the colon (p. 103), and the presence of carbonate of ammonia in blood.

The great novelty of his work was his ammoniæmia theory of uræmia, which may be stated in few words. Urea, he said, as experiments led him to believe, might circulate in great excess in the blood, but would provoke no toxic symptoms, unless it underwent decomposition into ammonia carbonate; and the presence of some special ferment in the blood, as well as of urea, was requisite in Bright's disease for the production of uræmic symptoms. The proclivity of any patient who had renal disease to uræmia could be estimated by the amount of free ammonia in his blood, and its great excess easily be rendered apparent by a glass rod, dipped in hydrochloric acid, fuming freely when brought into contact with ammonia-laden breath. The original experiments were faulty, and his inferences were not justified by his facts. They obtained very little acceptance. Ammoniæmia has been long since relegated to the limbo of unproven physiological doctrines.

Frerichs' book was strongest in its clinical descriptions of the symptoms marking the different stages of renal disease; these are sketched by a masterly hand.

In 1852, Dr. Wilkes published an article, entitled "Cases of Bright's Disease," in the "Guy's Hospital Reports," 2nd series, vol. viii. He began by expressing his preference for the name of Bright's Disease over that of Albuminuria; since renal disease, he found, might exist, and no albumen escape in the urine, and albuminuria might occur temporarily without depending upon any such lesions as Bright had described in the kidney. Bright's disease, he acknowledged, was still very imperfectly understood, pathologically or clinically; but certain well-observed structural changes in the kidney, accompanied by a regular train of symptoms and secondary pathological phenomena, might be vouchsafed to indicate it. He criticised Frerichs' book, and naturally assailed the weak point in his argument. If the small granular kidney was the final stage of one uniform process of disease, successive inflammatory congestions, exudations, and subsequent degenerations and contractions, how was it that so few examples of the intermediate pathological states were encountered? Why was it that no single case was mentioned in which the symptoms betokening the large inflammatory kidney could be traced gradually altering into such as appointed a small granular kidney? or that no case of ascertained small granular kidney is observed as having been preceded by acute symptoms? At p. 238 he writes: "In chronic granular kidney, the urine is often in good quantity, containing no deposits, and may or

may not be albuminous. Dr. Wilks pronounces himself as a very positive dualist, and discriminates two principal forms of Bright's disease—the large, white; the small, granular—and then describes the rarer or lesser varieties, the mixed forms, and secondary forms, of later writers. He distinguishes the red swollen coarse kidney of passive venous hyperæmia; the dense white fibrous kidney (which I shall hope to show hereafter) is the obstructed urinary outlet kidney, and the simple fatty kidney of phthisis. He is the first author I have read who points out plainly that the large white kidney may have two modes of commencement: either by acute general dropsy, or quite insidiously. He is the first to talk of granular kidneys as premature senility; to notice how (*vide* p. 256) "the older the patient is, the more liable is he to granular degeneration of the kidney;" and remarks among the thick tortuous radial artery, the general anæmia, the characteristic pale urine, and the desire to micturate so frequently, as well as the death-tendency by apoplexy or nræmia, in this chronic malady. He compares the changes in the large white kidney to bronchitis in the lungs, which may be recovered from entirely, or may pass on by extension of the inflammatory processes through the parenchymatous tissue of the organ to degenerations analogous to those which take place in bronchopneumonia.

His description of Bright's disease leaves nothing to correct, and little to add to; but he is not much captivated (*vide* p. 274) by Johnson's theory of the mode in which the albumen escapes from the blood, attributing the albuminuria, straightforwardly, to obstruction of the circulation through the tufts and capillaries, and not to its transudation through the tubes, because of their cell-denudation.

In 1852, appeared Virchow's pamphlet, "Ueber Parenchymatöse Entzündung." This form of inflammatory change in the kidneys is thus described by him: the elements of which the actual tissues of the organ are composed swell up, the cells become cloudy, less transparent and more granular, as well as more friable than they should be. The possible issues are in one of two directions: 1. The epithelial elements may soften down into a proteinous jelly or pulp. 2. They may become milky, and undergo fatty metamorphosis. Parenchymatous inflammation in the kidney, he insists, does not exclude the simultaneous occurrence of interstitial hyperplasia. Catarrhal, croupous, and parenchymatous exudation may be combined together, and will then lead to the highest degree of renal degeneration.

Virchow's simple catarrhal affection of the tubuli appears to correspond with Johnson's acute desquamative nephritis; and both allow that this admits, in its slighter grades, of complete recovery. Virchow's croupous nephritis is a graver grade of catarrhal inflammation, in which fibrinous exudations are poured out into the tubules, and block them up; and Virchow advises the attachment of the name of Bright's disease, not to any temporary or transitory affection with albuminous urine, but to those graver and more extended inflammatory changes, which, starting from parenchymatous inflammation, ultimately invade every elemental structure of the kidney, and entail its complete degeneration.

Johnson and Virchow are agreed in what they are describing and what they would call Bright's disease; but they differ widely in the terms they employ to represent the pathological process, and in the method in which they interpret the phenomena. Johnson is a trifle too allegorical with his desquamative nephritis, and Virchow stretches the old-world notion of inflammation prevalent at that time to bursting point with his parenchymatous swelling.

Traube, in his volume on the connection between renal and heart disease, broke fresh ground in 1856, when he distinctly separated the cardiac kidney, *i.e.*, the kidney of passive renal hyperæmia, from the kidney of Bright's disease or primary kidney-disease, and showed that, while valvular heart-lesions entailed kidney-disease in many instances; chronic kidney degeneration, and especially Bright's atrophic kidney, compelled heart-hypertrophy as an almost inevitable consequence. In this work, Traube summed up, with the master-hand of a clinical teacher, the mode of distinguishing the primary from the secondary disease, writing: "In both, the urine is albuminous; but when the renal degeneration is primary, and the cause of the heart-hypertrophy, and the hypertrophy, is adequate to the renal defect, the urine is copious, pale, and generally of low specific gravity, and the amount of albumen in it variable (but seldom considerable); whereas, when the renal degeneration depends upon passive congestion secondary to heart-disease, the urine will be dense,

scanty, and high-coloured, and its albumen contents large in amount." His pathological description of the two kidneys is equally good. "The kidney secondary to heart-disease is large, tough, and extremely blood-gorged in its vascular zone, while the kidney, whose degeneration has evoked widespread complications and changes secondary to itself as events, although not in importance, will be found atrophic, pale, tough, and granular."

Traube's inferences were criticised by many writers, and with some skill by Bamberger in an article published in Virchow's "Archiv," Band xi., 1837, p. 12, who showed that valvular lesions of the heart (those remarkable fibrinous vegetation accretion forms), not only were no rarity in, but formed really a very common incident and complication of, the renal disease (as later experience has abundantly proved they especially occur in the large white kidney-disease of short course and excessive albuminuria); and that these valvular lesions, and not the kidney circulatory impediment, ought sometimes to be held guilty of the cardiac hypertrophy. He concedes, however, the main issue, Traube's real hit, that in some cases of chronic renal disease the heart was found greatly hypertrophied without valvular disease or any other obvious cause, and for this he was the first person to offer a mechanical explanation.

Meantime, the English observers and physicians were not idle, but having arrived at the conception of Bright's disease as a renal degeneration, presenting itself in several varieties with distinct pathologies, clinical symptoms, and issues, were directing their attention more to the best mode of distinguishing these separate forms during the patient's life, and at advancing diagnosis, prognosis, and treatment—*vide* Dr. Basham, "On Dropsy and its Connection with Disease of the Kidneys" (1st edition, 1858), and Dr. Dickenson: "Two essentially distinct conditions of kidney, giving rise to what is called Bright's disease" (*British Medical Journal*, 1859).

By both these writers good use was made of the microscope in investigating the sediment of the urine, as a clue to the changes taking place in the kidney, and in examining the kidney, in the hope that it might explain how its degeneration had been brought about.

It is an easy and an invidious task to look back now, and say how much of this labour was profitless; how few inferences made by Basham as to diagnosis upon the appearances of renal casts, have been confirmed; and how little light the earlier microscopical examinations of renal disease really threw upon the changes that took place in the tissues of the kidney, or upon the order in which they succeeded each other. The anatomy of the organ still was very imperfectly ascertained; and as with the lung, so with the kidney, to read the course of disease backwards to its beginning, from the appearances found at the death-stage, is to court failure and invite error.

Those who refer to Dr. Basham's work will see that, at this period, the estimate of the extent and gravity of renal degeneration, instead of being based, as the older writers—Christison and Gregory, and Osborne—had urged that it should be, upon the amount of urine passed, and on its density, as a measure of the functional capacity of the kidneys, ran grave risk of being hurriedly inferred from casts found in the sediment of the urine, which were valuable, no doubt, as additional evidence, but far from being all-sufficient in themselves to base an opinion upon.

Differentiation was the order of the day. The pendulum which Ferriehs had forced back to Bright's last-issued idea, that his disease was, essentially and pathologically, one interrupted by death, and thus encountered at different stages, was swaying, irresistibly swaying, in an opposite direction.

Beer, in his work on the connective tissue of the human kidney, published in 1859, was calling attention to two distinct forms of interstitial hyperplasia, which he had observed in renal disease: the one in circum-glomerular, the other intertubular. The circum-glomerular interstitial nephritis was, according to him, marked clinically by yellow-coloured urine, of low specific gravity, and presenting little urinary sediment; whereas, the intertubular commenced with hæmaturia, was attended by urine of high specific gravity, and possessing much sediment.

Traube writes in 1860 ("Klinische Untersuchungen," page 969), appealing that the name of Bright's disease should be given up, because it promulgated error, and led to the confusion together under one head of ever such a variety of forms of renal degeneration; the parenchymatous inflammation did not constitute it; this was a first change only, which might lead to it. Interstitial nephritis, or interstitial hyperplasia,

could be developed without any previous stage of parenchymatous swelling; and parenchymatous swelling was to be found in the renal changes secondary to old heart-affections.

Acts of Parliament and the Queen's pleasure apart, there are few things so difficult to shake yourself quit of as the name of a place, or of a man, or of a disease. While Traube was urging that the name of Bright's disease should be surrendered, because of its vagueness and uncertain applicability, Dr. Goodfellow, in some admirable lectures on "Diseases of the Kidney," published in 1861, was as strongly recommending its re-adoption in England in lieu of albuminuria for a varied but peculiar (specific) renal degeneration, which possessed certain well ascertained symptoms, and a moderately precise pathology of its own. He writes (p. 237): "It is from not separating the acute from the chronic stages, and from taking the mixed varieties as so many independent forms, that so much confusion has arisen."

Goodfellow was no blind believer in casts; he advised those who wished to make a sound diagnosis of the extent, and would forecast the issue of any case of renal disease, to go back to estimating the amount of urea excreted *per diem* by the patient; and directed attention to the grave secondary change undergone by the blood, when the normal elimination of urea was rendered defective, in consequence of any renal inadequacy.

Dr. Goodfellow's lectures showed considerable knowledge of foreign labours, as well as original ideas. In explanation of its peculiar coehetic colour, he argued (page 54), that the impurity of the blood in chronic renal disease might act, much as solutions of urea in laboratory experiments, in destroying the red blood-cells, and causing them to break up. At p. 217, he compiled a valuable table of measurements of the tubuli uriniferi, and of the small arteries of the kidney; and he was the first, at all events in this country, to recognise the important part played by the arteriols rectæ as channels whereby the blood could pass from the renal artery by a short cut into the renal veins, when the circulation by the lengthier route through the Malpighian bodies in the cortical substance, was obstructed by swelling of the tubules, or effusion of fibroserum into the intertubular lymphatics—a point which had been insisted upon by Professor Virchow in a very interesting pamphlet, published about 1860.

### ON TEMPERATURE AND ITS RELATION TO MORTALITY: AN ILLUSTRATION OF THE APPLICATION OF THE NUMERICAL METHOD TO THE DISCOVERY OF TRUTH.

By WILLIAM A. GUY, M.B., Cantab., F.R.S.,

One of the Honorary Presidents of the Statistical Society.

(Continued from page 283.)

DR. GUY, resuming the study of the table which he selected for examination, first distinguished the maxima from the minima in the several columns by close and open dots, and connected them by thin lines; thus converting it from a table of reference into what he terms a *Tentative Table*; and he learnt from it two facts, obviously meriting further investigation, namely, that after the fifth year of life, the highest mortality occurs uniformly, at all ages, in the first three months of the year, January, February, and March, and the lowest in the three months, June, July, and August, and that in six out of nine instances the lines and dots of maxima and minima ran parallel. Proceeding further with his inquiry by converting the table of reference into a table of discovery, by grouping the months into three sections of four each, Dr. Guy obtained results of singular interest, as adding a new fact to our knowledge of the relation of temperature to mortality. Heberden laid great stress upon the truth that cold is the most effective cause of a high death-rate. But he thought that it produced its deleterious effects chiefly on persons above 60, and in a less degree on the consumptive. He did not make such a use of his figures as to discover the two broad truths, 1. That the lowest mortality occurs at all ages in the summer, and with the exception of infants and children under five years, the highest in the winter; and 2. That with a solitary excep-

tion, the high mortality of the cold months increases, while, without exception, the low mortality of the summer months becomes less and less as age advances.

The high mortality of the colder months shows itself by a nearly unbroken increase, the low mortality of the warmer months falling lower and lower as men grow older.

Dr. Guy then showed, by the aid of figures, what the diseases are to which this high and low mortality are to be respectively attributed, so as to carry the inquiry beyond its present limits.

We know that cold weather is fatal to the aged, and we ascribe this their mortality to bronchitis as its leading cause. Perhaps we shall find that what is true of the bronchitis of old age is true in a less degree of the diseases of the lungs in the earlier periods of life, as well as of some diseases of other organs.

Heberden had already recognised the effect of cold in enhancing the mortality from consumption, but he did this without producing the figures that warranted his belief. Yet the materials for such a comparison are presented to us in his table for the three years 1797, 1798, and 1799, as well as the deaths from asthma. The aggregate figures for the three years, as obtained from the same source, are as follows:—

Cold months, 3,765; temperate months, 2,710; hot months, 2,189.

The facts relating to consumption and asthma and some other diseases, and groups of diseases were found to be as follows:—

1. *Consumption*.—Four cold months, 5,934; four temperate months, 4,834; four hot months, 4,016.

2. *Asthma*.—How fatally cold affects the asthmatic will appear from the following figures:—four cold months, 956; four temperate months, 468; four hot months, 263.

The mortality of the cold months exceeds that of the hot months to a very remarkable degree. While the death-rate by consumption in the cold months in no year amounts to double the rate of the hot months, in the case of the asthmatic it is more than twice as great in one year, nearly fourfold in a second, and close upon fivefold in a third. Nor is there any exception to the rule in any of the years comprised in the tables.

We see now why the lesser mortality of the hot season, already known to prevail among persons above 60, should extend through the whole of life for all ages without exception, and the greater mortality of the cold season, with the single exception of children under 2 years of age. Cold proves fatal in infancy and childhood mainly through the difficulty which must exist in maintaining a suitable temperature in union with a healthy atmosphere. Even in childhood the wasting maladies entered as consumption make themselves felt in the register of deaths, while the disease known as pulmonary consumption sweeps off a fifth or so of all who die between early youth and old age, and asthma and bronchitis complete the harvest of death among the aged.

3. *Dropsy*, or to speak more precisely, another precursor of death in the chief diseases of the internal viscera (heart, lungs, liver, and kidneys), which attack chiefly middle-aged and aged adults, is dropsy. The figures for dropsy are:—four cold months, 1,022; four temperate months, 873; four hot months, 735.

So that dropsy follows the rule of the better defined diseases which chiefly attack the adult. Cold is most, and heat least, fatal to those who suffer in this way, while the temperate months again occupy an intermediate position.

4. *Apoplexy, &c.*—There is a miscellaneous group of causes of death to be found in Heberden's tables, under the heading, "Apoplexy, palsy, suddenly," the facts being given for nine years (namely, the six years 1763-68, and the three years 1797-99). For this group also the winter season is the time of greatest mortality, and the summer season that of lowest mortality in seven years out of nine, and in the aggregate of the whole. But in one instance the mortality of the four temperate months exceeds that

of the winter season, and in one instance also falls short of the mortality of the summer season; but in both cases the difference is very small. If we convert the totals into percentages, we obtain 41 as the percentage for the cold season, 28 as that for the hot season, and 31 as that for the temperate season, which here again occupies an intermediate place.

The figures for this mixed group of apoplexy, palsy, suddenly, are as follows:—four cold months, 1,142; four temperate months, 860; four hot months, 780.

5. *Convulsions*.—These may be said to be to the disorders and diseases of infancy what dropsy is to the diseases of the adult. They are rather forerunners than causes of death. The figures for convulsions are:—four cold months, 4,330; four temperate months, 3,660; four hot month, 3,565.

The figures for the first and third of the three years, as well as the totals, follow the usual order. The four cold months are most fatal, the four hot months least fatal, the four temperate months intermediate. The totals reduced to a percentage yield for the three seasons in their order the numbers 37 per cent., 32 per cent., and 31 per cent., the cold months contrasting strongly both with the temperate and the hot months; but the difference between the last two being inconsiderable. In this convulsions differ from most other causes or precursors of death.

The influence of these five diseases or groups of diseases on the mortality of all ages proves predominant over other causes of death, of which some act directly as the temperature, and others follow an order of their own, that is to say, prove fatal neither in an inverse nor in a direct order.

The diseases returned in a bill of mortality as colic, flux, gripes, and looseness, belong to the category of those of which the fatality varies directly as the temperature, the hottest months being the most fatal, while the coldest are least destructive to life. The average figures for six years are as follows:—four coldest months, 136; four temperate months, 141; four hottest months, 156.

The figures for the several years offer great variety. Thus, in one year the cold months are credited with 6 deaths; in another with 42; the temperate months with 10 and 24; the hot months with 5 and 37.

But fever and small-pox both afford examples of diseases of the exceptional order, which do not vary directly or inversely with temperature; the deaths from fever being most numerous in the mixed temperate months of spring and autumn, the cold and the hot months following in order; while the largest mortality from small-pox occurs in the cold months, which are followed in their order by the hot and temperate months.

There is also a difference worthy of remark in the order of the seasons, or divisions, of the year in at least one of the group of zymotic diseases, according as the disease is epidemic or non-epidemic. It seemed reasonable to expect that measles would follow the inverse order of diseases aggravated by cold; and so it turns out to be in three non-epidemic years, when the figures stand thus:—

Four cold months, 77 deaths; four temperate months, 66; four hot months, 49.

While in a series of epidemic years there were no less than 139 deaths in each of the groups of temperate and hot months, made up of different numerical elements for the four months, and only 30 deaths for the four cold months.

But Dr. Guy here reminds the reader that he has been dealing hitherto with numerical returns which date as far back as the interval from 1732 to 1747, or with Heberden's tables, which begin with 1763 and end with 1799. (See his work from p. 8 to p. 27.) In referring to them he says he cannot withhold the expression of his surprise that numerical returns of a date so remote, and open to so many obvious objections, should have yielded to his method of treatment results, stamped, as it seems to him, with the characters of the highest probability, if not of positive

certainty. But be this as it may, it is but natural that he should seek to know whether more recent returns confirm or invalidate, as the case may be, the inferences drawn from those earlier documents. With this object in view, it was but natural to turn to the work of Dr. Scoresby-Jackson, to which reference was made at the beginning of the paper. Table C of his elaborate paper contains all the numerical elements required for an answer to Dr. Guy's inquiry.

The figures of that table show that what was true of the climate of London more than a century and a half ago was also true of the climate of Scotland a quarter of a century since, for the figures are taken from the reports of the Registrar-General for Scotland, as they relate to the eight largest Scotch towns, and are doubtless faithfully recorded. If we reduce the results to approximate percentages, we obtain the following figures:—Four cold months, 38 per cent.; four temperate months, 13 per cent.; four hot months, 29 per cent.; and there is not a single year of the six which forms an exception to the general rule. In each year and in the average of years the same order prevails. The mortality varies inversely as the temperature, though the figures, when reduced to percentages, exhibit inconsiderable fluctuations from year to year.

(To be continued.)

## OBSERVATIONS ON SKIN GRAFTING.

By CHARLES W. MCCARTHY, L.R.C.S.I.,  
L.K.Q.C.P.I., &c.

SINCE its introduction in 1869 by Reverdin, of Paris, skin grafting has been recognised by the profession at large as one of the most valuable additions of late years to our surgical art. This useful process is now in pretty general adoption in our hospitals, and, to some extent, in private practice, in the treatment of large granulating sores where completion of cicatrisation is retarded or impossible, owing to a too great area of granulating surface, and limited power of cicatrisation in the cuticular margin of the sore. I believe there is no operation which can be more successfully accomplished by minute attention to details; there certainly is none in which a little extra care and nicety in its performance will yield more satisfactory results,—a fact which, in my own practice, I have had ample opportunity of verifying.

Transplantation of skin is applicable to a variety of cases. Speaking generally, it is of value—

1. As the only means at our disposal of establishing cicatrisation in sores previously incurable owing to a too large area of granulating surface, or extreme skin tension, as over bony parts.

2. As a certain means of facilitating the completion of cicatrisation in any healthy granulating surface.

3. As a means of limiting undue contraction of cicatrices, and thus, in a special manner, contributing to obviate the unsightly deformities, that too often result from severe burns and scalds.

In large healthy ulcers it is invaluable to hasten cure; so also in the extensive sores that remain when the sloughs in anthrax have come away. In the latter cases I have had the very best results from it. I shall select from my notes two instances where I have been especially successful.

Mr. C., æt. 50, suffered in September, 1874, from a very large anthrax—the largest I have ever seen—engaging the occiput and nape of neck. When the sloughs separated an immense chasm was left, extending from ear to ear, presenting a frightful appearance. In the course of his illness the usual stimulating, tonic, and nutritive treatment was adopted. When the sloughs were removed I applied on lint, three times a day, carbolic oil (acid. carbolic  $\frac{3}{4}$ ss.; Ol. olive ad.  $\mathfrak{z}$ vij.) Under this local and constitutional treatment rich healthy granulations sprang up. Owing to the great extent of the sore, I deemed it

advisable to introduce skin grafts, with the twofold object of hastening cicatrization, and preventing subsequent disagreeable contraction of parts. The granulations were soon in a suitable condition for the reception of the grafts, *thirty-two* of which, at one operation, I carefully placed in position, the patient having freely allowed me to remove from the forearm seven or eight small pieces, which, by sub-division, made this number. Only trifling pain was experienced. On exposing the sore three days afterwards, I had the satisfaction of finding that *twenty-seven* had taken. It was most interesting to watch the stages of growth in these "centres of cutification." In a very few days islands and peninsulas of cuticle filled in the sore, and cicatrization was completed with magic rapidity, leaving perfect freedom of movement in the head and neck.

In a case of large anthrax occurring beside the spinal column—dorsal region—in an old gentleman, Mr. L., in April, 1878, I had equally good results, *twenty-five out of thirty* having grown at one operation, and the sore healing in a marvellously short space of time.

So large a number of grafts having been planted at one operation, the result in both these cases must be considered satisfactory, and was, no doubt, due as much to special care in placing and maintaining them in position, as to the suitable soil on which they were placed.

I believe the most favourable condition in granulations for the reception of skin grafts, is that in which they are ruddy, full, and ripe looking. To secure this, carbolic acid, in suitable combination, is invaluable, especially in anthrax, or, indeed, in most sores of the indolent class. As an antiseptic and stimulant it acts beneficially on the sore, and on the grafts themselves. In cases requiring much local stimulation, I have prescribed the following ointment with great advantage:—

R Vaseline } aa ℥j.  
Ung. resinæ }  
Acid. carbolic, ℥j.—℥ss.

Ft. ung.

When clarified, by submerging in another vessel containing hot water, it makes a very elegant preparation.

Given a case where skin grafting is desirable, the first and most essential condition to ensure success is a healthy state of the granulations. I have attempted the process in one or two instances where the granulations were not quite healthy, but cannot say I have been rewarded with even partial success. One was the case of an old lady with an irritable ulcer on the leg. Other methods of cure were previously tried without avail, so I determined to put on a few skin grafts. I placed half-a dozen in position, but was not satisfied that any of them grew. The ulcer, however, cicatrised soon after. Whether one or more of the grafts, unknown to me, may have carried on an abortive growth at the margin of the sore, and thus exerted a favourable influence, through contact or impression, producing healthy action and exciting cicatrization in the marginal cuticle, I am not prepared to say. I am persuaded by experience there is little use, if any, in transplanting skin on granulations not perfectly healthy. Suitable treatment, constitutional and local, to secure this important condition, will suggest itself in individual cases. Bearing in mind that *excessive* action in the process of repair is injurious, I believe the best results in skin grafting—all other things being favourable—are to be achieved in the maximum of local stimulation, at a point, in fact, when any further stimulation would be excessive. I find ruddy, ripe granulations on an even surface, discharging healthy pus—the most favourable conditions.

To procure grafts I generally select the anterior aspect of the forearm, where I find there is least pain, and usually proceed according to the directions given, so concisely, by Mr. Bryant, of Guy's Hospital, in his admirable work on surgery. Instead, however, of using the instrument he recommends, I catch directly and nip off, with an ordinary curved scissors, a small oblong piece of skin,

about a quarter of an inch long, taking care not to cut too deeply into the cutis vera, a very thin layer of which will suffice. If done dexterously, including only the cuticle with the *rete mucosum* and the mere apices of the papillæ, the pain is very trifling. There is no bleeding, and the patch heals without any treatment. On my thumb-nail, as recommended by Mr. Bryant, I divide this piece into about four parts, taking care not to bruise or otherwise injure the grafts. They usually curl up, and I catch each gently, by its outer surface, on the point of a tenaculum needle, to which it adheres almost without pressure, as if by attraction. The sore having been washed previously with carbolised water, I lay the raw side of the graft on a good ruddy granulation, to the convex surface of which it will immediately adhere, if *lightly* taken on the tenaculum. The curled graft at first does not lie evenly, but by a little gentle continuous pressure with the curve of the tenaculum, it quickly absorbs moisture from the granulation, loses its shrivelled appearance, unfolds itself, appears to get larger and fuller, and in a few seconds lies evenly on its new bed. Bleeding the granulations, as formerly practised, is not necessary. Indeed, I believe it rather tends to mar the success of the operation. The other grafts should be placed with similar care, one inch apart, according to Mr. Bryant. I generally, however, place them half an inch apart, and about the same distance from the margin of the sore, covering with successive rows of grafts the entire surface, unless it be exceptionally large, in which case I leave the centre free, as the grafts here will not take so readily. I believe it to be an advantage to place a sufficiently large number at one operation. It generally obviates the necessity for a repetition; and, if such can be avoided, it is better not to subject the patient a second time to even the trifling pain experienced. With due care it is quite as easy to get a large number to take as a few, especially if the grafts be placed in wide sores chiefly around the margin. The more numerous these "centres of cutification," the greater will be their effect in exciting cicatrization at the margin (a power which any ordinary observer must admit they undoubtedly possess), and the more quickly will they unite and cover in the sore by proliferation of their own cells. The grafts having been placed, it is of the utmost importance to keep them undisturbed *in situ*. I follow, with some modification, Mr. Bryant's plan, covering the sore carefully with a piece of fine gutta-percha tissue, previously rubbed with carbolic oil, placing over this a small pad of French wool to secure equal pressure, the whole being lightly strapped with adhesive plaster, and bandaged. On the third day I expose and wash the surface very carefully with tepid, carbolised water. Other methods, such as keeping the grafts *in situ* by means of threads strained across them, are not, perhaps, quite as practicable. Some surgeons object to the use of gutta-percha tissue, owing to its non-absorbent nature. It has done sufficiently well in my hands. Those who object to it might try very thin gauze, or, better still, some fine, white gossamer, lubricated with a weak solution of carbolic acid in oil, with or without glycerine, placing over it a light pad of that useful material known as "absorbent" cotton wool, and carefully, but not too lightly, strapping and bandaging.

Generally speaking, if the granulating surface be in a fit state to receive the skin grafts, if due attention be given to neatness and delicacy of manipulation, and the grafts be not subsequently disturbed from their position, there is no reason why each and every one of them should not grow. Failure is only to be ascribed to clumsiness or some neglect in the particulars mentioned.

A question naturally suggests itself. Why should not a large piece of skin be planted instead of several smaller pieces? The reasons are:—Firstly, it will not take with equal certainty because (a) it is difficult to remove a large piece without including in it too much of the cutis vera; this would be likely to militate against its growth. (b) It is difficult to keep its entire surface on intimate

apposition with the granulations; those parts not in apposition are prone to decay, and this decay is likely to spread to the entire graft. Secondly, even if it should take, no advantage would seem to be gained, for it remains, mushroom-like, on the cicatrix, in marked contrast to the tissues around, and growth from its edges is very limited.

Mr. Bryant questions whether newly-engrafted skin is not more liable than the old skin to undergo disintegrating changes. No doubt, for a limited period, it needs protection on exposed parts. Time, however, would seem to produce a hardening effect on the grafts and on the cicatricial tissue formed by them. This is fairly illustrated in the case of Mr. C. (above detailed), whom I specially visited yesterday (December 14th, 1880), *six years and some months* having elapsed since the pieces were engrafted in his neck. I found a slightly raised, movable cicatrix, flat, even, and healthy-looking, half-an-inch wide and six inches long, on which the site of most of the grafts was plainly visible, *twenty-two of which I counted*. The remaining five were not discernible. The grafts were mostly embedded in small depressions, but one or two appeared on a level with the surface, with a circular furrow around. None were above the surface. The cicatrix bore rough handling, which the patient himself exemplified. The individual grafts on being pricked with a needle proved to be highly sensitive. I questioned him as to any unusual tenderness in the cicatrix. He answered: "No, I have no tenderness whatever in it. I can use the comb as roughly here as on the crown of my head. Certainly, for a year after it occurred I had a sensitive feel in it, but nothing will affect it now." If anything were calculated to break down this engrafted tissue, the constant irritative effect of the comb would have done so.

The cicatricial tissue produced by grafts is apparently identical with that formed by the margin of the sore. The *rete mucosum*, or pigment layer, is evidently contained in it, as shown by the transplantation of grafts from a negro to a white man, the coloured area increasing largely around each graft—a fact which also proves growth from their edges by proliferation of their own cells. This growth, however, is at best but an imperfect copy of the grafts, which, even after so long an interval as above instanced, *retain their original size and colour, and appear distinct in character from the cicatricial tissue formed by them*. This has its drawback when we consider transplantation of skin as an aid to plastic operations on the face, where a neat result is looked for, though I have no doubt it is useful here in some degree. Doubtless, when the process was originated, surgeons were more sanguine as to its doing away effectually with scars, contractions, and deformities. At this happy result we have not yet arrived, nor are we, apparently, nearer its full attainment. It is certain, however, that very considerable advantages may be derived from skin grafting in suitable cases. From inquiries I have made, it does not seem to be as much employed by surgeons in provincial practice as it ought to be, considering its simplicity and usefulness. For my part, I have found it to work satisfactorily in private cases, where its employment was indicated; the patients feeling interested in this simple yet marvellous process, and gratified at its results.

Cloumel, March, 1881.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Leicester 13, Sheffield 17, Norwich 17, Bradford 18, Newcastle-on-Tyne 18, Edinburgh 18, Brighton 19, Birmingham 20, Leeds 20, Portsmouth 20, Sunderland 20, Salford 20, London 21, Wolverhampton 22, Plymouth 22, Glasgow 22, Nottingham 23, Liverpool 24, Hull 25, Bristol 26, Oldham 28, Manchester 28, and Dublin 30.

## Clinical Records.

### VICTORIA HOSPITAL FOR CHILDREN.

*Abscess in Thoracic Parietes simulating Epyema—Death—  
Post mortem.*

Under the care of Dr. JULIAN EVANS.

Reported by Mr. DAWSON WILLIAMS, M.B., Registrar.

WM. B., *æt.* 9, was admitted on February 9th, 1881. The family history was not good, one other child of the same parents had died of consumption, and the patient had always been a pale, delicate boy. He had scarlet fever in April last year, but made a good recovery; and appeared to be in fairly good health until about the middle of December last, when, without any obvious exciting cause, he began to complain of pain, referred to the region of the heart, and vomited. So far as was known he had received no injury. When admitted, he was seen to be a pale, fragile-looking boy, he lay habitually on his back, and appeared to be much prostrated. The left side of the chest moved less than the right, and measured a little less in circumference; the intercostal spaces at the left base were obliterated, and there was some superficial tenderness in the axilla; the side was absolutely dull on percussion as high as the third rib in front, and the angle of the scapula behind: above these levels the percussion note was tubular, and the breath sounds had a tubular quality; on passing downwards the breath sounds grew gradually fainter, and were scarcely audible at the posterior base. The percussion note over the right side was hyper-resonant, and the breath sounds were exaggerated. The cardiac impulse could be faintly felt in the usual situation, but at a maximum in the epigastrium a little to the right of the middle line. During the two days following admission the temperature ranged from 101 deg. to 98 deg.; respirations averaged about 30 in the minute, there was very little cough, but frequent profuse sweatings. On the evening of Feb. 11th a trocar was passed into the chest through the 7th space in the axilla, and about eighteen ounces of thick, brownish pus, with a very foul odour drawn off; under these circumstances it was thought best to lay the chest open freely, and introduce a drainage tube. The operation was followed by temporary relief of all the symptoms, and a fall of temperature to the normal. On the third day, however, the temperature ran up to 103 deg., with profuse sweatings, rapid breathing, and great distress.

On Feb. 15th a second opening was made in the 10th space, and a drainage tube passed through from the upper opening; on this day it was observed that a considerable area of the 8th rib, at the point where the tube entered the chest was bare and rough. As however, considering the condition of the child this did not seem an unlikely consequence of the previous operation, no importance was, unfortunately, attached to it. This second operation was followed by temporary improvement: but after four days the fluctuations of temperature and profuse sweatings again became marked, and were but little affected by the liberal exhibition of quinine. Without detailing the daily variations in the symptoms, it will be sufficient to say that, in spite of a stimulant line of treatment, combined with thorough cleansing of the suppurating cavity with antiseptic lotions, and most careful nursing, the patient's strength gradually ebbed away under the severe pyrexia, and frequent sweatings which he experienced, and he died on March 15th. The temperature for three days before death had been almost continuously above 102 deg.

The post-mortem examination revealed complete collapse of the left lung, which was universally adherent, so that the pleural cavity was entirely obliterated; the thickened parietal pleura was detached from the diaphragm, and from the side of the chest as high as the second rib, leaving a large cavity which had evidently



contained the pus withdrawn during life—in it was found about one ounce of purulent fluid, with shreds of yellow lymph. The upper margin and inner surface of the eighth rib, over an area of about half a square inch was rough and carious. On section the left lung was of a deep purple colour, breaking down easily under the finger: portions from every part sank in water. On the right side there were a few scattered pleural adhesions; the lung was emphysematous in patches, but not otherwise altered. The brain and other organs were examined, but showed no traces of tubercle or other pathological process.

*Remarks.*—As will be seen from the account of the physical signs (transcribed from notes taken at the time), the case presented all the signs commonly associated with empyema, and the operation proved that there was pus within the chest. The interest of the case seems to be the unusual source of this effusion, for looking at the facts, there can be little doubt that the suppuration really proceeded from the carious rib, since the pleural cavity was entirely obliterated: had this fact been recognised during life it would probably have been advisable to have excised the diseased portion of rib—an operation which would probably have been attended by no inconvenience, for the excision of a portion of one or more ribs for empyema is an operation which has been attended by the most favourable results in the hands of Peitavy, in Germany, and Mr. Thomas, in Birmingham (*Birmingham Med. Rev.*, 1880). It is doubtful, however, whether in this particular case anything could have obviated the fatal result, owing to the prostrate and exhausted condition of the patient. The facts of the case may, however, make surgeons more alive to a possible source of purulent collections simulating empyema.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 8TH.

T. SMITH, F.R.C.S., Vice-President, in the Chair.

Dr. BERNARD O'CONNOR on a

CASE OF "SYPHILITIC PSORIASIS OF FACE AND NECK."  
(Patient exhibited 11th March, 1881.)

Patient first came under observation 2nd March, 1881. Aged 28 years. Always healthy up to six months ago, when complaint was made of pains in the head, most severe in the temples. For this she went under treatment. A week subsequently there was sore throat; a fortnight later still, an eruption appeared all over her, that on the face being similar to what we now see, while that on the body and limbs took the form of "dark bluish spots." She remained under treatment for six weeks. The patient's husband had, with the exception of the remarkable eruption on the face, presented the same symptoms, though a little earlier; he had also had a severe iritis. He never had a chancre. Has two healthy children; never lost any; has had neither abortion nor a miscarriage. Is quite regular. Mother died at 34 of some "liver disease." Father and all other members of the family quite healthy. On examination I found a number of pinkish-white scaly rings and some darker circles all over the face, including eyelids, and on front, sides and back of neck; also some half-circles. All stages of development were noted at the same time. Skin between is healthy. The rings, which spread by three outer margins, are not quite symmetrical. Rings incomplete at point of contact. The skin is naturally fair. Eruption always dry and itches most at margins. No trace of it on elbows, knees, palms, soles, nose, lip, mucous membranes, ears, or scalp; but the hair has been shed in large quantities, and there is dry seborrhoea. Few brownish maculae on body, backs of thighs, and inner sides of arms, evidently resulting from syphilitic roseola. Excavated ulcer near right tonsil. No affection of nails. Scaly eruption on shins somewhat resembling, though really different from,

squamous eczema and ordinary psoriasis. Eruption on face might, in some respects, be compared to that of lichen rubra and *Herpes Circinatus*. Under the microscope, with a power of 450 diameters, were found slight hyperemia and infiltration of rete mucosum. Reasons for classifying this case as *sypilitic psoriasis*:—1. History of patient and husband, and absence of any history of psoriasis (or, in fact, of any skin disease) in any member of her family. 2. Dry scales less in amount and darker in colour than those found in ordinary psoriasis. 3. Absence of eruption from elbows and knees. The non-appearance of any affection of the palms of the hands and of the sides of the feet is unusual in syphilitic psoriasis. *Treatment.*—Hydrarg. perchlor. (gr. 1-12), c. tinct. chinchonæ, t. die, and topical application of ungtm. hydrarg. nitratæ.

Mr. RUSHTON PARKER on a

CASE OF ARTERIAL HEMATOMA OF THE FOREARM DUE (APPARENTLY) TO EMBOLIC ARTERITIS AND PERFORATION.

William Griffin, æt. 14, had rheumatic fever in the first quarter of 1879, during which he experienced pain in the right forearm, followed by swelling of the whole limb, eventual subsidence in the arm, but gradual increase in the forearm. He was admitted into the Liverpool Royal Infirmary on 23rd July, 1879, and was found to have an oval swelling of the right forearm, tense, but slightly elastic, without pulsation, the previous existence of which the patient distinctly negated. Incision under ether revealed a blood tumour between the bones and deepest muscles on the flexor side, and an open artery with upper and lower aperture. This vessel was tied, and the wound treated by the cartilage method without the spray. Inflammation, however, became intensified, and septic conditions arose, without, however, any evil result until after the 20th, between which and the 30th several attacks of secondary hæmorrhage occurred. The wound was eventually searched for a bleeding point, but none found, the cozing being general. Ergotine subcutaneously, and turpentine locally, with elevation of the limb were followed by cessation of bleeding and rapid cicatrisation. Hitherto no cardiac or respiratory symptoms had been present, though a systolic and diastolic murmur revealed aortic obstruction and regurgitation both on admission and since. He now, after the sixth week, had severe dyspnoea, with palpitation and cardiac pain, commencing with an attack of epistaxis, and producing cyanosis. Opium and digitalis were given, and in a fortnight he was better, with occasional remissions. Under a regulated diet of bread, butter, potatoes, tea, and beef-tea, excluding especially milk and flesh, with opium and no digitalis, he gradually made a complete recovery from all impairment of the respiratory and circulatory functions. The murmurs, however, remained for months, but he was lately (February, 1881) totally free from murmur, and in robust health and strength. Partial division of the median nerve in the final operation, has resulted in impairment of the palmar muscles concerned, but the main use of the hand is good, and all the most important movements preserved. *Remarks.*—The appearance of septic influences is of course due to causes which were probably preventible; and the secondary hæmorrhage was almost certainly due to the intensified inflammation which ensued. This case is only one among examples, which to many surgeons are well known, proving in the clearest way the influence of inflammatory irritation in promoting hæmorrhage from vessels in the vicinity. The converse, though not demonstrable here, is experienced in other cases where the removal of irritation (such as the distensible force of retained discharge or blood-clot) is followed immediately by cessation of bleeding which may previously have been profuse, and apparently unquenchable. As to the original blood-clot, the hæmorrhage of which it was the substance, resulted evidently from perforation of the artery concerned. The blocking of this artery and the consequent collateral flexion are circumstantially evidenced in the history, while the conditions requisite for embolism were, to say the least, rendered possible by the clinical signs. The age of the patient and all the circumstances leave, it is thought, no choice outside the supposition that an embolism, consisting of active inflammatory material, on becoming impacted in the anterior interosseous artery of the forearm led to acute arterial inflammation and consequent perforation in place of the obliteration more commonly to be expected.

Mr. T. SMITH said these cases were very rarely met with. He thought the explanation offered a probable one. Rupture frequently ensued from cerebral embolism, but occurs in limbs only very infrequently.

Mr. GODLEE inquired if any arterial disease had been noticed in any other part of the patient's body?

Mr. HEATH remarked that it was unusual to find arteries diseased at so early an age, and for this if for no other reason Mr. Parker's case was unique. He did not, however, feel quite satisfied with the explanation of it that had been given. Had careful inquiry been made to ascertain whether an accident might have produced the arterial wound? He thought the boy might have done better had the wound been closed with lint and a compress applied over it.

Mr. M. BAKER inquired when the boy had last been seen, and what his condition then was? Curious cysts, he said, sometimes occur and simulate the appearances due to embolism, but only a thin layer of blood is found surrounding them.

Dr. COUPLAND wished to know if embolism had been found in any other part of the body. He commented on the remarkable fact that the boy had lost the signs of valvular disease of the heart apparent during his early treatment.

Mr. RUSHTON PARKER replied that the age of his patient (14 years) excluded the idea of aneurism. The two openings in the artery were well defined. The back of the vessel was plainly visible. In explaining the condition, he imagined an embolism might have lodged in the artery and caused the mischief. He had been unable to gather any history of a traumatic origin for it, and examination by the aspirator proved it to be non-malignant. The record of the case, moreover, suggested embolism. There had been pain and swelling of the whole arm, which gradually diminished. The clot found was firm and black, and formed under considerable pressure. The heart was in a bad state on admission; its improvement was very marked.

Mr. HEATH asked if the artery had been divided?

Mr. PARKER said it had not; and there had been no evidence of other embolisms, or of any other disease.

Dr. STEVENSON on a case of

#### MENINGOCELE.

A female child, the last of a family of thirteen, was brought to the Children's Hospital when three weeks of age with a cleft in the cranial and facial bones extending from the posterior fontanelle to the alveolar process of the jaw. Between the widely-separated eyes and nostrils there was a tubercular swelling communicating freely with the cranial cavity. There was no cleft palate. Respiration was peculiar, a few short, quick inspirations being succeeded by a pause. The heart's action was accelerated. The mother stated that when she was three months pregnant she was much frightened by seeing the body of her son in a hospital mortuary, and to this fright she attributed the infant's deformity. The child lived to the age of 4½ months, and a post-mortem examination was refused. Out of 39 cases recorded by Laurence, 21 were males and 18 females. In 53 out of 79 cases the meningocele was occipital; in 6 instances adult life was attained; the majority dying in early life.

Mr. T. SMITH said he had never seen a child so horribly deformed as the subject of Dr. Stevenson's paper. The major part of the brain was in the region of the nose, and the eyes were widely separated. It was remarkable that life had been prolonged to four months. The mother had told him that besides merely seeing her son in the dead-house she felt his head, and had been shocked to find his skull-cap removed, and a soft yielding vacuity where it should be. This produced a strong mental impression to which the congenital defect of her child might be due.

Mr. JOHN H. MORGAN on a

#### CASE OF PROGRESSIVE PAINFUL INFLAMMATION OF ARTERIES.

G. W., æt. 46, contracted syphilis at eighteen; has since married, and has several healthy children. He is subject to a curious congenital enlargement of superficial veins of chest and abdomen. Nine years ago was a patient at Guy's Hospital, under Dr. Willis, who has described his case. In 1876 suffered pain in left armpit, which passed down to bend of elbow, and then left him. In 1877 came under Mr. Morgan's care suffering from pain in the left arm, for which there seemed no evident cause. There was no swelling, and he soon recovered from this attack. In 1880 an attack of

sudden and severe pain in the right groin, deep-seated, and made intense when the part was pressed. The area of pain was confined to two to three inches in the course of the femoral artery, and to one to two inches on either side of it. This pain gradually travelled down in the course of artery to the popliteal space, being traceable throughout, and being more severe at the part corresponding with the opening in the adductor magnus. In course of time the pain passed into leg, and here some limited œdema was seen at the seat of pain, but not beyond. Similar pain came suddenly in the right axilla, and passed gradually down in the course of the brachial artery into the forearm, and here again a limited œdema occurred. He was treated with iodide of potash, alkalies, and biniodide of mercury at various times, and in varying quantities, but without material effect upon the disease. Subsequently the right carotid artery was affected in a similar way; the symptoms varied evidently to disease of an artery, probably inflammation of the fibrous coat, since the pain passed from the centre to the periphery, was in the course of the various arteries, and was made intense directly the finger perceived the pulsation of the artery beneath it. I have not been able to find any record of observation of similar symptoms. The patient is now in good health, and has had no recurrence of the symptoms. He was shown to the Society.

Mr. HEATH said the case was peculiarly interesting from the fact that none of the arteries were blocked, as usually occurs in arteritis. The condition of the vessels might possibly be consequent on inherited diathesis, tending to weaken their walls, e.g., gouty, &c.

Mr. McHARDY described a disproportion he had observed with Dr. Buzzard, between the retinal vessels of the patient, the arteries being only one-third the size of the veins. This was due to the diminution in the size of the arteries; the coats were not thickened, but the whole vessels were indistinct, exhibiting a double contour.

Dr. F. TAYLOR thought it would be interesting to know the present condition of the arterial walls.

Mr. HAWARD considered that, the patient having suffered from syphilis, this fact afforded the most probable explanation of the disease. Intermission in such cases is a common experience, and in the one described its occurrence favoured the view that it was an instance of syphilitic arteritis. In connection with Mr. Heath's remarks on the absence of clots from the vessels, the question arose whether arteritis is recognisable at all during life, and whether clots did form in the living vessels.

Mr. HEATH explained that arteritis is not common in clinical experience. Books describe the arteries as obstructed in it, but its occurrence is most rare. He, himself, had no personal experience of the disease, and quite believed the ordinary book views of it might require to be modified.

Mr. HAWARD continued that in an extensive series of post-mortem examinations, he had never found clots in arteries, though often he had discovered evidences of inflammation in the walls of those vessels. Of course, those cases in which a plug had been lodged in the vessel, and then, acting as a foreign body, excited inflammation around it, were excepted.

Mr. T. SMITH thought the diagnosis of this case during life had been unique. He would like to know more definitely what led to it. He, himself, had never seen arteritis during life. In those instances where, in cases under his care, arterial obstruction occurred, it was due to excessive thickening of the walls.

Mr. R. W. PARKER asked on what grounds neuritis was excluded in the diagnosis?

Mr. RUSHTON PARKER said, in some instances, arteritis produces clots by plugging. Mr. Lister, twenty years ago, recorded an instance of clotting in the artery of a child. Traumatic arteritis produced arterial clotting. In two instances he had witnessed plugging produced by acute arteritis in a wound. In one case the brachial, in the other, the subclavian artery, was plugged by blood-clot after the injury.

Mr. MORGAN said gout was excluded by the patient's family history. He was aware of the frequency with which arteritis is accompanied by plugging, but at no time could he find in his patient any difference in the volume of blood in the diseased vessels. He would be glad to add the facts described by Mr. McHardy to his paper. No sphygmographic tracings of the pulse had been taken. Neuritis was not at any time indicated as the cause of disease, this never having

been of nervous origin. The diagnosis was not made till some time after the first observation of the case.

#### NEVOID ENLARGEMENT.

Mr. T. SMITH showed at the end of the meeting, a child in whom one leg was the site of extensive nevoid enlargement, unique in character. Mr. Smith described three somewhat similar cases. One he had treated by bandaging, which induced a red and painful state of the limb, followed by weakness, and death. The skin and subcutaneous tissues were much hypertrophied, and the cellular tissue of the pelvis was invaded by the nevoid growth. A second case was that of a young lady, in good circumstances; the hypertrophy of the limb was very great, but she improved under the better home treatment she enjoyed than is usual in the more dependent classes of society. In the case exhibited, bandaging had been first attempted, but the child's rapidly deteriorating health recalled the experiences formerly gathered under similar circumstances, and an elastic-stocking had replaced the bandage, with marked benefit to the patient.

## Special.

### ARMY, NAVY, AND INDIAN MEDICAL ITEMS.

**FEVER IN MADRAS.**—The following particulars occur in an interesting paper by Surgeon C. Sibthorpe, I.M.D., which appeared in the *Indian Medical Gazette* for March:—Typhus fever is never seen in Madras, although there is a very great over-crowding in some of the native bazaars, and their houses are hardly ventilated. Enteric fever—that is, a continued fever characterised by the presence of rose-coloured spots, chiefly on the abdomen, and a tendency to diarrhoea, with specific lesion of the bowels—exists in Madras, and has done so for many years; in fact, as far back as 1838 the records of the civil hospital show such cases, but until the year 1878, judging by the mortality statistics, this fever has never appeared in a fatal form, and since then the admissions have again become rare, though the sanitary state of Madras has not much improved since 1878, and there is now as much decomposing matter in the bazaar as there was then. The differential diagnosis between this disease and tubercular meningitis, acute phthisis, and tubercular peritonitis, presents the same difficulties as it does in cold climates; but here we have the question before us whether the case is one of malarial remittent, simple continued, enteric fever, or a mixed variety of the first and last, and the diagnosis is by no means easy. Mr. Sibthorpe does not think that the temperature range is of much help; in fevers it may vary much. Relapsing fever does not occur in Madras. During the late famine no case of that disease came under notice. Malarial fevers are also of rare occurrence in the Presidency town, the greater number of cases observed originate further inland.

**THE ARMY MEDICAL SERVICE.**—Sir William Muir, so the *United Service Gazette* states, is now commencing his eighth year as Director-General of the Army Medical Department, which requires a deal of nursing after its recent changes. It is difficult, however, to see why Sir William should be retained as nurse when his proper successor was at hand, and the promotion could have gone in the usual way. An attempt may be made to perpetrate a job, but it will be a job which is certain to meet with a scathing exposure.

**ARMY HOSPITAL CORPS.**—An Army Hospital Native Corps for service with British troops has been established in India, the head-quarters being at the office of the Surgeon-General of Her Majesty's Forces, who is charged with the command and administration. The corps comprises such men of the previously existing hospital establishment as may be qualified by age and character, and additional recruits are to be appointed as required. All men joining the corps will be duly enlisted and attested as "hospital attendants." The corps will consist of the following classes, viz., ward servants, cooks, water carriers, and sweepers. For the present the total strength of the corps will consist of 1,872.

### NEW REGULATIONS FOR THE NAVAL MEDICAL SERVICE.—

A report circulates that candidates for the Medical Department of the Royal Navy are no longer to be sent to Netley, but that as heretofore they are to undergo their course of probation at Haslar. It is also stated that passed candidates for the Indian Service will for the future undergo their probationary course elsewhere than at the Royal Victoria Hospital, probably at the several Presidency hospitals in India. This is in accordance with reason, for surely Indian diseases are best studied in India.

**MILITARY PUNISHMENTS.**—According to the draft rules on summary punishments in the army recently promulgated by the War Office, they may consist of "any one or more of the following, namely:—(a) Putting the offender in irons. (b) Attaching him, while on the line of march, to a cart, waggon, or horse, so as to compel him to move onward at a walking pace. While so attached he may be handcuffed or otherwise secured, so as to prevent his escaping, but he must not be in fetters. (c) Requiring the offender to carry extra burdens or weights not calculated to injure his health." Then follow a number of particulars in reference to the manner in which these punishments are to be carried out, the whole concluding with this admonition: "Officers will take care that the above punishments are inflicted in such a manner as is not calculated to cause injury or to leave any permanent mark on the offender, and the punishment shall always be stopped or mitigated on the representation of the responsible medical officer that the continuance of the punishment will be prejudicial to the offender's health." Now, with regard to these matters there appears to be this difficulty, that if a soldier declines to carry weights or to be dragged along at a cart tail, how can he be forced to do so. Men under such circumstances have been known simply to throw themselves down and absolutely refuse to be so dragged; nor can any medical officer declare that "the pains" in the joints, "the rheumatism," the "oppression at the heart," and so on, which they may assign as a cause of their inability is not real. If, on the other hand, an undetected aortic aneurism should give way while a man is being dragged, what would be the result to the medical officer concerned? And yet there are cases in which its detection may be simply impossible.

### THE NAVAL MEDICAL WARRANT.

THE *London Gazette* of Tuesday, April 5th, 1881, contains the following:—At the Court at Windsor, the 1st day of April, 1881. Present, the Queen's Most Excellent Majesty in Council.

Whereas there was this day read at the Board a Memorial from the Right Honourable the Lords Commissioners of the Admiralty, dated the 30th of March, 1881, in the words following, viz.:—

"Whereas we have had under our consideration the Regulations governing the position of Medical Officers of your Majesty's Navy, and whereas we are of opinion that it is desirable to effect certain modifications and improvements therein with a view of placing such officers in the position we think it advisable should be granted to them, we would humbly submit for your Majesty's approval the following regulations for the remuneration, position, advancement, and retirement of the aforesaid officers, and we would submit that such regulations should take effect from 1st April, 1881, and be applicable only to officers on the Active List of the Royal Navy at that date, except that as regards surgeons entered since 1st January, 1881, we would submit such regulations be in force from the date of entry.

"**Numbers.**—1. The Active List of Medical Officers not to exceed—Inspectors and Deputy Inspectors-General of Hospitals and Fleets, 16 (of whom not more than four to be Inspectors-General). Fleet Surgeons, Staff Surgeons, and Surgeons, 400.

"**Promotion.**—2. An Inspector-General of Hospitals and Fleets to be selected from amongst deputy inspectors-general who have in that rank three years' foreign service; or four years' mixed service, of which not less than two to be abroad, or five years' home service in such appointments as produce foreign service, and provided that they have not refused to go abroad if called upon.

"3. A Deputy Inspector-General of Hospitals and Fleets to be selected for ability and merit from amongst fleet surgeons.

"4. (a) The rank of Fleet Surgeon to be granted to Staff Surgeons on completion of twenty years' full-pay service, if recommended for advancement by the Medical Director-General, subject to our approval. (b) Power to be given to us to make, at our discretion, special promotions from the rank of Staff Surgeon to that of Fleet Surgeon in cases of distinguished service or conspicuous professional merit, such promotions to be exceptional, and not to exceed the rate of one in any two years. The total number at any one time of Fleet Surgeons holding that rank by such special promotions not to exceed six. (c) Officers who have been specially promoted to the rank of Staff Surgeon for distinguished service or conspicuous professional merit, to be eligible for promotion, if recommended by the Medical Director-General, to the rank of Fleet Surgeon after eight years' full-pay service as Staff Surgeon.

"5. (a) Rank as Staff Surgeon to be granted, subject to our approval, to surgeons at the expiration of twelve years from the date of entry, provided they are recommended by the Medical Director-General, and have passed such examination as may be required after completion of eight years from date of entry in the rank of Surgeon. (b) Power to be given to us to make, at our discretion, special promotions to the rank of Staff Surgeon, in cases of distinguished service, or conspicuous professional merit, such advancements to be exceptional, and not to exceed the rate of one a year. No officer to be so promoted unless he passes the examination prescribed for other Surgeons, but in such a case the requirement of eight years' service to be dispensed with. The total number at any one time of Staff Surgeons holding that rank by such special promotions not to exceed eight.

"Relative Rank.—6. Existing regulations to remain in force with the following exception—viz: In all matters wherein the Army and Navy Administration are concerned, Fleet Surgeons to rank with and as Brigade Surgeons.

"Full Pay and Allowances.—7. The undermentioned scale of full pay to be substituted for that now in force:—

Rank.	Daily.	Yearly.
	£ s. d.	£ s. d.
Surgeon—		
On entry .. .. .	0 11 6	209 17 6
After 4 years' full-pay service ..	0 13 6	246 7 6
8 " " " " " "	0 15 6	282 17 6
Staff Surgeon—		
On promotion .. .. .	1 1 0	388 5 0
After 4 years' full-pay service in rank ..	1 4 0	488 0 0
Fleet Surgeon—		
On promotion .. .. .	1 7 0	492 15 0
After 4 years' full-pay service in rank ..	1 10 0	547 10 0
8 " " " " " "	1 13 0	602 5 0
Deputy Inspector-General .. .. .	2 2 0	768 10 6
Inspector-General .. .. .	2 15 0	1003 15 0

"8. The allowance of 5s. a day in addition to full pay at present granted to the Fleet Surgeon of a flagship bearing the flag of a Commander-in-Chief on a foreign station to be given to the senior medical officer of such ship, whether a fleet or staff surgeon, and an allowance of 2s. 6d. a day to the senior medical officer (being a fleet or staff surgeon) of the ship of a commodore or of a senior officer commanding a foreign station. Allowances to be granted as follows to officers giving the course of instruction to surgeons on first appointment to the Naval Service:—To a medical officer of Haslar Hospital, conducting the course, £150 a year. To a junior medical officer of the same hospital, assisting him, £50 a year. No other alterations to be made in the allowances of medical officers.

"Half-pay.—9. The undermentioned scale of half-pay to be substituted for that now in force.

Rank.	Daily.	Yearly.
	£ s. d.	£ s. d.
Surgeon—		
Under 3 years' full-pay service ..	0 6 0	109 10 0
After 2 " " " " " "	0 7 0	127 15 0
" 4 " " " " " "	0 8 0	146 0 0
" 6 " " " " " "	0 9 0	164 5 0
" 8 " " " " " "	0 10 0	182 10 0
" 10 " " " " " "	0 11 0	200 15 0
Staff Surgeon—		
On promotion .. .. .	0 12 0	219 0 0
After 2 years' full-pay service in rank ..	0 13 0	237 5 0
" 4 " " " " " "	0 14 0	255 10 0
" 6 " " " " " "	0 15 0	273 15 0
Fleet Surgeon—		
On promotion .. .. .	0 17 0	310 5 0
After 2 years' full-pay service in rank ..	0 18 0	328 10 0
" 4 " " " " " "	0 19 0	346 15 0
" 6 " " " " " "	1 0 0	365 0 0
Deputy Inspector-General—		
On promotion .. .. .	1 5 0	456 5 0
After 3 years' full-pay service in rank ..	1 7 0	492 15 0
" 4 " " " " " "	1 9 0	529 5 0
Inspector-General .. .. .	1 18 0	663 10 0

"Retirement.—10. Compulsory retirement to be as follows:

Inspector and Deputy Inspector - General of Hospitals and Fleets .....	At the age of 60, or at any age if he has not served for 5 years.	To be retired irrespective of age if found physically unfit for service.
Fleet Surgeon, Staff Surgeon, and Surgeon .....	At the age of 55, or at any age if he has not served for 5 years.	

"11. Voluntary retirement and withdrawal to be allowed as follows:—(a) Every officer to have the option, subject to our approval, of retiring after twenty years' full-pay service on the scale of retired pay, provided in paragraph 12, or on the scale of gratuities provided in that paragraph, if he is not eligible for retired pay. (b) At the expiration of eight, twelve, or sixteen years' full-pay service every officer to be permitted, subject to our approval, to withdraw from the Naval Service, receiving a gratuity on the scale laid down in paragraph 12. The name of an officer so withdrawing will be removed from the lists of the Navy, with which all connection will then be severed. (c) Voluntary retirement and withdrawal to be allowed, as a rule, only when an officer is unemployed or serving at home.

"12. Gratuities and retired pay on the undermentioned scale to be granted on retirement and withdrawal:—

Surgeons and Staff-Surgeons—	Gratuities.		Daily.		Yearly.	
	£	s. d.	£	s. d.	£	s. d.
After 8 years' full-pay service	1000	0 0				
" 12 " " "	1500	0 0				
" 16 " " "	2250	0 0				
Fleet Surgeons—						
After 20 years' service .. .. .			*1 0 0	..	365 0 0	
" 24 " " " " " "			*1 2 6	..	410 12 6	
" 27 " " " " " "			*1 5 0	..	455 5 0	
" 30 " " " " " "			*1 10 0	..	512 10 0	
Deputy Inspector-General .. .. .			1 15 0	..	638 15 0	
Inspector-General .. .. .			2 0 0	..	780 0 0	

\* To obtain this rate an officer must hold the Commission of Fleet Surgeon.

† Or on compulsory retirement at the age of fifty-five.

"13. An officer retired with less than twenty years' service, on account of disability contracted in, and attributable to the service, to receive the half-pay of his rank, or with our consent, a gratuity on the scales given in paragraphs 12 and 14 (b).

"14. An officer retired with less than twenty years' service, on account of disability contracted in, but not attributable to the service, to receive—(a) If he has over eight years' full-pay service, either a gratuity on the scale given in paragraph 12, or half-pay, according as we think fit. (b) If he has less than eight years' full-pay service, such gratuity as we may think fit, not to exceed the rate of £125 for each year of full-pay service.

"15. Under circumstances other than those specified in paragraphs 13 and 14, an officer retired with less than twenty years' service to receive a gratuity, on the scale laid down in paragraph 12, if he has eight years' full-pay service, and on that provided in paragraph 14 (b) should his full-pay service not amount to eight years. Half-pay or retired pay not to be allowed—except that every officer on the Active List on 1st January, 1881, if compulsorily retired, shall be allowed, at his option, to receive half-pay, but subject to the provisions of Orders in Council for reduction of half-pay and retired pay.

"16. The power vested in us of granting reduced rates of half-pay and retired pay in cases of misconduct, to be extended to the award of gratuities on retirement, and the gratuity awarded in such case to be reduced to such amount as we think fit.

"17. An officer retiring after 20 years' full-pay service to be eligible if recommended by the Medical Director-General for special reasons on account of distinguished or meritorious service, for a step of honorary rank, such step to be awarded at our discretion, and not to confer any claim to increase of retired pay or widow's pension.

"18. All retired Officers to be liable till the age of fifty-five, to be called upon to serve in time of declared national emergency in a rank not lower than that held on retirement. This liability not to exist in cases of withdrawal on the conditions specified in paragraph 11 (b).

"Definition of Service.—19. Service to reckon as follows:—(a) When borne on the books of any of your Majesty's ships or vessels, or when employed in Naval Hospitals or other Civil establishments at or under the Admiralty to be full-pay service for all purposes, but subject to the provisions in paragraph 2 as regards promotion. (b) Service under any other department which may be declared by us, with the consent of the Lords Commissioners of your Majesty's Treasury, to be for this purpose Naval Service, and Service on Commissions or

Committees on Naval matters of importance to be full-pay service for such purposes, and to the extent to which it has hitherto reckoned as service under the provisions of Art. 216 of the Regulations of 1879, and those of Orders in Council of 22nd February, 1870, 18th May, 1870. (c) Time on half-pay to count as one-third service for increase of retired pay, but not for any other purpose.

"*Widows' Pensions.*—20. Where an officer retires or withdraws on a gratuity, his widow and children to have no claim to pension or compassionate allowance. 21. The undermentioned articles of the regulations and provisions of Orders in Council to be cancelled except as regards officers retired before 1st April, 1881. Queen's regulations and Admiralty instructions 1879. Articles 215 as regards medical officers; 219 the whole; 241 paragraphs *a* to *d* inclusive. 265, the whole. Appendices XX. and XXIII., as far as relates to full-pay and half-pay of medical officers. Order in Council 22nd February, 1870. Section V. the whole. Section VIII. the whole as far as relates to medical officers. Section IX. the whole as far as relates to medical officers. Section X. the scale of retired pay, and paragraphs 2 and 3, as far as medical officers are concerned. Section XII. as regards medical officers. Order in Council 4th February, 1875, the whole. We would represent to your Majesty that the Lords Commissioners of your Majesty's Treasury have assented to the above proposals."

Her Majesty having taken the said Memorial into consideration, was pleased by and with the advice of Her Privy Council, to approve of what is therein proposed. And the Right Honourable the Lords Commissioners of the Admiralty are to give the necessary directions herein accordingly.

C. L. PEEL.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 295.)

#### Vals.

THE Vals waters are also very well known alkaline springs in Ardèche, France. Like the Vichy waters they are bottled under government supervision, but the system adopted is not so good, the year of bottling not being marked upon the capsules as in the last-named waters. This point is of some considerable importance as the waters are inclined to deposit. The bottle therefore, should be held up to the light, and if it contains any appreciable amount of deposit it should be rejected. There are a great number of springs at Vals, but it will be sufficient to give the composition of a few.

The most important springs are—

*Magdeleine* (S).—Very rich in carbonate of sodium, contains about 350 grains per gallon.

*Saint-Jean* (S).—Very little mineralised, only containing 175 of total solids per gallon.

*Dominique* (M).—Similar, but said to contain arsenic and iron in considerable quantities.

*Précieuse* (S).—Is stated to be the most gaseous. It is the least alkaline of the strong alkaline waters.

*Desirée* (S).—Similar to the previous one.

*Rigolette* (W).—Given as containing no magnesia.

It will thus be seen that the Vals waters vary considerably, and that if they were prescribed indiscriminately as "Vals waters," the patient would find a marked difference if, after taking St. Jean (175 grains), he accidentally changed it for Magdeleine (350 grains).

The Vals springs are all highly carbonated, and it is probable that they are more suited to consumption at the source than for importation. M. Candelle in his "*Manuel de Médecine Thermale*" divides the Vals into strong, medium, and weak, according to the quantity of bicarbonate of sodium that they contain. We have, according to his classification, put "S," "M," and "W" against those waters which we have named, but do not wish it to be inferred that we adopt this classification.

We now subjoin our analyses of four selected Vals waters—

<i>Précieuse.</i>			
Bicarbonate of sodium ... ..	...	...	180·32
Bicarbonate of potassium ... ..	...	...	7·02
Carbonate of calcium ... ..	...	...	11·72
Carbonate of magnesium ... ..	...	...	13·06
Carbonate of protoxide of iron ... ..	...	...	0·34
Chloride of sodium ... ..	...	...	1·90
Chloride of potassium ... ..	...	...	0·52
Sulphate of soda ... ..	...	...	6·01
Sulphate of calcium ... ..	...	...	5·60
Alumina ... ..	...	...	2·03
Lithium, trace			
Organic matter, trace			

Total solids ... .. 228·52

Free carbonic acid not determined

*Skeleton analysis of Half-a-pint (10 fluid ounces).*

Solids.	Antacids.	Salines.	Purgatives.
14·28 gra.	13·27 gra.	·15 gra.	·37½ gra.

#### *Desirée.*

Bicarbonate of sodium ... ..	...	...	165·01
Bicarbonate of potassium ... ..	...	...	7·12
Carbonate of calcium ... ..	...	...	9·54
Carbonate of magnesium ... ..	...	...	13·96
Carbonate of protoxide of iron... ..	...	...	0·36
Chloride of sodium ... ..	...	...	26·72
Chloride of potassium ... ..	...	...	3·02
Sulphate of sodium ... ..	...	...	5·41
Sulphate of calcium ... ..	...	...	6·11
Alumina ... ..	...	...	1·56

Total solids ... .. 238·81

Free carbonic acid not determined.

*Skeleton analysis of Half-a-pint (10 wid ounces).*

Total Solids.	Antacids.	Salines.	Purgatives.
14·92 gra.	12·24 gra.	1·85 gra.	·35 gra.

This spring and the previous one, with another, Magdeleine, may be considered as being very much of the same character, and as being typical of the strong Vals waters.

H.R.H. PRINCE LEOPOLD will preside at the Annual Festival Dinner of University College, which will be held in Willis's Rooms, on the 20th May.

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, APRIL 13, 1881.

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### THE NEW NAVAL MEDICAL WARRANT.

ELSEWHERE in these columns the terms of the Royal Warrant for the Medical Department of the Navy are given in detail. That document, as it stands, favourable as some of its provisions are, creates in other respects a degree of hesitation in our estimate formed on first perusing it. Perhaps some of the doubts which thus present themselves may dissipate hereafter; and it is by no means unlikely that explanations by “My Lords,” in regard to individual points may hereafter aid this process. In the meantime, however, some such elucidation appears called for as to the following—unless, indeed, it was intended that the apparent disadvantageous terms as indicated are intended to be so in reality—a conclusion not to be hastily or willingly accepted. Thus, although in the case of medical officers whose length of service is less than twenty years, a definite scale of gratuity is laid down, yet the paragraphs which follow appear to leave in the hands of the Admiralty absolute power, as detailed in paragraph 15 and 16, to reduce and otherwise modify the terms of retirement as may seem to themselves good. Whether also an officer voluntarily withdraws from the Service, or has to do so under compulsion, so long as he has not completed twenty years’ service, his widow and children have

no claim to pension or compassionate allowance (paragraph 20)—a most serious and illiberal reservation indeed. Considering that medical officers in the service of the Navy are liable to be at any time thrown upon half-pay by circumstances entirely beyond their own control, as the ship to which they belong being paid off, the provision in the Warrant that the time so spent on half-pay shall count only as one-third service for increased retired pay, and not for any other purpose, is extremely hard and illiberal (paragraph 19 c). In fact, by the operation of this clause, the date at which a medical officer may count upon becoming absolutely entitled to retired pay becomes indefinitely postponed.

Then, again, under paragraph 14, a medical officer whose service is less than twenty years, if he has the misfortune to contract a disability in, but not by, the service, may have granted to him either a gratuity or half-pay, as the Admiralty sees fit. In other words, from the time he accepts service in the Navy he is absolutely, as regards pay, gratuity, and rate of pension, at the mercy of that body as they may think fit to decide—a very vague expression, yet one which bears an important significance when interpreted by the light of what “My Lords” have heretofore thought fit to lay down as their policy towards medical officers. With regard to several points to which a good deal of importance is attached by medical as by other officers, the Warrant is altogether silent. Thus it contains no provision with regard to good-service pensions, to appointments as honorary surgeons and honorary physicians to the Queen, or to honorary distinctions. No doubt it is intended that with regard to these the provisions formerly laid down shall continue in force. Now, however, that an increase has been granted in the army to the number of distinguished service pensions a corresponding measure of liberality ought to be extended to the Navy. As to honorary distinctions, the policy of the authorities towards medical officers in all branches of the public service, has been most illiberal and unfair, considering the nature of the duties performed by them. In the Navy this illiberality has been very marked, nor is a departure from a similar policy in the future indicated in the Order in Council dated April 1, 1881.

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### CRAWFORD v. THE BRITISH MEDICAL ASSOCIATION.

THE great Cork Pilocarpine libel case was tried last week, and we trust that we have heard the last of a controversy which has for the last year afforded a perennial source of conversation and discussion to the gossiping little metropolis of the South. We will not on this occasion go into the pitiful details, or describe how a physician of the highest personal character and professional eminence was hounded down for having been a little in advance of his contemporaries, and for having, in an admittedly dangerous case, employed a remedy which, in other more enlightened places, is regarded as a matter of the most ordinary and unquestioned routine. People who have never lived in a country town can form but little idea of the ordeal through which Dr. McNaughton Jones has gone, or can hardly picture to themselves the spectacle of all the dead walls of the city in which he had to practise and live



spread with flaming posters headed "Hospital Torture," *et alia talia*. There were two investigations, one private, by the committee, and the other public, by the corporation; and at the latter the luminous evidence of Dr. George F. Duffey satisfied every reasonable man in Cork, medical and non-medical, that Dr. Jones had simply, in the exercise of his professional discretion, done what any educated Dublin physician would have done under the same circumstances; and that the unfortunate delay which retarded the administration of the pilocarpine until it could no longer do good or harm was due to the omission of the house-surgeon to carry out Dr. Jones's orders. This would have satisfied anyone open to logical reason; but Mr. Crawford appears to have got into his mind a fixed idea—a species of monomania—that Dr. Jones was in the wrong, and accordingly he returned to the charge. When the municipal inquiry closed the Cork Branch of the British Medical Association passed an unanimous vote of sympathy with their oppressed colleague, and in due course transmitted it to the parent association in London, which, as they were bound to do, expressed their opinion on the whole matter in an article in the journal. To everyone reading that article it was evident that the strong, but not too strong, expressions therein, alluded to the two medical men, and to the solicitor who joined in the hunt against Dr. Jones; and in a much lesser degree, if at all, to Mr. Crawford, in whose sad bereavement everyone sympathised. Mr. Crawford, however, thought fit to put the cap on his own head, and brought an action against the *British Medical Journal*, its editor, Mr. Ernest Hart, and also against the *Cork Constitution*, a local paper which copied the article as a matter of general interest.

The case occupied five days on the banks of the Lee last week, and once more the plaintiff and his counsel, Mr. Murphy, Q.C., told the thrice-told tale, which was promptly dissected and torn to pieces by Mr. Porter, Q.C., and Sergeant Heron. The friends of the plaintiff appeared to be under an impression that the article had been written by Dr. Jones, and by him transmitted to London and to the local paper; but Mr. Hart proved conclusively that this article was his sole composition, and that the facts were obtained from the resolution of the Cork Branch, and from the reports of the municipal investigation in the Cork papers; further, that Dr. Jones had not in any way whatever inspired or suggested the article. Dr. Quinlan demonstrated that the child had died of malignant suppressed scarlatina, and that the pilocarpine had nothing to say to the matter. Further, this witness explained at great length the physiological action and properties of pilocarpine, its uses and mode of administration, and proved that in Dublin it has long been a matter of the most ordinary routine. A severe cross-examination failed to shake this testimony, which was warmly commended from the bench by Mr. Justice Barry, and on its termination the jury informed his lordship that they considered it conclusive, and required no more medical evidence on the matter, on which understanding Mr. Porter, Q.C., closed the case.

On the technical question of whether the impeached words exceeded the limits of fair comment the jury disagreed, although, after Mr. Justice Barry's charge, we can hardly see how they could hesitate to find for the defendants. The British Medical Association is a society partly

for the advancement of medical knowledge, and partly for the protection of individual members from unjust attacks. A journal circulating exclusively among the ten thousand members of that association was bound to speak out manfully in behalf of Dr. Jones, and it did so. Milder measures would not have satisfied those members, or, in our opinion, been suitable under the circumstances. Although the result on the technical point is an open one, it is evident that the Cork special jury, by withdrawing the medical aspect of the case from consideration, decided that Dr. Jones was in the right, and that, in the eloquent words of Mr. Justice Barry, whatever the result of the case might be, it would leave no stain on his learning, ability, or devotion to his duty. We sincerely congratulate Dr. Jones on this most satisfactory termination of an ordeal in which he has always commanded the sympathy of the Irish medical profession, of which he is an ornament.

#### THE GARDNER BEQUEST FOR THE BLIND.

THE decision of the Vice-Chancellor, to whom the settlement of the Gardner bequest for the blind was referred, will certainly be received with great satisfaction by those who take an interest in the welfare of this afflicted class. It will be in the recollection of our readers that the late Mr. Gardner, who, throughout his life, manifested much concern in the education of the blind, was led to help on the work of the Royal Normal College, and at his death gave legacies to this and other kindred institutions. He also directed his executors to set aside a sum of £300,000, free of legacy duty, for the benefit of blind persons in England and Wales. This munificent sum he ordered to be invested in the names of a committee of five trustees, who were to employ it in the education of poor blind persons in suitable trades, handicrafts, and professions, especially that of music, and in providing pensions for poor and deserving blind persons incapable of earning their livelihood. All this was admittedly specific, and it might have been supposed that trustees would have had no difficulty in following the directions of the testator.

The Committee appointed were his daughter, Mrs. Richardson Gardner, the Bishop of London for the time being, Lord Kinnaird, the Hon. A. Kinnaird, and Mr. Beaumont, all of whom were apparently agreed as to the desirability of giving special facilities for the musical education of the blind, upon which the testator laid particular stress, but they differed amongst themselves as to how this should be done. Moreover, two of the trustees, Mrs. R. Gardner and Mr. Beaumont, were bent upon spending the greater part of the trust fund on bricks and mortar, and very pertinaciously urged upon their co-trustees a scheme for building an asylum or college at Windsor, which should bear the name of Gardner. This scheme not receiving the approval of the other three trustees, the matter was referred to Vice-Chancellor Malins. This judge took the wise course of placing the matter and the rival schemes (for we hear there were three) in the hands of a barrister of standing, who he authorised to collect and take evidence as to what had already been done in England, on the Continent, and in America, with a view to benefit and educate the blind, so as to enable them to earn their own living by teaching, &c., in short, making

of them useful members of society. An immense mass of valuable information was in this way obtained. A very large number of persons interested in the welfare of the blind came forward and gave evidence of a useful and instructive character. Amongst those who were examined was Professor Fawcett, Dr. Armitage, Sir Charles Trevelyan, Professor Campbell, Mr. Wilkinson, Mr. Jabez Hogg, and many of the superintendents of the various blind asylums throughout the country, all of whom were opposed to spending money on bricks and mortar. The upshot is that the Vice-Chancellor last week decided against the building scheme, and in favour of applying the fund to helping existing institutions. He was convinced, he said, "that there are in London and elsewhere in England numerous institutions of an excellent character, and, further, there is one institution of great merit—the Royal Normal College and Academy of Music for the Blind, in which the testator took a great interest. In my opinion, therefore, in founding a new separate institution, and merging the fund in bricks and mortar and other ways, instead of assisting those established and shown to be useful, there would be great loss. I think it is desirable that the fund should be applied in assisting existing institutions rather than in founding and endowing a new one. I do not propose to exclude the application of a part of the funds to that purpose if it should be found that after sufficiently helping those in existence, there should be enough left to do so. It has been pressed upon me that the testator has not mentioned his desire that the fund should be applied to existing institutions, but neither has he shown any desire to found a new one. He has very wisely allowed the greatest liberty to the committee to do that which, after due inquiry, they should find to be most beneficial." This decision will, we are convinced, in the end be the wisest and best for all concerned in the application of the Trust.

## Notes on Current Topics.

### Lord Beaconsfield's Medical Attendants.

We referred briefly last week to the regrettable public association between Dr. Quain, a physician of the most orthodox type and of the highest professional rank, with Dr. Kidd, a professed homœopath, and therefore necessarily an avowed disbeliever in the scientific medicine of which Dr. Quain is the representative; and as we regard this fraternization as temporary and inevitable, but as a distinctly anomalous condition of things, we must regret that it has not, since we last wrote, come to an end by the restoration of the distinguished patient to convalescence. Indeed, the frequent parade of "consultations" between practitioners who can by no means interchange ideas on equal terms is very painful to the profession, and it would be truly pleasing to them to think that Dr. Quain's ministrations towards Lord Beaconsfield were not in any way subject to modification under the advice of the gentlemen to whom he is acting as consultée. We have said, and we retain the opinion, that under the peculiar and very coercive circumstances we cannot see how Dr. Quain could have refused to meet Dr. Kidd, and we repeat that the public would

have been very angry if so valuable a life as that of Lord Beaconsfield had been imperilled even for a moment by an incompatibility of practitioners, which would not be clearly understood. It appears to us, indeed, that the least creditable place in the false position which both gentlemen occupy is that filled by Dr. Kidd, for he, a professed homœopath, a repudiator of allopathy and all its therapeutics, and an avowed disbeliever in scientific medicine, is now daily engaged practising the abominations of allopathy in association with a physician whom, if consistent, he is bound to regard as a benighted and un instructed delusionist. Dr. Kidd is either an homœopath or no homœopath; and it cannot be regarded as otherwise than culpable for a practitioner to earn a fee to-day by means which he declares to-morrow to be the embodiment of error and ignorance.

We cannot suppose that Dr. Quain is easy in his association with a gentleman engaged in this line of practice, and we are quite sure that he is anxious, as we are, that he should be disconnected from Dr. Kidd, and freed from what we venture to call the professional cloud which at present obscures his lustre.

### The International Medical and Sanitary Exhibition.

THE allotment of space to intending exhibitors is now being rapidly proceeded with, and at the meeting of the committee last week the names of 225 exhibitors were registered, and approved as follows:—Medical section, 115; sanitary section, 94; miscellaneous section, 16. In addition to the wall space and counter space taken, upwards of 1,200 feet frontage of floor space will be allotted to the above exhibitors, representing an area of no less than 8,000 square feet. This area will be occupied by articles which come strictly within the object of the exhibition, the committee having refused all applications for exhibiting curiosities, &c., which too often are added to exhibitions for the purpose of making them more attractive to general visitors without regard to the primary object aimed at. The executive committee of the Parkes Museum of Hygiene may certainly be congratulated on the success which has thus far attended their efforts to organise the first International Exhibition of Hygiene that has been attempted on so large a scale. The list of exhibitors already includes the leading manufacturers in Great Britain and Ireland in connection with the medical industries, and the industries connected with architecture and sanitary engineering, and important exhibits are announced from France, Germany, Austria, Italy, Belgium, Holland, Norway, and the United States.

### Pilocarpine in Uræmia after Scarlatina.

IN *La France Médicale* Dr. Mook relates a case in which hypodermic injection of pilocarpine was successfully employed in albuminuria and uræmic poisoning following scarlatina. The patient, *æt.* 11, had had an attack of scarlatina, and when Dr. Mook saw her was suffering from consecutive albuminuria. The next day, Aug. 2, she complained of headache and nausea, no vomiting, and the amount of albumen was increased. In the course of the day the child vomited and complained of dimness of sight; she answered vaguely; pupils dilated. She

had only passed since the morning a few drops of reddish urine. Ordered a draught with 4 grammes of infusion of jaborandi leaves. Dr. Mook was called again between 2 and 3 the next morning, and found the child absolutely unconscious, hearing nothing; seeing nothing; breathing stertorous. No perspiration. He then injected hypodermically in the hypogastric region 3 milligrammes of hydrochlorate of pilocarpine. In five minutes the child began to expectorate saliva abundantly; the skin became warm and covered with sweat. On seeing the patient again, eight hours later, Dr. M. was told that the linen had been changed twice, being soaked. The patient had slept; the breathing was more quiet; the patient understood what was said, but could see nothing. From this time, however, under digitalis, blisters, &c., the child improved: the sight returned, albumen diminished, the amount of urine increased, and on August 18 was well. It is worthy of note in this case that while jaborandi had no effect, the efficacy of pilocarpine was immediately evident.

#### The International Medical Congress.

As the time of the meeting approaches the evidence of general interest in the Congress becomes increasingly apparent. In several of the sections the number of communications already promised is large enough to fill up the entire time likely to be at their disposal, and these, by contributors whose high scientific character is sufficient guarantee for the merit of their intended papers. The choice of the executive committee of a representative of French medical science to give the fourth of the general addresses, has fallen upon Dr. Maurice Raynaud, a distinguished physician and an accomplished orator, the author of "Le Medecine au temps de Molière," as well as more strictly scientific works of high merit. In Paris and Berlin a lively interest is taken in all that pertains to the Congress by a large number of the hospital physicians and surgeons, and a number of medical men from the provincial towns and schools in France and Germany have conveyed their intention to be present. The Royal College of Surgeons of England have decided to give a *conversazione* in the Hunterian Museum, on Friday, August 5th, and the preparations that are being made, both in respect to public and private hospitality, will not be unworthy of so great an occasion, and one indeed of which so very great expectations have been formed abroad. The Society of Apothecaries of London have liberally granted the sum of £52 10s., to the funds of the Congress, and the Royal College of Surgeons of Ireland the sum of £25, and it is hoped that all intending subscribers to the Congress will signify the amount they wish to give as soon as possible, as otherwise the executive and reception committees are unable to finally decide upon the programme of entertainments, the cost of which for so large a number as that which is expected being necessarily large.

THE Home Secretary "regrets that pressure of parliamentary duties prevents him receiving the proposed deputation respecting the management and affairs of Guy's hospital." We suppose the fact that a member of the late government being on the hospital board, had nothing to do with this refusal.

#### The Royal Society.

THE annual election for 1881 of fifteen Fellows of the Royal Society will take place on June 2nd next. The duty of classing the candidates is first performed by the Council of the Society, and the list is then submitted for the approval of the whole Society at its annual general meeting. Amongst the men of scientific eminence selected for the present year, the medical profession is represented by Dr. J. Syer Bristowe, Senior Physician to St. Thomas's Hospital, Dr. Alexander Macalister, Professor of Surgical and Comparative Anatomy in the University of Dublin, Dr. Ramsay H. Traquair, of Edinburgh, formerly Professor of Zoology in the Royal College of Science, Ireland, and at present Keeper of the Natural History Collections in the Edinburgh Museum. The decoration of these gentlemen will be hailed in the profession as an appropriate recognition of the valuable services rendered by each respectively in the cause of scientific progress.

#### The Census.

WE recently commented on the little use made of the opportunity the taking of the census afforded for acquiring information concerning the national constitution, and expressed regret that more advantageous employment of the means at hand was not made. Since the actual operation has been completed, however, there have been reported so many instances of neglect even to comply with the first essentials to obtaining an accurate return, that but little reliance can be placed in the figures with which, by and bye, we shall be presented as the result of the enumeration. In many cases, judging from complaints forwarded to daily contemporaries, whole streets have been omitted by the census officials, and we know of more than one establishment where no form was, or has been, left to be filled in. The imperfections of the latest census, indeed, are even at this early period so apparent that they cannot but add force to the lament often made in our pages and other places, that, in appointing a Registrar-General the late Government selected an untried and untrained man, rather than the one whom every consideration suggested as the fittest candidate for the post. It is not, perhaps, surprising that the census should be marred by the mishaps that go to make it almost useless as a register of population; but, none the less, it is intensely mortifying that so valuable a source of important information should be docked of any of its usefulness, by reason of a blunder that ought never to have been made. The supplementary census it is now necessary to take in numerous quarters will hardly be such as to satisfy the requirements to be made of it; and at best the whole affair is, it almost appears, an unfortunate but well-intentioned failure.

#### Judicial Torture.

THE proceedings in connection with a prominent law case, now in course of hearing at Westminster, bring into strong relief certain practices commonly prevailed in by examining counsel, which are calculated to inflict serious injury on the nervous organisms possessed by many witnesses submitted to the ordeal of a searching cross-examination. The privileges enjoyed by counsel are of a kind to protect him from any consequences that would certainly follow to him were he not covered by

the security given him while under the eye of the judge. He may, in the exercise of his functions, put any question to a shrinking witness, and, as we know by frequent experience, he does often so interrogate his victim as to call forth the most explosive utterances of disgust, which however, are forthwith prohibited as being "contempt of court." It seems a most unjustifiable outrage that a man should be permitted to address to a lady questions calculated to excite her indignant denial, and then to deny the unhappy witness the privilege of expressing the pent-up loathing of her tormentor's insidious suggestiveness. The consequences of any continued examination of this kind are of a nature to seriously injure her nervous system, and produce effects that may be more or less lasting. There are few occasions on which it is not apparent how far this terrorism can be pursued with impunity, and in the interests of humanity it would seem that the protection of the judge should be extended to witnesses against examining counsel, at least as much as to the latter against the object of their attack.

#### The Proposed Royal Commission.

THE Commission on the Medical Acts, which as first proposed was to consist solely of lay members, is, in accordance with the almost universal desire expressed in professional circles to be recast to include medical representatives also. It is to be hoped the selection will include not only those interested directly in associations and corporations, but those also who are, as general practitioners, well acquainted with the needs of the rank and file. There can be no doubt that a strong and able commission can be selected by judicious consideration of the merits of the question to be decided, and a hope may now be fairly entertained that as a result of the coming sessions of the commission, there will be formulated a scheme embodying the best propositions that have, from time to time, been made.

#### The Faraday Lecture.

THE circumstances attending the Faraday lecture of 1881 were unusually important on Wednesday last, from the fact that Professor Helmholtz occupied the post of orator. The subject chosen was "The Modern Development of Faraday's Conception of Electricity," and the discourse was an eloquent exposition of the labours achieved by the famous physicist, whose memory was perpetuated by the gathering assembled to listen to the greatest of his living successors. The enthusiastic reception accorded to Professor Helmholtz at each one of his public appearances in England will prove a grateful tribute of the admiration and respect in which he is held in this country, and will be duly appreciated by him in this way.

#### The Health of Dublin for the Month of March.

FROM the official Report of the Superintendent to the Dublin Corporation, we find that the death-rate continues high, but the high mortality is not due to the prevalence of zymotic diseases. In the whole registration area the number of deaths from all zymotic diseases in March, during the last ten years, was 147, whilst last month

these diseases caused only 98 deaths, of which 61 were chargeable to the city. It is strange that whilst the zymotic death-rate in the city was only 2.45, it was 3.7 in the suburban districts. If we compare the March of 1880 with that of 1881, the better state of public health in the latter will be evident.

It is to be noted, too, that the zymotic death-rate was also unusually low in February, and that the zymotic death-rate in January and February, 1881, was much below the average of these months for many years past. The zymotic death-rate in March was, in the city, the lowest recorded.

During the month magistrates' orders were obtained for the closing of 131 houses unfit for habitation.

Thirty-three other houses unfit for habitation were actually detenanted and closed.

Forty-six rooms in various houses, and six cellars, were also closed.

#### The International Pharmaceutical Congress.

THE *Pharmaceutical Journal* announces that the projected meeting of this Congress this year in London may now be looked forward to as a certainty. Already a sufficient number of foreign pharmacists have announced their intention to be present on that occasion to make it likely that the meeting will be a successful one.

The Committee appointed to act as the executive body in making the necessary arrangements for the Congress has already held two meetings, at which various preliminary steps of organisation have been taken. The time for holding the three business meetings of the Congress has been fixed for the 1st, 2nd, and 3rd of August, and that on the 30th of July there will be a *conversazione* at the house of the Pharmaceutical Society for the official reception of visitors, and for the purpose of personal introductions. On the following Monday the first business meeting will commence at 11 o'clock, and after the delivery of an address by the President of the Pharmaceutical Society, welcoming the visitors, a president and officers will be elected to carry out the special business of the Congress.

A programme of the proceedings has been drawn up provisionally, and in the course of a few days it will be distributed, both abroad and at home, among those who may be expected to take part in the Congress. It is proposed that the subjects to be discussed shall be arranged under three separate heads, one day being devoted to each. These subjects are pharmaceutical education, Pharmacopœia revision, and the equalisation of the strength of official preparations containing potent drugs. This last-named subject may be regarded as the most feasible step towards the establishment of an International Pharmacopœia.

DR. HAMILTON, of Dromahair, and Dr. Lucas, were last week presented with medals from the Humane Society, for saving the life of a boy who fell into Lough Gill.

LUNACY would seem to be especially rife in Lancashire, if we take into consideration the fact the Rainhill magistrates propose to extend the asylum to admit 1,000 more patients at a cost of £120,000.

**Iodide of Ethyl and Pilocarpin in Asthma.**

THE *Chicago Medical Journal* says that iodide of ethyl has been used successfully by Dr. Brower, after all other remedies had failed. The patient was a boy of fifteen, with an inherited nervous weakness. The dose employed was six drops. The drug relieved the paroxysms and lessened the intervals between them. Dr. Barkhart finds pilocarpin curative in asthmatic cases complicated with chronic bronchitis.

THE trial of the indictment for libel preferred by the St. John's Hospital for Skin Diseases against Dr. Hoggan and the *Medical Press and Circular*, which was postponed by the length of the Lawson-Labouchere case, will say the *Charity Record*, take place during the Easter sittings.

At the Royal College of Surgeons of England, Mr. Jonathan Hutchinson will deliver six lectures on the Laws of Inheritance in Relation to Disease; and Dr. Gerald F. Yeo three lectures on the Contractile Tissues. Both courses will be delivered in June, on days which will be announced.

A MAN and woman holding out as Professor Mayfield and Eugenie Lilly, "American rheumatic doctors," were charged at Bristol last Thursday, with unlawfully pretending to be general practitioners. It was proved that the man had prescribed and administered medicines in Bristol, where he had a shop, from which he absconded when summoned. The wife was discharged, and the husband fined £20, or in default two months' hard labour.

In the principal foreign cities, the rates of mortality per week, according to the most recent official returns, were:—Calcutta 30, Bombay 30, Madras 45; Paris 32; Geneva 22; Brussels 23; Amsterdam 29, Rotterdam 25; The Hague 19; Copenhagen 17, Stockholm 28, Christiania 26; St. Petersburg 56; Berlin 24, Hamburg 27, Dresden 23, Breslau 41, Munich 39; Vienna 30; Buda-Pesth 30; Rome 32; Turin 34, Venice 26; Alexandria 36; New York 31, Brooklyn 22, Philadelphia 23, Baltimore 20 per 1,000 of the population.

Of diseases of the zymotic class in the principal large towns scarlet fever showed the largest proportional fatality in Sunderland and Wolverhampton; and whooping-cough in Portsmouth, Newcastle-upon-Tyne, and Liverpool. Of the 32 deaths referred to diphtheria in the twenty towns, 10 occurred in London, 10 in Glasgow, 2 in Edinburgh, 2 in Portsmouth, 2 in Birmingham, and 2 in Liverpool. The death-rate from fever was highest in Wolverhampton. Small-pox caused 60 more deaths in London and its suburban districts, 1 in Newcastle-upon-Tyne, and none in any of the other large towns.

**BUXBURN—MEDICAL APPOINTMENT.**—Mr. David Mavor, M.B. and C.M. Aberdeen Univ., has been appointed as medical officer of Newhills and Dyce Medical Association in succession to Dr. Carlyle, who recently resigned. Dr. Mavor has for some time filled a parochial appointment in Dalrymple, Ayrshire.

**Scotland.**

(FROM OUR NORTHERN CORRESPONDENT.)

**ROYAL COLLEGE OF SURGEONS, EDINBURGH—ELECTION OF EXAMINERS.**—At the last meeting of the College two examiners were elected to fill the vacancies caused by the death of Dr. P. D. Handyside, and the resignation of Dr. Argyll Robertson. The three candidates were Mr. Symington, Lecturer on Anatomy, Minto House, Dr. H. P. Maclaren, and Dr. Macnair. Mr. Symington was the candidate put forward by those in the College who wish to see their ancient College taking a foremost position in the necessary medical reforms of the day. It appears that there is not a single lecturer or teacher on midwifery on the board of examiners, and the weakness on this subject it was proposed to remove by electing two gentlemen, one of whom does not practise midwifery, and the other is not even a member of the Obstetrical Society, a qualification which we believe can be obtained by the annual payment of five shillings. Mr. Symington's election is the death-blow to the "use and wont" system under which an examiner was selected, not on account of any especial knowledge he might possess, but of his ignorance of the subject on which he was appointed to examine. Mr. Symington will, we believe, refuse to examine on any other subjects than anatomy and physiology, which, from his position as a teacher, he is eminently qualified to do. Dr. P. H. Maclaren, the other examiner selected, will of course examine on any and every subject.

**QUACK ADVERTISEMENTS.**—Since the recent exposure of the scandalous traffic in these advertisements, in connection with the *Daily Telegraph*, respectable journalists will doubtless exercise a guarded supervision in this department. There can be no doubt that many newspapers knowingly insert these advertisements at an advanced rate, while in others they are found possibly owing to carelessness. The extent to which young men especially are tormented in mind, and filched in purse by this widespread system of fraud, is hardly sufficiently appreciated. The matter is indeed one for legislation. Newspapers that wilfully insert these advertisements must morally be held as participators in the fraud, and conspirators against the public weal, and should be held in merited opprobrium. To-day the case of a young man, in good enough health, came under our notice, who was robbed of £7 sterling, in being persuaded to purchase a sham electric apparatus, which he soon threw away, besides being for many years perplexed in mind by visionary fears suggested by these harpies abounding in the metropolis. The advertisement which led to this appeared, we regret to say, in a respectable Glasgow daily paper. We hope this will not occur again.

**MILK POISONING IN ABERDEEN.**—An epidemic of an anomalous febrile disorder broke out in Aberdeen in the beginning of the present month. The disease was ushered in by a severe rigor, which was followed by headache, backache, high temperature, and sore throat; the tonsils being deeply injected, and the lymphatics in the neck swollen and exceedingly painful. In no case has there been—so far as we have been able to learn—any false membrane on the mucous covering of the throat. In most of the cases the symptoms gradually abated, and convalescence was established on the fourth day, but in some relapses took place, and the symptoms re-appeared. The disease was chiefly met with in the West end of the town, and in some households seven, nine, twelve, members were affected at the same time. Inquiry has shown that, in all the cases we have heard of, the milk

supply was obtained from a large dairy farm in the neighbourhood of the town, and this suggests very strongly the idea that the source of the poison was in the milk. The cows have been inspected, but they were found to be perfectly healthy, and the water supply and other arrangements of the farm were unexceptionable, and as yet no explanation of the occurrence has been advanced, excepting a suggestion to the effect that it may have originated in disease of the turnips on which the animals were fed. We understand that specimens of the milk have been submitted to analysis by an expert, and we trust that a microscopic examination of blood taken from some of the affected persons has not been neglected, as the presence or absence of bacteria would form an interesting and instructive feature.

**EDINBURGH ROYAL MATERNITY AND SIMPSON MEMORIAL HOSPITAL.**—For the quarter beginning 1st May, Dr. Keiller will be medical officer on duty in succession to Dr. Angus Macdonald. The present house-surgeons, James W. B. Hodadon, L.R.C.P. and S.E., and Arthur P. Wells, M.R.C.S. Lond., will then be succeeded by G. W. W. Ashdown, M.B., M.C., and Alexander Bowie, L.R.C.P. and S. Edin., who have been appointed house-surgeons for that quarter.

**ABERDEEN UNIVERSITY—SHEPHERD GOLD MEDAL.**—The Shepherd Gold Medal in Surgery has been gained at the University of Aberdeen by Thomas Wardrop Griffith, Aberdeen, who gained 98 per cent. of the marks in the examination, which is restricted to second year's students.

**THE HELENSBURGH SEWAGE QUESTION.**—An impression having prevailed that recent epidemics in and around Helensburgh were due to emanations from sewage deposited along the coast, analysis of mud, &c., from foreshore and other places were conducted, at the instance of the local authority, by Dr. Wallace of Glasgow, and Dr. Stevenson Macadam of Edinburgh. The full reports are not yet published, but it already transpires that the analyses are such as to exceed the expectations of those who maintained throughout the entire absence of sewage from the shore, and when compared with other towns to place Helensburgh in a foremost position.

**ANDERSON'S COLLEGE.—ELECTION OF A PROFESSOR OF MIDWIFERY.**—At a *pro re nata* meeting of the trustees of this school, held on the 4th inst., Dr. Abraham Wallace, of Glasgow, was, by a large majority of votes, elected "Professor" of Midwifery, in room of the late Dr. J. G. Wilson. The candidates were Dr. Murdoch Cameron, Dr. W. L. Reid, Dr. S. Sloan, Dr. A. T. Thomson, and Dr. Wallace. The competition was a very keen one.

**UNIVERSITY OF GLASGOW.—CLOSE OF THE MEDICAL SESSION.**—The Winter Session of the Medical Faculty of this University was brought to a close on the 6th inst.

## Literature.

### PHYSIOLOGY. (a)

(1.) **DR. ASHBY'S** "Notes on Physiology" having reached a second edition is some proof that the work has been found of service to a class of students who prefer to "get up" examination work in examination form. The book is literally "notes," but we can hardly accord it unqualified praise, even as a note book. While it contains probably as much information as a student presenting himself at the Royal College of Surgeons, or the Apotheccaries' Hall, must show evidence of possessing, it is yet wholly inadequate to do more than convey

the briefest outline of scientific physiology. Exception too, may well be taken to the way in which the chapters are put together; there is a confusion of grammatical rules often apparent that is trying to the cultivated reader; and the degree of condensation necessitated by the small size of the volume not unfrequently may create confusion as to facts, in the minds of little-informed students. It were better at once to recognize the fact that a treatise on physiology cannot be compressed within the limits of a pocket manual, and restrict the aim of publications having this character to *indicating* what ought to be learnt rather than describing it. To a student already familiar with the elements of physiology, Dr. Ashby's little book will be useful; to any other class of readers it may be injurious.

(2.) Since the appearance of Dr. Gamgee's translation of "Hermann's Physiology," no more thorough or more severely exact work than the "Text-book of Physiological Chemistry" has issued from the press on any medico-scientific subject. The volume is a triumphant refutation of the pessimist view that original research no longer finds a home in England; it is a magnificent proof that English labour is as capable of producing good and lasting work as are the efforts of our Continental brethren. Like Hermann's text-book, Dr. Gamgee's manual is "stiff" in the sense that it must be diligently and conscientiously studied—it cannot be read simply; its perusal is an intellectual task, but it is equally also an intellectual treat.

This first volume is occupied entirely with the discussion of the elementary tissues of the body, the proteids forming the subject of the first chapter; their general characters, chemical reactions, chief forces, decomposition, and theoretical constitution being entered on. The views of Schutzenberger, are very briefly stated, they, in the opinion of our author, being, as yet, of interest to the chemist in the way of suggestion rather than to the biologist. Pflüger's conception of the constitution of proteid material is shortly explained on p. 20, but we think a greater space might have been devoted with advantage to propositions which have probably more of the element of truth to recommend them than many of the fanciful conjectures invented to elucidate the metabolic processes in the living organism. This objection, however, cannot be applied to the 2nd, 3rd, and 4th chapters, which are devoted to the subjects of "Blood," "Blood Changes in Diseases," and "Description of Certain Methods of Research." On pathological changes in the blood, Dr. Gamgee has a good deal to say that must prove absorbingly interesting to the medical reader. The importance of the cellular elements of the body in determining the nature of disease, and of their relation to functional endowments, is accepted as determining the view that "disease will, in all probability, depend primarily on modifications in processes of the cells, rather than of the fluid whence cells obtain their nourishment, and we shall be quite prepared to find (1) that a morbid process may seriously interfere with organs where functions are essential to life, without influencing the composition of blood in a manner perceptible to our methods of chemical and microscopical analysis, however delicate they may be, and (2) that when a marked change is revealed by these methods of inquiry, it must be a difficult matter to trace the component causes, of which the change is the resultant effect." These propositions are elaborated in the following pages, and in a way to throw abundant light on many obscure points that arise to puzzle the practitioner in his daily experiences. The variations that occur in the proportion of the principal blood-constituents in the chief diseases, are fully described. The fourth chapter is taken up with descriptions of apparatus and modes of research, employed in investigations on the blood: it adds much important detail necessarily omitted from even the best physiological handbooks, and contains hints and descriptions valuable from a medico-legal point of view. The lymph and the chyle are dealt with in chapter v, the sixth being given to pus, and the seventh, to the connective tissues. In the latter the changes undergone by bone in disease are treated, osteo-malacia and rachitis, caries and necrosis; this section being followed by dissections for the quantitative analysis of bone. Tooth also is considered here. The final chapters are occupied by a discussion of the physio-chemistry of epithelial, contractile, and nervous tissues; and a chemical history of certain of the peripheral terminations of the nervous system, and accessory tissues, &c. To protagonist, Professor Gamgee gives considerable space, and details a series of laborious investigations conducted in the Owens College Laboratory with the object of settling the vexed question of its in-

(a) 1. "Notes on Physiology." By Henry Ashby, M.D. Lond. Second Edition. Longmans. 1880.

(2) "A Text-book of Physiological Chemistry of the Animal Body." By Arthur Gamgee, M.D., F.R.S. Vol. I. Macmillan. 1880.



dependent existence. The result of the experiments, the record of which is a testimony of the care with which they were performed, is conclusively in favour of Oscar Liebreich's discovery; and Mr. Gamgee is convinced "that unquestionably the only well characterised phosphorised proximate principle which can, with our present methods, be separated with certainty, and whose existence will be confirmed by future researches is protogon."

As we have said, this book is incomparably the ablest work on physiological chemistry in the English language: for the medical man it has an especial value, rather as a work of reference than for continuous reading; as a reference volume it is invaluable.

#### TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. (a)

SINCE their commencement in Dublin, pathological societies have wonderfully increased. There is no town or city now of any size which may not be said to have its society, and as London is the largest city in the world, so its Pathological Society is the largest, and now reckons 600 members; and its work is in proportion with its members. As far as we know, no other society of the kind issues so goodly a volume, and that yearly. It has been our lot to notice the Transactions of this Society for several years, and we proceed to do so once again. But on the present occasion we shall not be able to carry out our wishes to the same extent as formerly.

There are two points we must, *in limine*, notice here. The first is the death of Dr. Murchison, which occurred shortly before the issue of the previous volume, and could not then be noticed. We are glad to see that a well written, though brief, sketch of this lamented gentleman is in the present volume, and, as it says—"For a long time to come the loss of Dr. Murchison must seem irreparable." He joined the Society in 1854; worked in it for 25 years; held the offices, in turn, of Hon. Sec., Treasurer, and President; and contributed 150 specimens to its proceedings." Such industry as this could scarcely be surpassed, and if it had occurred in Dublin, a bust, at least, of such a man would have been set up in the rooms of the Society. We would suggest this being even yet done.

The second point we would speak of is the plan lately devised of exhibiting specimens by what is called "cards." The want of time was felt so much, owing to the number of specimens to be exhibited, that this means was adopted, and has been found to work well. It consists in the morbid specimen being, when practicable, fixed to the card, and the latter having a brief account of the specimen written on it. In this state it is laid before the meeting, without any verbal account of it, and members can at a glance see whether it is a subject which would interest them. For ourselves, we should have some misgivings as to whether so much material could with advantage be in this way compressed. It is stated, however, to have worked well, and so we leave the matter for the present.

Like previous volumes, this one is divided into sections, the first being on "Diseases of the Nervous System." The first case is entitled "Ramifying Cyst in the Brain, associated with a Congenital Malformation of Some of the Cerebral Vessels," by W. Ewart, M.B. This is an interesting case, though too long for insertion here. The strangest point about it seems to us to be that the patient, a man of 30, never exhibited any symptoms till about two years before his death. His illness began with severe headache and vomiting. The post-mortem showed that the cerebral disease existed long before there were any signs exhibited by the patient. No. 2, by J. Harris, M.D., and Alban Doran, is a "Spinal Cord from a Case of Tetanus following Ovariectomy." On this case we observe that any morbid change found in the cord was confined to the cervical and upper dorsal regions, and seemed to be caused by inflammatory action. Lockart Clarke's investigations point in the same direction. Has our treatment been guided by such facts?—for we think we may assume they are facts. For ourselves, we would not hesitate a moment in the use of mercury, rapidly poured into the system; nor would this prevent the use of other treatment. But the question is

(a) "Transactions of the Pathological Society of London." Volume xxxi. Comprising the Report of the Proceedings for the Session 1879-80. London: Printed for the Society by J. E. Adlard, Bartholomew Close. 1880. Pp. 408.

too long to enter upon here. We would observe further on this case that we think it ought to have been called "Trismus," not "Tetanus." It is to be noted that the abdominal muscles were not involved, nor the lower extremities, and it is in this form that the disease shows itself in females. It may appear a strange statement, but it is nevertheless true, that whilst we have seen a large number of cases of tetanus in men, we have never seen it, except as trismus, in women. We have asked, too, parties who had the largest opportunities for seeing the disease, and they all agreed that tetanus, in its regular form, had scarcely come under their notice in females. We consider this a very important point, hard though it be to explain. No. 4, by J. Hutchinson, F.R.C.S., is a case where it is supposed the roots of the brachial plexus were ruptured. For surgeons this is an interesting case.

We are obliged to omit many cases of more or less interest amongst the Diseases of the Organs of Respiration. Amongst those of the Circulation we must notice a very remarkable one by J. B. Peacock, M.D., for Thomas Fisher. It is headed "Case of Rupture of Right Ventricle of the Heart." A man of 25, an athlete, and famous for his great strength, after being partially intoxicated, got into a fight with another, in which he received a severe blow on the epigastrium which knocked him down. While on the ground he was kicked, became unconscious, and died forty minutes afterwards. A rupture 3½ inches long was found in the right ventricle, and through it the pericardium was filled with blood. The right eyeball was ruptured, and the bones at the right temple fractured; but there was no displacement nor any clot on the brain. The texture of the heart was, in places, fatty, and "much fat" was on its surface. The valves were healthy. This seems to us a very remarkable case. That, with such a state of the heart the man should have been an athlete is strange, even though there are enough of cases on record to prove to what an extent degeneration may exist, and yet not interfere with the physical strength. Whether it was the blow from the fist which ruptured the organ admits of question; it may have been a kick as he lay on the ground. And we think the injury done to the eye and neighbourhood was most probably due to the same cause. In any aspect in which we look at this case, we cannot but consider it as a very remarkable one, and possibly unique. No. 7, by H. J. Butlin, is also a remarkable case, and given as "Fibroid Patch of Inter-ventricular Septum of Heart; Blood-clots in Brachial, Hepatic, and Superior Mesenteric Arteries; Gangrene of Portion of Jejunum." The affection of the arteries was of the nature of clots which seem to have caused the disease that existed, for the index and middle fingers of the left hand were gangrenous at their tips, whilst the jejunum was very soft, easily torn by the slightest force, and much discoloured; and at its upper part perforated by two holes, which had caused recent peritonitis. The previous history of the case is unfortunately wanting. We should like the author to have told us the state of the arterial coats where the clots existed, as it would have helped to throw light on this obscure case.

To No. 12, by F. T. Eve, we would also direct attention. It is entitled "A Case of so-called Aneurism by Anastomosis of the Ear," and is illustrated by a very fine coloured drawing. It existed from birth, and grew slowly till the girl was twenty-one years of age, when it was removed by operation, and the girl got well.

Amongst the Diseases of the Organs of Digestion we would direct attention to No. 3, by N. Moore, M.D., entitled "Ulceration of Stomach and Duodenum." This is a valuable contribution, and gives the statistics of twelve cases of ulceration of the stomach, and one of the duodenum, the latter, however, not caused by a burn. Contrary to what is usually thought, the majority of these cases occurred in men. To No. 9, by F. Taylor, M.D., we would also call attention, being an interesting case of Cirrhosis of the Liver in a child. The case extended over a period of nearly three years. No. 12, by J. Conpland, M.D., is one of "Primary Cancer of the Gall Bladder." This case is remarkable, inasmuch as the disease seems to have been confined to the gall bladder, and had attained the size of a cocoon. No. 13, by N. Moon, M.D., is also a case of "Cancer (probably primary) of the Gall Bladder;" but here the neighbouring glands were also involved. It is to be noted of these cases that in each the stomach was much dilated.

Amongst the Diseases of the Genito-urinary Organs, No. 7,

W. A. Meredith, is worth noting. It is one of "Ovarian Cyst which had Ruptured repeatedly during a Period of Nine Years prior to its Removal." In the first instance the cyst was tapped, and twenty pints of fluid drawn off. When it gathered again, at the end of four months, a severe attack of pain occurred near the seat of the puncture, and within twenty-four hours the shape of the tumour changed, and she began to pass large quantities of clear urine. This went on four days, when all signs of the tumour had disappeared. This process went on three or four times each year, and the entire number of ruptures reached to thirty-four times. This is a very remarkable case. An analogous one came under our own notice—with this exception, that in place of the tumour bursting into the peritoneum, it burst into the vagina, and so Nature relieved herself. The case went on many years, and the patient ultimately died of another disease. No. 8, by P. Swain, will interest surgeons. It is an example of "Calculus Removed by Supra-pubic Lithotomy," and occurred in a girl of ten years of age; the nucleus of the stone was a hair-pin, which had slipped into the bladder, and the stone (of which there is a very good drawing) was so large that it could neither be crushed nor removed in the usual way, by dilatation; and so the operation named was performed, and with entire success. The hair-pin had perforated the bladder, and caused abscess. No 17, by W. Ewart, M.B., is a rare example of miliary tubercle existing in the fundus of the bladder, and nowhere else. The specimen was found in a girl of twenty, who died of hæmorrhage into the pons varolii, and who had granular kidneys and hypertrophy of the left heart. The tubercles were chiefly at the fundus of the bladder.

Though the remaining part of the volume contains much that is valuable and of interest, we are obliged to stop here. We consider, however, we have brought forward enough to prove that this volume is at least equal to any of its predecessors, and that its perusal will well repay the reader. We may state that the number of card specimens is very considerable, and this plan, so far, seems to work well. As usual the volume is very well brought out, and is illustrated by a number of well-executed drawings, together with some coloured plates.

#### A CHRONOLOGY OF MEDICINE, ANCIENT, MEDIÆVAL, AND MODERN. (a)

A GOOD deal may be learnt from the perusal of this curious and interesting book. We hear much now of hygiene and sanitary science, and are ready enough to contrast the enlightenment of this, our day, with the, to some extent assumed, darkness and ignorance of bygone ages. Education and School Board inspectors are active enough (many poor overwrought women, glad of the little aid of a growing daughter in helping to mind the baby, would say a too much officious and meddling), but yet it seems that Mr. Richards is acquainted with places where a faith in witchcraft still prevails, for he says that only last week a poor old woman in Cornwall was carried to her grave by men in their shirt-sleeves because she was believed to have bewitched several people.

The reader will do well to look at (p. 171) "An Office of Health for London," which is the Report of the Royal College of Physicians, dated August, 1637, "on all such annoyances as they conceive likely to increase the sickness in this populous city." After detailing eleven active sources of disease, the College suggests the formation of a Commission or Office of Health, such as has been found useful in Spain and Italy.

Medicine in Greece and Rome is briefly discussed, and we have chapters on quacks and quackery, medical advertisers, and a long list of their remarkable advertisements. Midwives and midwifery are disposed of chiefly in a large illustration representing the birth of Richard Beauchamp, Earl of Warwick, in 1381. The history of the apothecaries and the grocers, and the barbers and surgeons, are neither of them forgotten, and the work concludes with some short notices of men who have advanced medicine, with well-executed portraits of many of these.

(a) "A Chronology of Medicine, Ancient, Mediæval, and Modern." Being a Historical, an Antiquarian, and a Curious Survey of the Birth and Growth of Medicine from the Earliest Times to the Present Day." By John Morgan Richards. London: Baillière, Tindall, & Cox, 20 King William Street, Strand, is, Madrid. 1880. Illustrated by the Typographic Etching Company. Pp. 314.

Mr. Morgan Richard's book is extremely well got up, and he has evidently taken great pains in its preparation. Nearly all the portraits have been taken (by permission) from the collections preserved in the library of the Royal College of Surgeons. The book may well find a place in the library of all interested in possessing a short and pleasantly written outline of the development and progress of the science and art of medicine.

#### THE NEW PRESIDENT OF THE ROYAL COLLEGE OF PHYSICIANS.

AT a meeting of the Censors and Fellows of the Royal College of Physicians of London, held pursuant to charter on the Monday preceding Easter, Sir William Jenner, Bart., K.C.B., was unanimously elected president. By many it was thought that the outgoing president, Sir Risdon Bennett, would have been re-elected, in consequence of the meeting of the International Medical Congress in London this year, at the preliminary meetings of which he has taken so active a part; but as that gentleman had already served five years of office, it was not deemed advisable to make any unusual departure, and so the honour has fallen on Sir William Jenner, than whom no Fellow of the College is more worthy.

#### Correspondence.

##### DEBATED POINTS IN SYPHILITIC PATHOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a former number of your esteemed journal I have called attention to one of the points relative to syphilitic pathology, yet unsettled—viz., the nature of the primary lesion. Several letters which have appeared in your columns show that I was right in so doing. London and Paris disagree on this point.

I would now advert shortly to another moot point in the pathology of syphilis, and that is, the nature and origin of those distressing cases of stricture and ulceration of the rectum which form such a sad feature of that common disease. In Paris the writings of MM. Gosselin and Desprès have made us aware that some men of great experience hold the view that the majority of strictures and ulceration of the rectum which ensue in consequence of contamination from contagious sources are due to the irritation produced in the rectum by the presence of soft sores in the neighbourhood. M. Desprès has on one occasion called my attention to this view when I visited the Hôpital Cochin.

For my own part, my observation of such strictures of the rectum is quite contrary to that of these able surgeons. In my opinion, many ulcers of the rectum and strictures of that part are due to tertiary syphilis or to secondary eruptions—mucous tubercles—in the neighbourhood. When the ulceration is secondary in its character, it sometimes only affects the mucous membrane of the rectum; but when the disease is caused by tertiary, or "gummy," infiltration, the sub-mucous connective tissue is first of all implicated, and the ulceration is, therefore, deeper, and far more intractable.

When ulceration of the rectum occurs in company with mucous tubercles it is often easily enough cured by touching with nitrate of silver, or other local means; but, when it is tertiary in character, we have, indeed, one of the most intractable and fatal affections which syphilis causes. I have seen a good number of women die from stricture of the rectum of tertiary character. Iodide of potassium, or mercury, do not seem to have much power in absorbing the syphilitic products in this affection of the rectum; and, as a rule, these cases do very ill. I have seen some occur so soon as two years after the occurrence of the hard sore. Nearly 90 per cent. of such syphilitic strictures of the rectum occur in women.

I should be pleased to know whether this is the experience of other observers.

Yours obediently,

CHARLES R. DRYSDALE, M.D.

## NOTICES TO CORRESPONDENTS.

**FOR 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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**EASTER HOLIDAYS.**—Authors of papers, correspondents, and others will much oblige by forwarding corrected proofs, communications, &c., by earliest post for next number in order to give the printing staff a day's holiday.

**COMPLIMENTARY.**—"To see ourselves as others see us," especially if it be in a favourable light, is at all times agreeable. The following description of us appeared in the last number of the *American Therapeutic Gazette*, published at Detroit, for which expression of opinion we beg to thank its Editor. "*Medical Press and Circular*. This is a British medical weekly. Like most of the other British medical journals its Editor is *incoy*. It is issued both from London, England, and Dublin, Ireland. The *Medical Press and Circular* is a journal of a superior order of merit, ranking with the leading medical periodicals in the English language. It is printed on very heavy tinted paper, and is a model of typographical execution."

**ENQUIRER.**—The matriculation list has not yet been sent us. The examinations for the Primary at the Royal College of Surgeons of England commenced last week.

**ASCULAPTUS asks (1)** The first steps to take in order to get a dispensary and residence where there is at present a wretched one. I can recommend a suitable place to be purchased. Where could I get copies of the Act 42 and 43, Vic. cap. 25?

**Answer**—See the Act, page 601 "Irish Medical Directory" for 1881. The Board of Guardians must first come to terms with the owner of the land (or of the house if it be intended to improve one already built). Then an application must be made to the L. G. B. for a certificate, (c) that a new dispensary is necessary; (b) that the proposed building is suitable. Upon which the L. G. B., if necessary, holds an inquiry. Having obtained the certificate, the Guardians apply to the Board of Works who lend the money at  $\frac{3}{4}$  per cent., repayable in thirty-five years by an annual rent charge of 25 per cent. on the money advanced.

**2.** What remedy has a dispensary doctor who can't recover his legal fees? Supposing he leaves a district where money be due to him can he sue through an attorney or must he prove the debt in person?

**Answer**—He must, no matter what the nature of the debt may be, prove his case by his own evidence, and will only be allowed half his costs and expenses if the debt be a small one. The county court law of Ireland is extremely bad and very inconvenient to claimants resident at a distance.

**3.** Must I sue in the same way for money due for an inquest case which a coroner disputes, though the medical man gave sworn evidence?

**Answer**—Yes, or you may appeal to the grand jury or the judge of assizes.

**4.** Is the clerk of union bound to supply a notice board for a dispensary where the present one is unfit for use?

**Answer**—Yes, see Dispensary Regulation, Article 4, "Irish Medical Directory," page 254.

**5.** In a district where there is a paid midwife if I get a red ticket to a midwifery case, and the people refuse to summon her, am I bound to attend before or with her, or am I justified in refusing unless she says I am required?

**Answer**—The medical officer's responsibility upon a red ticket is not the least degree less because there is a paid midwife in the district. He must attend and make every provision for the safety of the patient; he may, if he pleases, put the midwife in charge, but he will still be responsible for any mischance.—ED. M. P. & C.

**MR. HARRINGTON.**—Letter has been forwarded to the proper quarter.

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—The annual distribution of prizes to the students who were successful at the examinations held at the close of the winter session in the School of Surgery took place on Monday, April 4. The chair was occupied by Dr. Alfred H. McClintock, President of the College. The President, in opening the proceedings, expressed the pleasure it gave him to attend upon such an occasion, which reminded him of a similar one thirty-nine years ago, when he also took part in receiving the awards of the College. The following prizes were then distributed:—First Year's Class: First prize, gold medal, and £10, Michael T. Yarr; second prize, £10, W. D. Waterhouse, LL.D. Second Year's Class: First prize, £12, Austin M. Cooper; second prize, £8, Myer M. Dutch. Third Year's Class: First prize, £10, W. B. Stokes; second prize, £8, W. L. Simms; third prize, £2, J. W. Kister. On the motion of Dr. Mapother, a vote of thanks was passed to the President. The proceedings then terminated.

## THE ACCIDENT TO MR. JOLLIFFE TUFNELL.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

DEAR SIR.—So many kind friends amongst my professional brethren having called to inquire for me since my accident, and such exaggerated rumours as to its extent having gone abroad, I shall feel much obliged if you will kindly announce, through the *Press*, the real nature of the case.

My left arm was broken by the fall at the insertion of the deltoid muscle, and three ribs broken upon the right side; I also sustained some very severe contusions of the head and body. The position of the fracture has necessitated the most perfect rest in order to facilitate union, but such (I am happy to say) is now progressing favourably under the careful treatment of Mr. Butcher, assisted by my colleague Surgeon Wheeler, and I trust that it may not be very long before I shall be able to resume my professional duties.

For this favourable condition I am also greatly indebted to Dr. Duckett, who, being present at the time, rendered me the most valuable assistance, and prevented all further injury to the limb by temporarily adjusting the bones.

I remain, very faithfully yours,

JOLLIFFE TUFNELL.

DR. M. P. J. and Dr. H. will find the subject referred to in our leader columns. The precedent is undoubtedly a dangerous one, and will, we fear, afford numerous excuses for illicit consultations in the future.

**SANITARY INSTITUTE OF GREAT BRITAIN.**—This (Wednesday) evening, at 8 o'clock, the Chairman of Council, Dr. Richardson, F.R.S., will give a short Address, entitled, "Some brief Suggestions on the best mode of dealing with Small-pox and other infectious Diseases in the Metropolis and other large Towns," to be followed by a discussion.

**ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.**—Wednesday, April 20, at 7.45 p.m., Council.—8.30 p.m., Casual Communications.

**HARVEIAN SOCIETY OF LONDON.**—Thursday, April 21, at 8.30 p.m., "Some Cases of Fibrous Polyp of the Nose and the Operative Treatment of them," by Mr. Henry Morris.—"Difficult Micturition from Prostatic Disease," by Mr. Teevan.

## VACANCIES.

Carrickmacross Union.—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, April 22.  
Hereford General Infirmary. House Surgeon. Salary commencing at £100, with board. Applications to the Secretary before April 20.  
Hospital for Sick Children, Great Ormond Street, London.—Junior Resident Medical Officer. Salary, £50, with board. Applications to the Secretary before April 27.  
Hull and Sulcoates Dispensary.—House Surgeon. Salary, £150. Applications to B. H. Barker, Temple Buildings, Hull, before April 15.  
Midleton Union.—Medical Officer. Salary, £100, and £25 as Medical Officer of Health. Election, April 26.  
Sheffield Public Hospital.—Two Assistant House Surgeons. Salary, £-5 and £50 respectively, with board. Immediate applications to the Hon. Sec.

## APPOINTMENTS.

BARRY, E. F. S., L.K.Q.C.P.I., L.R.C.S.I., Visiting Physician to Kanturk Union Workhouse.  
BATHE, A. J., M.R.C.S.E., L.R.C.P.L., Assistant Medical Officer to the Greenwich Union Infirmary.  
COOMBS, S. W., F.R.C.S., L.R.C.P.Ed., Medical Officer of Health to the Claines Local Board, Worcester.  
CRITCHETT, G. Anderson, M.A., M.R.C.S.E., Ophthalmic Surgeon to St. Mary's Hospital.  
DINWOODIE, W., M.D., M.Ch., Medical Officer for the Kildon District of the Rothbury Union.  
FENN, E. L., M.D., L.R.C.P.L., M.R.C.S.E., Medical Officer for In-patients of the Richmond Hospital.  
GREGGLEY, C., L.F.G.S., Medical Officer for the Yoxall District of the Lichfield Union.  
HARTT, C. H., L.R.C.S.I., L.K.Q.C.P.I., & L.M., Medical Officer to the Central District of Greenwich.  
HAWKINS, H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Fourth District of the Ware Union.  
HEPBURN, A., M.B.C.S.E., House Surgeon and Secretary to the Chelsea, Brompton, and Belgrave Dispensary.  
MALL, H. C., M.B., C.M., Assistant House Surgeon to Leith Hospital.  
SHAW, C. K., L.R.C.P.L., M.R.C.S.E., Medical Officer of Health for the Hastings Urban Sanitary District.  
STUART, S., M.D., L.R.C.S.Ed., Assistant Medical Officer at the Liverpool Workhouse.  
WADD, F. J., M.B., C.M., M.R.C.S.E., Medical Officer for Out-patients of the Richmond Hospital.  
WILSON, Dr., Medical Officer to the Barronstown Dispensary.

## Births.

LITTELJOHN.—April 1, at Hanwell, Middlesex, the wife of Saltern G. Littelljohn, M.B., of a son.

## Marriages.

FARBSTEIN—BERKOWITZ.—April 5, at the Synagogue, Gravesend, Henry Farbstein, M.R.C.S., L.R.C.P., of Hull, to Katherine, eldest daughter of Henry Berkowitz.  
WHERRY—CUST.—April 2, at St. Botolph's, Cambridge, George F. Wherry, F.R.C.S., to Albinia, daughter of R. N. Cust, Esq.

## Deaths.

GIBB.—April 5, at Oxford, Matilda Warburton Gibb, aged 70, widow of Dr. J. R. Gibb, Bengal Army.  
WHITTINGTON.—April 7, at 10 Trebovir Road, Kensington, Jane Carmen, wife of Charles E. Whittington, M.E.C.S., of Tuxford, Notts.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 20, 1881.

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## Original Communications.

### REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P., F.R.S., Physician to the London Hospital, and to the National Hospital for the Epileptic and Paralysed.

#### INTRODUCTION.

In his "Data of Ethics," p. 61, Herbert Spencer writes, "Every science begins by accumulating observations, and presently generalises these empirically; but only when it reaches the stage at which its empirical generalisations are included in a rational generalisation, does it become developed science. Astronomy has already passed through its successive stages; first collection of facts; then inductions from them; and lastly, deductive interpretations of these, as corollaries from the universal principle of actions among masses in space."

I have long thought that Herbert Spencer's hypothesis of dissolution will enable us to develop a science of disease of the nervous system. Dissolution is the term Spencer uses for the reverse of Evolution. At any rate, there is no harm in trying to see how far the hypothesis of Dissolution will apply to some diseases of the nervous system. I have long ago applied it to the elucidation of cases of aphasia (a), to cases of the ordinary form of hemiplegia and to cases of epileptiform seizures (*Lancet*,

(a) I have in several places (first, *Medical Times and Gazette*, June 23, 1866, quoted Baillarger's important generalisation on some cases of aphasia.

"L'analyse des phénomènes conduit à reconnaître, dans certains cas de ce genre que l'incitation verbale involontaire persiste, mais que l'incitation volontaire est abolie. Quant à la perversion de la faculté du langage caractérisée par la prononciation de mots incohérents, la lésion consiste encore dans la substitution de la parole automatique à l'incitation verbale volontaire." Speaking of a particular case he says, "Il est bien évident qu'il l'incitation motrice volontaire était abolie, et que l'incitation motrice spontanée persistait."

January 18, 1878). I suppose these to be examples of Dissolution beginning in different lower cerebral centres, as insanity is, I suppose, Dissolution beginning in the highest of all centres. I have also long ago applied the hypothesis to the investigation of cases of insanity as in a paper, *Medical Times and Gazette*, July 19, 1873, where, however, I did not use the term Dissolution (see also *Medical Press and Circular*, December 9, 1874, and *London Medical Record*, June 9, 1875).

I have been misunderstood to have put forward the Hypothesis of Dissolution as a basis for classification of cases of Insanity for clinical purposes, and have been asked to go to some lunatic asylum and show how the cases of patients there could be classified under it. That I may in some of my earliest papers on the application of the hypothesis of Dissolution have so carelessly written as to imply that, I dare not deny; I hope I have not. But I have expressly repudiated such application of the hypothesis in several places some years ago. The following is a quotation from a paper in the *Medical Press and Circular*, December 9, 1874. It will be observed that I do not use Arrangement and Classification as synonymous terms:—

"There are very many classifications of Insanity, and this is good evidence of the difficulty in dealing with the complex problems the cases present. For my part, I think we should have arrangements of cases of Insanity for practical purposes, and a Classification on some natural system for the purpose of increasing our knowledge of 'diseases of the mind.' The arrangements, entirely artificial, would only be provisional. They would in asylum practice, start with the very general definition of a lunatic, as a person who requires restraint on account of mental disorder. The arrangements would vary very widely, as the cases were considered from a pathological or therapeutical point of view, or as the patients required different degrees and kinds of supervision. If a certain kind of insanity were often found along with phthisis, this would be a good reason for making a group, 'phthisical insanity,' for treatment, and also for the accumulation of otherwise unrelated facts bearing on pathology. If a patient were suicidal there would be very good

reason for taking that to be the leading feature of his case for certain practical purposes. Then the grouping epileptic (a) insanity is a very useful one. But for increasing our knowledge of insanity and, indirectly, of mental operations in health, these practical arrangements alone will not suffice. We require also a theoretical arrangement, or rather a classification properly so-called—in fact, a classification on a natural system.”

“Cases of insanity should, I think, be classified and investigated on the basis supplied by the doctrine of Evolution of nervous centres. We shall have enormous help in the work Spencer has done in his ‘Psychology.’ We have already explained that we use the term Dissolution as the opposite of Evolution. Insanity is Dissolution, beginning in the highest nervous processes. Moreover, of course, what we call the scientific investigation of insanity is really an experimental investigation of Mind; and in this regard the slightest departures from a person’s standard of mental health are to be studied, and not only the cases of patients who require to be kept in asylums.”

I have written to the same effect in a paper “On Syphilitic Affections of the Nervous System,” *Journal of Mental Science*, July, 1875. To the same effect, too, in a paper “On Affections of Speech from Disease of the Brain” (*Brain*, Vol. I., p. 315, note), wherein I say that classification under the principle of Dissolution is “worthless for immediate practical purposes.” (b)

I should no more urge that cases of insanity in asylums should be classified on the principle of Dissolution than that plants in farms and nursery or market gardens should be classified on the natural system of botanists.

On the other hand, whilst admitting and urging the value of Empirical Arrangements, it does not suffice for a science of Insanity to collect observations of cases of Insanity ordinarily so-called. The observations are necessary materials for empirical generalisations as into varieties of Mania, Melancholia, &c., &c., for purposes of practice. We require for the science of Insanity a rational generalisation, which shall show how Insanities, in the widest sense of that word, including not only cases specially described by alienists, but delirium in acute non-cerebral disease, degrees of drunkenness, and even sleep with dreaming, are related one to another. Dreaming is for such purpose as important as any kind of insanity. More than this, we require a rational generalisation so wide as to show on the physical side relations of diseases of the Mind, which are for physicians nothing but diseases of the highest centres, to all other diseases of the nervous system. We have to find some fundamental principle under which things so superficially different as the diseases empirically named hemiplegia, aphasia, acute mania, chorea, melancholia, permanent dementia, coma, &c., can be methodically classified.

In *Brain*, Vol. I., pp. 308-9, when dealing with aphasia, I have given an enumeration of symptoms in several different diseases of the nervous system, which it is supposed are good examples of Dissolution beginning in different parts of the nervous system.

The following is what is referred to in the text (c) :—

(a) We have, of course, to distinguish betwixt (1) transient mania following an epileptic paroxysm; (2) the more lengthy mental infirmity after a succession of attacks; (3) the persistent deterioration which is a gradual result of seizures often repeated for months and years.

(b) I have written on Dissolution of the Nervous System, *Brit. Med. Jour.*, “Comparative Study of Drunkenness,” May 16 and 23, 1874, and also in the same *Journal*, March 31 and April 7, 1877, “On Unconsciousness and Automatic Actions after Epileptic Fits.” In the fifth volume of Crichton Browne’s “West Riding Asylum Reports, I published a paper on “Temporary Mental Disorders after Epileptic Paroxysms,” in which I relate many cases of post-epileptic actions, but not especially as illustrating Dissolution.

(c) There are certain most general principles which apply, not only to affections of speech, but also to the commonest variety of paralysis, to the simplest of convulsive seizures, and to cases of insanity.

The facts that the speechless patient is frequently reduced to the use only of the most general propositions “yes” or “no,”

Cases of hemiplegia and aphasia are examples of Dissolution beginning in subordinate brain centres. But the cases we deal with in this paper are examples of Dissolution beginning in the highest cerebral centres—cases of Insanity.

Several times it has been admitted, however, that pathological changes are not likely to effect a Dissolution which shall be the exact reverse of Evolution. This was admitted again in a communication to *Brain* (Part X). At a later stage of this work I shall draw particular attention to this.

I may remark now as to the term Dissolution. Strangely, some of my friends suppose it to be one of my own choosing as a name for the reverse of Evolution. It has been used by Herbert Spencer for at least thirteen years (see “First Principles,” second edition, 1867, chapter on Dissolution). The word is said to be not a fit one, and it is urged as an objection to my application of it that it is already in use in another sense. Suppose the word, considering its etymology, to be wrongly applied, or to be more often used in other senses than as the reverse of Evolution of the Nervous System—I really do not see the expediency of adopting another word, or of coining a new one, for the reverse of Nervous Evolution, when Dissolution is already in use for the reverse of Evolution in general. There are objections to the term “Evolution,” but no one now-a-days thinks of displacing that term (see art. “Evolution,” by Sully, “Encyclopædia Brit.”). Fiske (“Cosmic Philosophy,” vol. i., part 2, chapter iii., headed “Evolution and Dissolution,”) writes of the two words:—“Both these terms possess the signal advantage that, while they admit of precise scientific definition, they are at the same time currently used in senses strictly analogous to those in which they are here employed.”

Besides, I do not think my use of the term “Dissolution” can have misled any one, since, unless I am very much mistaken, I have always, when using it, declared it to stand for the reverse of Evolution. In earlier papers I used the term “Reduced to a More Automatic Condition.”

The main part of what I may be able to show in this work consists in illustrating Spencer’s doctrines of Nervous Evolution, by the reverse process of Nervous Dissolution, as this is effected by pathological processes, and especially by excessive discharges beginning in parts of the highest cerebral centres—that is to say, by cases of Epilepsy Proper. Readers will not, of course, judge Spencer’s doctrines from my application of them. I should take it as a great calamity were any crudities of mine to be attributed to this distinguished thinker.

or both; that he may be unable to say “no” when told, although he says it readily in reply to questions requiring dissent; that he may be able ordinarily to put out his tongue well, as for example to catch a stray crumb, and yet unable to put it out when he tries, after being asked to do so; that he loses intellectual language and not emotional language; that although he does not speak, he understands what we say to him; and many other facts of the same order, illustrate exactly the same principle as do such facts from other cases of disease of the nervous system as—that in hemiplegia the arm suffers more than the leg; that most convulsions beginning unilaterally begin in the index finger and thumb; that in cases of post-epileptic insanity there are degrees of temporary reduction from the least towards the most “organised actions,” degrees proportional to the severity of the discharge in the paroxysm, or rather to the amount of exhaustion of the highest centres produced by the discharge causing the paroxysm. In all these cases—except in the instance of convulsion, which, however, illustrates the principle in another way—there are, negatively, degrees of loss of the most voluntary processes with, positively, conservation of the next most voluntary or next more automatic; otherwise put, there are degrees of loss of the latest acquisitions with conservation of the earlier, especially of the inherited, acquisitions; speaking of the physical side, there are degrees of loss of function of the least organised nervous arrangements with conservation of function of the more organised. *There is in each reduction to a more automatic condition: in each there is Dissolution, using this term as Spencer does, as the opposite of Evolution.*

I have further obligations to acknowledge. We must remember that Laycock, about forty years ago, made the very fruitful generalisation that the cerebral centres are, like all lower centres, "reflex." The more recent doctrines of Evolution of necessity imply that all nervous centres, even the highest—the substrata of consciousness—are sensori-motor. Some years ago my colleague, Dr. Gowers, drew my attention to remarks by Sir Charles Bell, to the effect that, in debility, the voluntary fails before the automatic. I quoted Bell's remarks, *Lancet*, Feb. 15, 1873. I have already acknowledged my obligation to Baillarger.

I adopt the hypothesis by Todd and Alexander Robertson that temporary local paralysis after epileptiform seizures is a result of central exhaustion consequent on excessive nervous discharges during the paroxysm, and apply the hypothesis in the explanation of the conditions of patients after seizures of epilepsy proper. I adopt the hypothesis of Laycock and Monro that the symptomatic condition in insanity is duplex—that there is a negative and positive element. I also make great use of an hypothesis of Anstie and Dickson Thompson, which may be briefly stated as amounting to this—that positive mental symptoms are indirectly caused by disease, are owing (to use Dickson Thompson's phrase) "to loss of control." This principle has been stated also by Rutherford and by Lauder Brunton.

The principle that we get over action of lower centres by the mere removal of the influence of the higher centres was distinctly formulated by Anstie many years ago. Thus, speaking of the effects of opium, he wrote:—"The apparent exaltation of certain faculties should be ascribed rather to the removal of controlling influences than to the positive stimulation of the faculties themselves, or of the physical machinery by which they work."—"Stimulants and Narcotics," p. 80.) Dickson Thompson stated the same principle as to delirium, and also as to the epileptic paroxysm. In his application of it to the epileptic paroxysm I do not follow him, although I do with regard to post-epileptic mania and other positive conditions after epileptic attack. The very same principle was applied by Symonds in the explanation of dreaming which is physiological insanity—is a normal Dissolution. In his article on "Sleep and Dreams" (1850, although, I believe, not published until 1871), Dr. Symonds writes:—"I am inclined to think that by reason of the diminished action in the part of the brain connected with sensation there may sometimes be increased action in that connected with the revival of past impressions, in correspondence with a law constantly operating in the human economy, that diminished action in one part causes exalted action in another; but this view is hypothetical."

The general subject of epileptic insanity has long been clinically handled by both alienist and general physicians, especially by Morel, Falret, Trouseau, Tuke and Bucknill, Nicolson, and Howden. Dr. Howden's paper, "The Religious Sentiment in Epileptics," *Journ. Medical Science*, Jan., 1873, is a highly original article of extreme value. Dr. Thorne Thorne, in the St. Bartholomew's Hospital Reports, has recorded a case of post-epileptic automatism of far greater medico-legal value than a score of cases of ordinary epileptic mania. Perhaps the most valuable of all cases of the kind is one recorded by Weir Mitchell in a paper on the "Use of Nitrite of Amyl." Everything this physician writes is of the best. I regret to say that the reprint of his paper does not tell us where it was originally published. Dr. Hack Tuke's papers on "Artificial Insanity" deserve very careful study.

I must also mention my indebtedness to Symonds' articles on "Dreaming," to a chapter on the same subject, by Griesenger. Also to Macnish's articles on Drunkenness and Dreaming. I would particularly draw the reader's attention to Spencer's chapters in his "Principle of Sociology" on Primitive Man, Intellectual and Emotional, and to his statements in other parts of that work

on Dreams. In the third volume of Spencer's essays is an article most important to students of "Diseases of the Mind," entitled the "Comparative Psychology of Man."

So then, whilst quite willing to take the full responsibility of what I say, I am also ready to declare that the previous workers mentioned have rendered it difficult for me to put forward anything more than a sort of harmonisation of their doctrines. For the use I make of their work, they are not answerable. I make these remarks because handling the subject in an unusual way, and often using different terms from those generally used, the reader might suppose there to be great novelty in places where there is really none. We must remember, too, that many doctrines were stated years ago in principle which were then novel and much disputed, but are now so generally accepted that we are in danger of ceasing to think of the very early propounders of those doctrines. The credit is sometimes given to the popularisers of the doctrines, especially if he fits them in with new researches. By putting old doctrines in new ways, and using, in their exposition, more recent terms, we may deceive ourselves into the belief that we are saying something fundamentally original. The principle of duality of mental states (negative and positive) which, I have to insist on at length, is essentially a direct reproduction of what Laycock said about thirty years ago. As Dr. Carpenter tells us, "The extension of the doctrine of reflex action to the brain, was first advocated by Dr. Laycock in 1844. In what Laycock wrote on Odyle Mesmerism, and Electro-Biology in 1851, is embodied a principle which is, I believe, true of such cases as uproariousness after intracranial hæmorrhage, boisterous conduct in drunkenness, and of epileptic mania. Borrowing Laycock's words, we may say of these cases—"One great fact proper to all is that the action of the Will and of Consciousness is suspended, and the encephalic ganglia placed in the condition of the true spinal or reflex system." Here are two elements—the negative and positive. If attention be too much taken up with the words "Odyle," "Mesmerism," and "Electro-biology," the reader may overlook the fact that however nonsensical be the doctrines those words cover in the mind of the populace, the sentence quoted shows a broad principle of great value in the investigation and classification of disease; that there is a reduction to a more automatic condition, or, in other words, there is a duplex condition, negative and positive. The reader must bear in mind that the above is what Laycock wrote in 1851. He would, doubtless, later have used different expressions, but the principle is in the sentences quoted, whatever we may say about the terms used.

I may take this opportunity of quoting another writer on "Negative and Positive Conditions in Insanity." Dr. Henry Munro long ago stated his opinion that there is in insanity a negative and a positive condition. The following quotation is the "Syllabus of the Argument" of his work, "Remarks on Insanity," 1851. "The theory laid down in these remarks is—that insanity is a disease of loss of nervous tone; that this loss of nervous tone is caused by a premature and abnormal exhaustibility of the vital powers of the sensorium; that this infirmity is essentially a local one, though torpor of the general, physical, and vital powers assists it; and that its origin is to be esteemed constitutional, congenital, and frequently hereditary."

"As a part of, and arising from this theory, the coincident excesses and deficiencies of mental phenomena manifested by the insane, are attributed to the coincident existence (in different parts of the sensorium) of those two stages of loss of nervous tone, *irritable excess of action* and *paralysis*. This view of the case renders it unnecessary to believe that the violent excesses of the insane must arise from a too sthenic condition of the system—a doctrine which experience so much contradicts, but which the want of experience so often propagates."

I mention that the authors above quoted are not responsible for what I borrow from them, or rather for my



application of what is borrowed, since I fear some of them would not admit that their doctrines are properly represented, or they might see them combined with others in ways they would not approve. Hence it is not inconsistent to acknowledge that much of what I have to put forward has been said in principle before, and yet to take full responsibility, because I am saying it in a different way. I make these statements voluntarily; no one has advanced any claim to priority on the points I mention.

The foregoing must not be taken as an admission that I have not worked quite independently at most parts of the subject.

(To be continued.)

**ON TEMPERATURE AND ITS RELATION TO MORTALITY: AN ILLUSTRATION OF THE APPLICATION OF THE NUMERICAL METHOD TO THE DISCOVERY OF TRUTH.**

By WILLIAM A. GUY, M.B., Cantab., F.R.S.,  
One of the Honorary Presidents of the Statistical Society.  
(Continued from page 311.)

UP to this time Dr. Guy's paper had been dealing with the mixed populations of several countries and places, and with men, women, and children exposed in every possible way and degree to the current atmospheric influences. He now proposes to inquire whether the same relation of temperature to mortality obtains among the mixed class of persons whose lives have been insured, after the usual medical examination, and who, one with another, suffer less by atmospheric exposure, and the labours and privations which poverty (the lot of the majority) entails than their poorer neighbours and the mixed communities to which they belong. Thanks to a conversation with his friend, Mr. George Humphreys, secretary and actuary to the Eagle Insurance Office, Dr. Guy was made aware of the publication year by year of the experience of the well-known German insurance office at Gotha to the half century ending 1878. (a) The tables present the deaths and causes of death of 22,014 persons (of course, chiefly males) from twenty-three leading causes, more or less definite, namely:—

1. Pulmonary consumption, pulmonary catarrh and bronchitis, pulmonary apoplexy, and inflammatory diseases of the chest, forming together a well-defined group of diseases of the lungs.
2. Old age.
3. Typhus, rheumatism of the joints, inflammation of the brain and mental diseases—all of which causes of death in common with 1 and 2 fall under the same category. The mortality varies inversely as the temperature.
4. Asiatic cholera, inflammation of the bowels, and chronic disease of the liver—these diseases cause a mortality varying directly as the temperature.
5. Cerebral apoplexy, chronic diseases of the brain and spinal cord, cancer, and diabetes, which give rise to a mortality in which the temperate months of the spring and autumn take the lead, and are followed in order by the cold and hot months.
6. Suicide and chronic disease of the heart, of which the victims are most numerous in the temperate months, the hot and cold months following in their order.
7. Bright's disease, and infectious disorders, other than cholera and fever, in which the cold months are most fatal, and the temperate months least so.
8. A mixed group of accidents, external injuries, and tumours which have their maximum mortality in the colder months, and their minimum in the temperate.

(a) Mittheilungen aus der Geschäfts- und Sterblichkeits-Statistik der Lebensversicherungsbank für Deutschland zu Gotha, für die fünfzig Jahre von 1829 bis 1878. Herausgegeben von Dr. A. Emminghaus (1880).

9. And lastly, a miscellaneous group of diseases and causes of death, in which the hot and temperate months exhibit a mortality equally in excess of the deaths in the cold months.

A summary is then given of the results of the fifty years' experience of this, the leading insurance office of Germany.

The aggregate of the 22,014 deaths are grouped as follows:—

Four cold months, 7,703; four temperate months, 7,525; four hot months, 6,786; which figures yield the percentage proportions—35, 34, and 31.

The four affections of the lungs, consumption, bronchitis, pulmonary apoplexy, and pneumonia, if grouped under the one heading—diseases of the lungs—present the following figures:—

Four cold months, 2,339; four temperate months, 2,148; four hot months, 1,524; or per cent., 39, 35, and 26.

The details are as follows:—

	Four Cold Months.	Four Temperate Months.	Four Hot Months.
	Per cent.	Per cent.	Per cent.
Consumption.....	36	34	30
Bronchitis, &c.....	39	33	28
Pulmonary apoplexy.	41	39	20
Pneumonia.....	42	37	21

2. Old age. Under this head the figures for the cold and temperate months show a near approach to equality. They are respectively, 580 and 560; and the approximate percentages are:—

Four cold months, 36; four temperate months, 35; four hot months, 28.

3. The mixed group (typhus, rheumatism of the joints, inflammation of the brain, and mental diseases), which share with lung diseases and old age a death-rate varying inversely as the temperature, yield the following figures:—

Four cold months, 37; four temperate months, 35; four hot months, 28.

4. The three diseases which exhibit a death-rate ranging directly as the temperature (Asiatic cholera, inflammation of the bowels, and chronic diseases of the liver) present the following percentages:—

Four cold months, 25; four temperate, 32; four hot, 43.

These four groups are those which yield us the most definite results.

If the relation of temperature to mortality be really so direct and considerable as all Dr. Guy's inquiries up to this point so clearly indicate, additional evidence of that relation must be obtainable in the shape of a comparison of the death-rate in two years or seasons, in one of which the thermometer indicates a much lower temperature than the other. Such a comparison Heberden himself makes, in a table at p. 52 of his work. This instructive table Dr. Guy gives in a somewhat altered and more condensed form:—

	Deaths above 60.		Difference of Temperature.	
	Warmer Year, 1796.	Colder Year, 1795.	Noon.	Noon.
1st week	35	51	15	17
2nd "	37	139	15	17
3rd "	29	145	24	23
4th "	20	143	28	25
5th "	32	239	16	12

This comparison, if it were to stand alone, would be conclusive as to the close relation that exists between temperature and mortality, and especially in aged persons.

It illustrates the power of cold in raising the death-rate of the aged, and also of its continued operation through a series of weeks. The first week of the series exhibits a fall of 15° and 15°, and a death-rate augmented from 35 to 51; but the second week, with a like fall of temperature, shows a nearly fourfold increase. The cold continues and increases from 15 or 17 to the much higher figures of the table; and the further fall, coupled with the longer continuance of cold, raises the mortality fivefold, then sevenfold. The temperature rises several degrees in both the contrasted weeks; but the deaths show a further increase, being more than sevenfold. We have now become familiar with this distinctive effect of cold; but this instance (now eighty years old) is well worth recording.

In an appendix to his paper, Dr. Guy justifies by figures the statement of Celsus, respecting the deadly character of the Roman autumn.

The Roman autumn, condemned by Celsus as "*longe periculosissimus*," began on the 6th August, and may be said to have comprised the three months of August, September, and October. The remainder of the year must therefore have been distributed thus:—Winter—November, December, January; spring—February, March, April; summer—May, June, July.

Now, if we arrange the deaths for Marseilles and Montpellier, as they are stated by Heberden at p. 49, we obtain the following results:—

Seasons.	Marseilles.	Montpellier.
Spring.....	4,982	2,104
Winter .....	5,225	2,843
Summer .....	4,850	2,480
Autumn .....	5,242	3,307

It would appear, then, that in the last century, these two cities, which may be taken to represent approximately the climate about which Celsus wrote, display a striking contrast between a spring marked by a low mortality and an autumn extremely fatal to life. In this they resemble the Rome of Celsus. But in Marseilles the summer is less fatal than the spring; while in Montpellier, summer takes the place of winter, as coming next in order of healthiness to spring.

CLINICAL LECTURE ON HERPES.

By J. MAGEE FINNEY, M.D., F.K.Q.C.P.I.,

Visiting Clinical Physician and Dermatologist to the City of Dublin Hospital.

(Continued from page 223.)

GENTLEMEN.—Herpes zoster, zona, or shingles, is peculiarly of neurotic origin, and the cutaneous eruption of the vesicles is but the exponent of the nerve irritation which produces it.

The intelligent appreciation of this, now universally accepted, etiology will explain the occurrence of herpes, the course and direction of the eruption, and its concomitant neuralgic symptoms.

The intimate relation of the ganglionic vasomotor system with that of motion and sensation has much to say to the development of this form of herpes, but unfortunately the advances to unravel this union have not been as yet very successful in explaining the conditions under which herpes will make its appearance in some individuals, while in others, under seemingly similar circumstances, no herpetic complication will arise.

To explain this seeming caprice of Nature is as difficult, nay, as impossible, as to say why, when exposed to a similar exciting cause of disease, such as a chill, one

group of individuals will be affected with bronchitis, another with nephritis, another with serous inflammations, and so on.

Without, therefore, endeavouring to explain what still lies shrouded in the misty land of surmise and theory, it is sufficient for you to remember that the origin of herpes zoster is due to nerve irritation and inflammation; that the constant pathological changes have been found to be a neuritis of the affected nerve branches, with an induration and increase in size of the ganglia of the sympathetic connected with their roots. In some instances the nerve inflammation may be induced by direct pressure of a tumour, as, for instance, that of an aneurism of the thoracic aorta, causing herpes intercostalis, or may be the result of injury to the nerve; but in the majority of instances of zona it is idiopathic, and the exciting cause must be looked for among those which give rise to neuralgia generally, of which unfortunately very few are traceable. The gouty habit of body, mental worry, exposure to sudden cold on superficial nerves while the nervous power is exhausted may be enumerated, as some of the factors.

There are certain peculiarities about Zoster which you should bear in mind.

1st. The disease, as a rule, attacks an individual but once in his life. I say as a rule, for there are instances recorded where more than once—even up to five times (Kaposi)—the disease has been noted to recur.

2nd. It is unsymmetrical, being confined to one side of the trunk or extremities. To this very few exceptions have been recorded, and even where both sides of the trunk have been affected with herpes at the same time, the disease will not be at exactly the same level. Very commonly, however, you will find some clusters of vesicles transgress the exact middle line.

3rd. The disease runs alongs the course of the sensory cutaneous nerves, the groups of vesicles being thickest over the spots where the nerve gives most branches to the skin. Now on the trunk, when the branches of the dorsal and upper lumbar nerves are the seat of the disease, the herpes following these nerves will involve one half of the body, as by a girdle, and hence it is called Zona or Zoster; but remember that as the nerves pass obliquely downwards from behind forwards, the vesicles in front over the sternum or rectus abdominis will be on a lower level than those over or near the vertebral spines.

Again, when the nerves of the arm or thigh be those engaged, the herpes will follow their course in the long axis of the limb, and will not surround it. In like manner when the upper branches of the fifth nerve be its seat, it will travel from the supra-orbital notch up over the forehead into the scalp.

4th. Although it is equally common on either side of the body, it is rarely seen on the forearm and hand; and it has never been met with on the leg or foot. It occurs most frequently in certain situations, so that they may be termed its seats of preference, namely, the branches of the intercostal and lumbar nerves. The correctness of this observation you have often noted, for although we have seen the disease in every possible place, the greater number have been in these localities. Next in frequency the branches of the supra-orbital nerve may be enumerated, although the experience of our hospital practice would give the musculo-spiral third place.

5th. The attack is usually ushered in by what may be termed neuralgic symptoms—often very severe, following the course of the nerve affected. At times the sensations are those of a burning pain; at others, of a sharp stinging character, so that when the intercostal nerves be those affected, it may closely resemble the pain accompanying inflammation of the pleura. Those symptoms may be of short duration, or may last three or four days, before any cutaneous eruption is evident.

And here I may say that on more than one occasion I have been able to establish a diagnosis by a careful ocular examination of the affected parts; and I would

most strongly advise you to adopt a similar precaution in your private practice, lest you may treat for pleurisy or intercostal rheumatism a case of herpes zoster.

Sooner or later patches of red skin are noticeable over the painful parts, and groups of papulo-vesicles, becoming vesicles and then pustules, make their appearance. The disease is then, in short, a neurotic affection, preceded by certain neuralgic symptoms—at times very severe. These are shortly followed by erythematous patches in the course of the cutaneous distribution of the affected nerve or nerves. On these red patches appear a number of vesicles—sometimes minute, sometimes large, and either separate or confluent—which, when fully developed, become converted into pustules, and end in drying up into scabs, and often leaving after them nasty ulcers and permanent white scars.

The course of the attack is usually completed in ten or twelve days. It may, however, abort in some spots, so that we have often noticed some patches ending in small pimples or vesicles, others going on to pustulation and scabbing, and even in cases where vesiculation is the rule, it is very unequally distributed.

If you recollect the various symptoms we have noticed in patients suffering from herpes zoster, you must have been struck by the difference with which the cases ended. The majority of the patients were young, and they seemed to suffer very little discomfort, except from the healing of the small ulcers, while those who were past middle life, not only at the onset, but also after all the eruptions had disappeared, suffered so acutely from neuralgic pains that hypodermic injections of morphia were not unfrequently required. This is a point to which I wish to call your particular attention, that in elderly people herpes zoster is a very serious disease on account of the immediate sufferings it produces, and of the obstinate neuralgia which may follow the eruption for several months. Some ten years ago I remember one such case in an elderly lady, a member of a nobleman's family, where I had the advantage of other advice. I regret to say that, owing to want of sleep and the exhaustion induced in a feeble frame from continued pain, the patient succumbed five weeks after the eruption was healed.

The following cases, taken from our case-books, will further elucidate the subject, and sufficiently recall to your mind the treatment adopted:—

**CASE I.—Herpes Zoster, Cervico-Occipital.**—Eliza Gaffney, æt. 50, presented herself at the Skin Dispensary, Feb. 23rd, 1878, with herpes zoster of the right side of the neck and occiput, of 10 days' standing. The disease followed closely the direction of the *occipitalis major and minor* nerve. She stated that for 3 days she suffered great pain in the back of the neck and head, and that then a number of spots (vesicles) appeared in the posterior triangle of the neck, extending up to the back of the external ear, and to some distance on the hairy scalp, and that with the appearance of the rash the pain left her; that she had never felt strong since then, and that she has had very little sleep. She looked haggard and worn, the eruption was pustular in several patches, some of it already drying up. As the hairy scalp was involved almost up to the vertex, and the disease well advanced, our treatment consisted in the application of simple ointment, and the internal application of sulph. quinzæ in tinct. ferri perchloridi, and infus. calumbæ three times a day. Under this she rapidly recovered, and had no subsequent neuralgic symptoms.

**CASE II.—Herpes Zoster, Left Lumbo-Inguinal.**—Robert Clinch, æt. 18, a gas-worker, was seen at the Dispensary on July 19th, 1879. Seven days ago he had pain over the left anterior superior spinous process of the ileum. He thought he must have hurt himself. However, in two or three days he noticed various red spots about the hip. The disease was strictly limited, in the middle line behind to the spines of the third and fourth lumbar vertebrae, where a considerably-sized patch of confluent vesiculo-pustules were seen; it then followed accurately the course and distribution of the *ilio-hypogastric, ilio-inguinal*, and *external cutaneous* nerves, and the *crural* branch of the

*genito-crural* nerve. The patches were large over the outer surface of the ilium, where the iliac branches pass out to supply the skin of that region; they were smaller, less pustular, and more scattered over the hypogastrium; while over Scarpa's space and the upper third of the vastus externus, several large clusters were standing on a reddened base.

This case exemplified both the peculiarly accurate way in which the disease follows the cutaneous distribution of sensory nerves, and the fact that the eruption neither makes its appearance all at once, but in crops over different parts of the nerve at different intervals, nor is it equally developed over the affected parts. In this boy the patches varied—some were large confluent pustules, others separate vesicles, and others were aborted erythematous papules. As is very usually the case in herpes, this patient presented an anæmic appearance. Ferruginous preparations being indicated, I gave him the citrate of quinine and iron. No other remedy in my experience is so useful in preventing the neuralgic sequelæ, and in restoring the health. At times I vary it with quinine, tinct. perchlor. ferri, and chlorate of potash; but, as a rule, the former combination agrees best with the stomach, and has the advantage of being combinable with alkalies. The local treatment consisted in simply keeping the parts thickly dusted with the following powder, and covered with a large sheet of wadding, finely powdered starch, oxide of zinc, of each two drachms, with five grains of camphor.

**CASE III.—Right Lumbo-Hypogastric et Inguinal.**—Helen Lyons, æt. 17, dressmaker, attended the Dispensary in Feb., 1880, with herpes following almost exactly the same course as Case 2. It was, however, a very much more severe attack as the patches of vesicles were almost continuous; the disease also transgressed the middle line behind by an inch or two, and extended into the mons veneris, and more over the adductor muscles than the outer side of the thigh. This patient, who looked sick and exhausted, had had very acute pain in the side for 4 days before any appearance of the eruption. It then came out in a few spots over the back at first, and then gradually spread during five days until it presented the aggravated characters it had when I saw it. She had not slept for several nights, and was low, depressed, and nervous, with complete loss of appetite.

The treatment was much the same as in Case 2, with the addition of sleeping draughts, and the application of collodion flexile to some of the patches which were in their early or clear-vesicular stage. The attack lasted over a fortnight, but though it was one of the worst cases with which we have met at the hospital, a good recovery was made, and not more than one or two scars were left.

**CASE IV.—Herpes Brachialis.**—Peter Kavanagh, æt. 12, attended the Dispensary for Skin Diseases last August. He complained of pain in the right arm for about a week, but it was by no means severe, nor was he sick in any way. Four days after he first complained, three red spots covered with vesicles were noticed. The disease was limited to the deltoid, the outer half of the biceps and the bend of the elbow, and followed closely the course of the ascending branches of the circumflex nerve, and the cutaneous branches of that and of the musculo-spinal nerve as far as the bend of the elbow, where the largest patch of herpes to the size of half-a-crown existed. The only treatment in this case was the application of flexible collodion.

**CASE V.—Herpes Thoracico-Brachialis of the Right Side.**—George Burke, æt. 6, was admitted to the children's ward in January last, on the recommendation of my colleague, Mr. Croly. The child had been ill five or six days, and the eruption had almost completely come out. There was no history of any pain or illness preceding the rash. The eruption was copious, and exhibited every variety, from the erythema to confluent pustulation. Some of the vesicles aborted naturally, and others were checked by the generous application of flexible collodion. As some of the vesicles had been ruptured by being

rubbed, these parts were kept covered by strips of old linen soaked in linimentum calcei, and as the child was ill-nourished, cod-liver oil and syr. iod. ferri were given along with a generous diet.

The chief interest lay in the course and distribution of the eruption, and you remember how accurately the clusters of vesicles mapped out the sensory filaments of the circumflex humeri, the intercostal humeri, and the small internal cutaneous (Wrisberg) nerves of the right side.

Looking at the patient in front, a few clusters are visible over the lower edge of the lesser pectoral muscle, and others in the axilla, which are confluent in patches of half-a-crown. Other patches are seen on the inner surface of biceps, and a large cluster in front of and above the internal condyle. On looking at it behind, or on raising up the arm, much more extensive eruption is seen. 1. A few spots near the 1st and 2nd dorsal spines. 2. Others over the teres minor muscle. 3. Over the back part of deltoid. 4. Several patches along the inner side of long head of triceps. 5. A very large cluster above the internal condyle.

The nerves involved were evidently traceable through the brachial plexus to the 7th and 8th cervical, and 1st dorsal nerves, and the distribution of the herpetic eruption thus pathologically mapped out the nerves, from which the parts indicated received their sensory supply.

It is unnecessary to multiply examples. SuffICIENT has been said to point out peculiarities of this interesting disease. As to the diagnosis of herpes, I feel sure any of you who have noted the cases we have examined together, could have no difficulty in arriving at an accurate conclusion as to its non-identity with *catarrhalis*, and in discriminating between it and any other similar affection.

In conclusion, in treating herpes, use your best skill to allay the inflammation of the skin by cooling, soothing applications, and avoid anything which may possibly irritate, and thus leave a scar. When sleep is broken use hypnotics. Should the pain be very severe you may give hypodermic injections of morphia, and apply a cooling sedative lotion (consisting of liq. atropiæ, liq. plumbi subacet., aa ʒij.; glycerine, ʒij.; aqua rosæ, ʒvi.), on lint, and cover it with gutta-percha tissue. For the subsequent, and often accompanying, neuralgia, the preparations of quinine, either alone or in combination with arsenic or iron, answer best.

## Translations.

### ON SIMULATED INSANITY. (a)

By Dr. SNELL, of Hildesheim.

TWENTY-FOUR years ago I published a small paper in the *Allg. Zeitschrift. f. Psych.*, (vol. 13, No. 1) on simulated insanity, describing three cases of simulation. The first case occurred in a convict, who had excited the suspicion that he was insane by singing, dancing, and incoherent talk. On closer examination of his condition he betrayed the attempted deception by his utterly nonsensical statements. For example, he maintained that the week consists of ten days. He would not recognise a single individual of those around him, though he had known them intimately for several years, and the like. But after a few days, when he found that his behaviour obtained no credit, he gave up the imposture.

The second case occurred in a man, æt. 27, who had been accused of perjury, and who was remanded. After a sojourn in prison of two months pending investigation, he suddenly exhibited an entire alteration in his mode of conduct. He jumped about in his cell, and screamed "fire," while his behaviour and speech were seemingly quite distracted. Removed to an asylum, he assumed an immovable attitude, and stared straight before him. When he was invited to

dance, he rose at once, danced round several times in a circle, and then sat down again quietly. Asked his name, he called himself Anton U—, whereas his real name was Peter U—. When he was asked to count he did so in the following mode, 1, 3, 5, 7, 10, &c. He maintained that twice 3 was 7. In reading as well as writing he left out single letters. He did not relinquish the simulation till he was condemned by the court to several years' imprisonment.

The third case occurred in an elderly woman who, in order to invalidate a sale that she regretted, pretended to be imbecile, and sought to prove this by a multitude of depositions. When I got this woman to count, she did so in a quite similar style to the malingering described in the second case, thus—1, 2, 4, 6, &c. She maintained that twice 2 was 6, and declared that she had four fingers on each hand. She affected neither to know the number nor the names of her own children, for she gave a false number and false names. I pronounced this woman's behaviour to be simulation, and singularly enough about the same time an information was lodged in court to the effect that she had suborned false witnesses. It was proved that by bribery she had induced twelve witnesses to perjure themselves. All concerned were condemned to imprisonment.

I venture to add to these three cases of simulated insanity two others, perfectly similar to them, which have come under my notice within the past few years.

On the 26th October, 1879, Christian F., a prisoner detained pending investigations, was brought to the asylum at Hildesheim in order that his mental condition might be decided upon.

Christian F., æt. 29, factory worker, married, was brought under arrest on account of indecent assaults upon children. He had spent several weeks in prison pending investigation without offering any appearance of bodily or mental ailment, when suddenly, fourteen days before his transfer to the asylum, he began to conduct himself in the most extraordinary manner. He made thoroughly disconnected replies, assumed extraordinary attitudes, maintained that he could not sleep, and had apparently become quite a changed man. When he was admitted into the institution his condition was as follows:—A strongly-built man, with intelligent countenance, and presenting as far as the bodily organs go not the least appearance of ill-health. His attitude and movements were in the highest degree remarkable. He stood quite still as if seized with catalepsy. He stared about him as though astonished, and sometimes shook his head. When one pushed against him quietly he moved backwards, or turned round bodily in a circle. On being questioned, he first stared at the person speaking to him, and then answered quite from the point, and in a hesitating voice. For example, to the question "how old are you?" he replied, "100 kilometres." He often merely repeated the words of the questioner. In the evening he lay down in a posture the reverse of the usual one, with his head to the foot of the bed and his feet on the pillow. Next day he replied freely to all questions that were put to him. Being asked how many ears he had, he answered, without hesitation, "5 ears." He had also, he maintained, "5 eyes," and "5 pounds of nose." To the question, how many fingers have you on both hands, he replied "20 fingers." He multiplied thus—"twice 4 are 6, and twice 5 are 8." When he was shown a gold watch and asked of what metal it was he answered "iron." He called a large door-key a watch-key, and a mark piece a dollar. When he was requested to sign his name he wrote a confused and jumbled medley of strokes. In reading, he stumbled over the letters like a little child, and left some letters out entirely. All this conduct he only stuck to for a few days. When he saw that the other patients around him behaved quite differently, and laughed at him for his silly answers, and when it became evident to him that he obtained no credence, he gave up the attempt at deception, and after five or six days conducted himself like every other rational being. He only persisted in one imposture, for he maintained that he knew nothing of the crime that was laid to his charge.

After he had been under observation in the institution for eleven days he was brought back to prison as not being insane. In the further course of his trial he behaved quite reasonably, and made no other attempt to simulate insanity. He was condemned to several years' penal servitude.

In the year 1875, the subjoined case of simulation was observed in the institution at Hildesheim:—

(a) Translated from *Allgemeine Zeitschrift für Psychiatrie* (Band 87, Heft. iii.) By Conolly Norman, F.R.C.S.I., Assistant Resident Medical Superintendent, Monaghan District Asylum.

In the October of the year named, a convict named August Kl., was transferred to the institution for the decision of his mental condition. He was a man, *æt.* 57, had been a hair-dresser in a little town, and had been condemned to six years' penal servitude for perjury. He was described as a frivolous-minded man, addicted to sexual excesses. In October, 1874, he commenced his period of punishment in the convict prison, Lüneberg. Nothing unusual was noticed about him, but he was said to be careless and lazy in performing his appointed tasks. Since May, 1875, his behaviour was remarkable. He was often restless at night, repeatedly undressed himself during the day, and tore up his clothes. Sometimes he barked like a dog, and once smashed the window panes. He often complained of pain in the head, and maintained that he had "monks" there. He once told a story of a visit which the Emperor and Prince Bismark had paid him. At the same time he generally exhibited a limping gait, and a trembling of the hands and legs. These and other striking symptoms caused the prison authorities to transfer him to the asylum at Hildesheim for observation.

August Kl. was of low size, and somewhat feeble muscular development, but on closer examination exhibited no morbid peculiarities. He inclined generally towards the right side in standing and walking, and the extremities were frequently tremulous. On being asked as to his health, he replied that he had "mice" in his head which occasioned him much pain. Questioned about his name and his business, he declared that he knew nothing about all that. He was then questioned as to his comprehension of the relations of numbers. He counted in the following way—1, 2, 3, 6, 9, 11, 13, &c. He multiplied thus: 3 times 3 are 6, twice 3 are 9, 4 times 4 are 7. He maintained that the half of 10 was 3, but how much twice 10 makes he did not know. He was then requested to read the title-page of a vol. of Schiller's work, running thus: "Friedrich von Schiller's sämmtliche Werke." He read in this manner: "Frietag auf Sonnabend sämmtlich ausmarschirt." He was now asked to write. Being required to set down the numerals in order, he first made a row of strokes, and when that was declared insufficient, wrote 1, 2, 3, 5, 7. Being questioned, he stated that these figures signified 1, 2, 3, 6, 9. The individual numerals were ill-formed and twisted in an exaggerated way, that made the intention to deceive quite obvious. His name, "Klöpfer," he wrote "Köpfer," and in this word likewise there was an affected twisting and distortion of the letters. When pieces of money were put before him he uniformly gave them false names. When a watch was held before him, the hands of which stood at 10.30, he maintained the hour it showed was 1 o'clock. He even named objects wrongly, for instance, he called a lead pencil a stick, and a cigar case a pocket book. After this kind of simulation had been manifested, the subject of the deceit was earnestly exhorted to give up his attempt and employ himself usefully. He followed this counsel, but only very gradually, slowly relinquishing one pretence after another. He took to walking with a firm step again, was no longer tremulous, and declared that his memory was certainly getting better every day, for he could now once more read, write, and cipher, and was also again recollecting his personal affairs. He persisted for some time longer that he had mice in his head. At length, after a period of four weeks he resumed the *role* of a perfectly rational creature. He now endeavoured to win the favour of the physicians and officials of the institution by a friendly and polite demeanour; he read prayer books ostentatiously, and diligently visited the church.

After some months he was brought back to prison, and we are not aware that he has again aroused suspicion by his behaviour in any way.

When the above five cases of simulated mental disease are compared they display a remarkable agreement. In each of these cases an endeavour was made to represent a complete forgetfulness of the most simple circumstances and relations of personal life. The ideas of number, to which a man is trained from infancy, appeared suddenly obliterated, and with them a series of other ideas such as are most closely combined with human consciousness. It is obvious that anyone who has made the forms of psychical disease the object of observation, even in a limited degree, cannot accept so sudden a collapse of the mental individuality as a real symptom of disease, or as anything but simulation. In genuine insanity, such a combination of appearances as were observed in the above cases can in no wise exist. A more or less complete suspension of all

the mental functions is met with in those cases of melancholia which we call stupor. In mania the excitement and confusion not unfrequently reach such a height that the answer no longer corresponds to the question that is put, and the patient may even utter mere incoherent words and cries. In imbecility, whether congenital or acquired, the indications of mind are often shadowy enough. Patients of this sort may also exhibit a lack of the conception of numbers. Thus, for instance, there is an idiot in the asylum at Hildesheim who, in replying to a question dealing with the relations of numbers makes the most incorrect answers without reflection or consideration. When he is asked how much is twice two, he answers unhesitatingly, "20," or "10," or any other number. He has not the smallest conception of numbers. Having heard the names of the numerals he reproduces these quite mechanically, and quite without any knowledge of their significance. A female patient in Hildesheim, suffering from paralysis, has forgotten the name of her husband; and a male patient, affected with senile imbecility, does not know the names of his children.

But all this has not the slightest resemblance to the signs displayed by the malingerers above described, who showed by the nature of their replies and their whole behaviour that a profounder injury of the mental life was not to be supposed. When a man, who was in possession of complete mental health a few days, weeks, or months before, pretends that he can no longer read and write, appears to have forgotten his name and home, and though entirely without emotional excitement, yet persistently makes false statements about matters with which he has been conversant from his earliest childhood; in such a case simulation may be regarded as positively proved. This mode of deception depends upon the vulgar opinion that everything in a madman must be topsy-turvy, that he can no longer remember his father, his son, and his best friends, and no longer knows how many fingers are in the human hand.

Unfortunately, simulated insanity does not always present itself to us in this simple and easily recognisable form. A malingerer readily betrays himself when he is active, and endeavours to imitate the symptoms of a psychical malady with which he is not acquainted, and which are especially hard for a sane person to reproduce. On the other hand, when he is as passive as possible, keeping perfectly silent, or uttering monotonous complaints, it is often very difficult or even impossible for the most practised observer to distinguish false from true.

Looking back upon a long experience, moreover, the conviction strikes us that simulated insanity is not so frequent as the general public and the courts believe it to be. The question generally arises with regard to criminals who are suspected of simulation when in penal servitude or when undergoing imprisonment prior to trial. But, as is well known, the situation of such persons is in itself highly favourable to the origination of conditions of psychical illness.

Some months ago, a young man, of 29 years of age, who had excited the strongest suspicion of malingering, was sent to us for observation by the Provincial Court of Lüneberg. From his early youth he had been frequently punished for theft, and had repeatedly wandered about under a false name, and with false papers of legitimation. Thus, lying and deceit belonged, as it were to his daily life. It may be imagined with what distrust this man was regarded when, in the course of last autumn, having been taken up for another theft, and being in prison, he suddenly exhibited a total change in his behaviour, after conducting himself quite rationally for four weeks. He lay in his cell with his eyes closed, did not speak, and appeared no longer able to walk, though he sometimes crept on his hands and feet. He took no notice of the outer world. Only he sometimes told the physician that he wished to be brought to the High Court of Justice at Leipzig, and that he was under the influence of a magnetic mirror, which a man in Lüneberg possessed. After he had remained in this condition for five months without change he was brought to the asylum at Hildesheim. He had to be carried out of the vehicle in which he had been conveyed to the institution, for he was not to be induced to stand upon his legs. In the asylum he lay in bed almost motionless. After two days we succeeded in rousing him from this apparent torpor. He dressed himself, went to walk in the garden, ate in company with the other patients, and showed no

trace of his former condition of torpidity. But he remained very taciturn. He spoke to the physicians, however, of his urgent wish to be brought to Leipzig. He said he had committed a crime there, for which he would need to be punished. He did not say another word about the magnetic mirror which he had sometimes mentioned at Lüneberg. For weeks, in spite of the most careful observation, we could form no definite judgment as to the condition of this man, so enigmatical in many respects, till he declared one day that he had important revelations to make, which he would only announce formally, in the presence of the officers of the institution and the chaplain. Accordingly, next day he was brought into the ordinary consultation room, and there, in flowing language, and with an expression of the highest passion and conviction, gave out a perfect flood of delusions of persecution. His statements altogether referred to the period of his imprisonment in Lüneberg. He said the officers of the prison who, had wished to make him unhappy, had induced his betrothed to come from Hungary to Lüneberg by false pretences; had ill-used her in the most horrible manner, and had murdered her in prison. They had also committed other disgraceful acts and murders, which he reported with a careful recounting of all the particulars. People had talked over all this close to his cell, under the impression that he could not hear it. The way in which he delivered this, the lively tone of his description, full of conviction, and the introduction of the very turns of expression which he believed he had heard—often quite uncommon in their sound—permitted no doubt to remain that a morbid delusion, founded upon sensory hallucinations, here presented itself. I could, therefore, definitely express my opinion from these facts that the man was insane, which was recognised by the Court without further question.

I venture to communicate the following as an additional example of the difficulty which a perfectly passive behaviour may offer to one who is seeking to form a judgment of doubtful mental conditions.

In October, 1876, a young man was discovered in the village of Wendhausen, in the neighbourhood of Hildesheim, whose apparent helplessness caused the authorities of the place to take charge of him. He seemed between 25 and 30 years of age, and was in perfectly good health physically. His demeanour was shy, uneasy, and depressed, and he did not speak a word. All the endeavours of the police to find out his personal circumstances entirely failed of success. He was transferred to the asylum at Hildesheim.

The observation of this waif proved that his hearing was perfectly normal, and that he must, therefore, possess the power of speech, since he did not suffer from imbecility of the graver type. He recognised coins when they were laid before him, choosing particular ones correctly when told to do so. He showed himself not inexperienced in domestic work and garden labour. In a general way his behaviour was not peculiar, though always somewhat uneasy and reserved—at the same time patient in the highest degree and free from all irritability. In no way could he be induced to speak. Not even the softest sound has ever been heard from him. He has now been longer than three years in the asylum, and his behaviour has in no way changed. He is an industrious and conscientious worker, closely observes the hours and regulations of the establishment, and shows no disposition to escape, so that he can be allowed to go about quite freely. His whole interest concentrates itself on the little circle of his daily employments. Other things he pays small regard to. He takes no part in the amusements of the patients. Seldom is a trace of any kind of emotion perceptible in his features, unless one counts as such an almost imperceptible smile, which is occasionally observed.

In what way is the behaviour of this man, particularly the complete speechlessness, to be understood? Speechlessness exists where hearing is absent (deaf mutism), in cases of paralysis of the organs of speech, in idiocy of the lowest grade, and in certain other forms of insanity besides. It is most general in melancholia cum stupore, but it is also observed in other forms of melancholia, as well as in secondary imbecility, and more rarely in delusional insanity. It is usually but not always associated with great stupidity. I have observed a considerable number of perfectly speechless lunatics, who showed a tolerable degree of intelligence, and were good workers. These patients are, doubtless,

under the influence of powerful delusions, and believe that they are not allowed to speak, just as other patients believe that they are not allowed to eat.

In this way we must explain the speechlessness of the patient above described.

The question of simulation was necessarily considered at first, for the suspicion suggested itself that an individual discovered in such an unusual condition would have reasons to conceal a guilty past by obstinate silence. This suspicion cannot now be entertained, since several years' observation has given no grounds to assume the existence of an intentional deceit.

Such experiences show how careful one must be in forming a judgment of doubtful mental conditions.

In my opinion the existence of simulation can only be definitely accepted when a pretended lunatic presents a train of symptoms which, according to the experience of science, are irreconcilable with the symptoms of real insanity.

## Clinical Records.

### MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

#### BRIEF NOTES OF OPERATIONS,

Under the care of LAMBERT H. ORMSBY, F.R.C.S.,  
Lecturer on Clinical and Operative Surgery.

(For these Notes we are indebted to Mr. J. F. CAMPBELL.)

OPERATION I.—*Flap Amputation of Thigh.*—J. O'C., *æt.* 23, admitted on the night of the 12th March, 1881, at about 9 o'clock, suffering from a compound complicated fracture of the leg and thigh, with great contusion and laceration of soft parts.

*History.*—He was engaged in shunting railway waggons, when his foot slipped, and the wheels of two loaded waggons passed over his leg and thigh. He was taken up in a very collapsed state, having lost a considerable amount of blood. He was then carried to the hospital on a door, and Mr. Ormsby immediately sent for, who considered primary amputation necessary. Operation performed an hour after his admission, the patient being placed under the influence of ether. Amputation of the upper third of the thigh by antero-posterior flaps was performed.

OPERATION II.—*Amputation of Great Toe at Metatarso-Phalangeal Joint.*—John Q., *æt.* 58, an old sailor, was admitted under the care of Mr. Ormsby on March 4th, suffering from destructive ulceration of the left big toe, the result of carious disease.

*History.*—Stated that his foot had been frost-bitten some months before, and the toe and soft parts began to ulcerate, and small portions of bone frequently made their appearance through the wound.

Operation performed on March 9th. The patient was put under the influence of ether, Ormsby's inhaler being used. The remainder of the toe was removed at the meta tarso-phalangeal articulation by an inverted  $\lambda$  incision. 1. The wound was well washed out with a large glass syringe of water. 2. All blood clots removed. 3. The wound was then swabbed out with a solution of chloride of zinc (40 grains to the ounce). 4. The edges of the wound then brought in apposition without inducing any tension of parts. 5. And the wound carefully covered and bandaged up so as to exclude air. In all operations these five precautions are carried out by the operator, and very few of his cases are ever followed by suppuration where this modified plan of antiseptic surgery is adopted.

OPERATION III.—*Fistula in Ano (Incompleta).*—Peter M., *æt.* 27, a car driver, admitted into Meath Hospital on March 7th, suffering from fistula in ano.

*History.*—Stated that the fistula was the result of an abscess at side of anus (ischio-rectal). On examination it was found to be an external blind fistula, a probe passing upwards for about half-an-inch in a sinuous tract at side of rectum. The chest and abdominal viscera having been carefully examined and found all healthy, an operation was therefore decided upon. On March 9 the patient was placed under the influence of ether, an assistant keeping



the nates well asunder. Mr. Ormsby introduced a director through the external opening of the fistula, and passed it up as far as it would go. He then passed up a rounded portion of a wax candle into the rectum, and along the director in the fistula he passed a sharp-pointed curved bistoury provided with a good blade and strong handle, the point of which was then pushed through the wall of the rectum into the side of the candle already inserted, and with a sawing motion the portion of tissue, together with the sphincter between the fistula and gut, were completely divided. A morphia suppository was inserted into the rectum; a small piece of lint was then carefully introduced deeply down into the incision; a pad of lint then placed over all between the nates, and kept in firm apposition by a T-bandage, and the operation thus completed.

OPERATION IV.—*Fistula in Ano (Complete)*.—John J., æt. 45, was admitted into Meath Hospital in March, 1881, suffering from fistula in ano, the result of an abscess in the ischio-rectal space. History states that some three months ago he got a severe wetting and an abscess formed at side of anus which burst of its own accord, a fistula then remained which discharged a thin yellow fluid ever since, very irritating in character and faecal in odour. On examination it was found that a probe passed through a very small pin-hole opening at side of a nus upwards for about an inch, and finally found its way into the gut, the point of which was easily detected by the finger when passed up into the rectum, demonstrating the completeness of the fistula. The chest and abdominal viscera having been carefully examined and there being no other contraindication to operative measures, on March 9th the patient was placed under the influence of ether, and the nates having been well divaricated by an assistant, Mr. Ormsby passed a curved director upwards through the external opening until he felt the point passing through the internal or rectal opening. Along the director was then passed a probe blunt-pointed curved bistoury, until the point of it was felt by the finger in the rectum, and then, by a sawing motion, the tissues between the fistula and gut were carefully divided. A piece of oiled lint was placed between the freshly cut surfaces, which were kept in apposition by another pad of lint and a T-bandage, and a morphia suppository was then inserted to allay pain and prevent the action of the bowels and the operation was completed.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS"

#### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, &c.

WITH

#### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 318.)

We find that bottled specimens of Vals waters give such different results from the original analyses, that we subjoin one for comparison, premising that we have converted grammes per litre into grains per gallon.

#### *Désirée (Ossian Henry).*

Bicarbonate of lime	...	...	39.97
Bicarbonate of magnesia	...	...	63.00
Bicarbonate of soda	...	...	422.80
Bicarbonate of potash	...	...	18.41
Bicarbonate of protoxide of iron	...	...	0.70
Chloride of sodium and potassium	...	...	77.00
Sulphate of soda	...	...	14.00
Sulphate of lime	...	...	14.00
Alumina	...	...	4.06
Total solids	...	...	653.94

We now give our analysis of another of these waters:—  
*St. Jean.*

Bicarbonate of sodium	...	...	65.00
Bicarbonate of potassium	...	...	1.75
Carbonate of calcium	...	...	8.43
Carbonate of magnesium	...	...	2.98
Carbonate of protoxide of iron	...	...	0.30
Chloride of sodium	...	...	2.13
Chloride of potassium	...	...	0.50
Sulphate of sodium	...	...	2.37
Sulphate of calcium	...	...	3.07
Alumina	...	...	0.50
Total solids	...	...	87.03

Free carbonic acid not determined.

#### *Skeleton analysis of Half-a-pint (10 fluid ounces).*

Total Solids.	Antacids.	Salines.	Purgatives.
5½ grs.	5 grs.	1-10 gr.	1-10 gr.

#### *Dominique.*

We have now to consider that curious spring called Dominique, certainly curious when taken in connection with the general composition of the Vals waters; however, if we take a glance at the analysis of St. Jean, we see that a marked change is evident therein from the previous waters which assimilates it to the Dominique.

The published analysis of the Dominique spring is as follows, per 1,000 grammes:—

Sulphuric acid	...	...	...	1.30
Silicate	} of Sesqui-oxide of Iron.	}	}	0.44
Arsenate				
Phosphate				
Sulphate				
Lithia	...	...	...	...
Sulphate of lime	...	...	...	...
Chloride of sodium	...	...	...	...
Organic matter	...	...	...	...

Total solids ... .. 1.74 per  
litre = 121.80 grains per gallon.

Our analysis give us the following results, in grains per gallon:—

Carbonates of calcium and magnesium with iron precip. on boiling...	...	5.00
Silica	...	0.70
Alkaline salts, including sulphate of sodium and chloride of sodium	...	11.36
Sulphate of calcium	...	10.80
Arsenic	...	0.05
Organic matter, containing albuminoid ammonia	...	0.003
Free ammonia	...	0.012
Nitric acid	...	0.069
Free carbonic acid not determined.	...	...
Total solids	...	27.993

Throwing out of consideration the Dominique Spring the Vals Waters may be viewed as well marked alkaline waters, the antacid properties of which are chiefly due to carbonate of soda, as evidenced by its marked action on phenol-phtalein on warming—St. Jean being very much of the same character as the others, only much

weaker, Magdeleine and Precieuse being almost identical in strength and character, the chalybeate character being well marked in each. St. Jean has been recommended as a table water, and although 1-10 grain of sulphate of sodium is present, it might probably be used with advantage for such a purpose where a slight aperient water is desired particularly, as the accompanying salines are not high. The Vals waters seem to be fairly free from nitrogenous organic matter, but are not waters which are calculated to keep very well for any length of time in the bottled condition. As regards the Dominique water, as it is put forward as an arsenical water, we have endeavoured to give an estimation of the amount of arsenic present. The previous analysis do not give any estimation of that important ingredient, and although it is attended with some difficulty, as the arsenic seems to be carried down with the deposit, it would appear to contain on an average about 0.05 grain.

### Special.

#### SANITARY APPLIANCES AT THE BUILDING EXHIBITION.

THE exhibition of building appliances and materials at the Agricultural Hall, Lalington, possessed many attractions to invite the attention of all interested in improved house construction and general sanitary arrangements, as well for invalids as those in the enjoyment of robust health. It is a satisfactory sign of the reality of that advance made in recent years in the way of sanitary reform, that enterprises of the kind carried through at this exhibition, are rendered capable of extended good by stimulating the ingenuity of inventors to produce mechanical adaptations fitted to meet the needs expressed by theoretical inquirers; and in the extent to which invention is carried we are able to note a striking proof of anxiety to perfect to the utmost the health preserving appliances that conspicuously figure in the construction of modern residences. One important feature in every dwelling, ventilation, is provided for by innumerable patents, all designed to secure the adequate removal of impure air, and the introduction of a purer medium for breathing purposes. Among the apparatus of this kind exhibited at the Agricultural Hall, that of Messrs. Robert Boyle and Son possess advantages that apparently give it undoubted superiority over other contrivances devised to effect the same object. A system of air-pump ventilators shown by this firm, for application to dwelling houses, is a most excellent arrangement for preserving a constant purity of atmosphere within it; the ingenious manner in which a constant outgoing current is maintained in the main exit pipe, being especially commendable. In connection with it, too, a heating apparatus can be fixed, by which ingoing air is warmed before circulating in the house, and the simplicity of the whole apparatus is such that the working of it must be most successful in practice. Messrs. Boyle and Son have also a patent chimney cowl, which, for excellence of results in the curing of persistently smoky chimneys, and ease with which it may be cleaned and kept in effectual working order, is incomparably the best with which we are acquainted.

In connection with heating apparatus the multitubular gas boiler of Messrs. John Jones and Sons is a cheap and powerful assistant in readily procuring a large volume of warmed air for halls, conservatories, &c., when there is a ready exit for

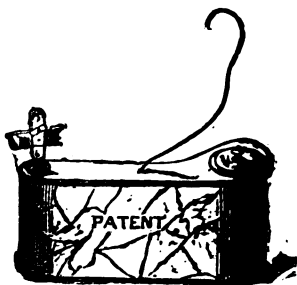
the products of combustion of the gas by which the water is made hot. For extensive warming, the "Double L" saddle boiler, invented by this firm, is an improvement on older forms, and should approve itself where economy is necessary, as in large public institutions, hospitals, &c.



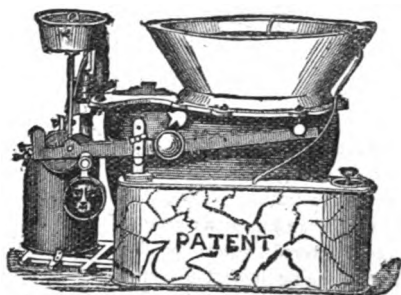
One of the most useful and necessary helps to healthy living exhibited was Fielding's Patent Water Filter. This, as the accompanying illustration shows, is soldered on to the supply tap, and by an ingenious arrangement can be adjusted to pass pure filtered water, or the unfiltered fluid as may be desired, being in fact a double acting filter. That figured here is the singly acting instrument, and admits only of filtered water being drawn at all times. This instrument is, in effect, a metal box containing a filter bed of animal charcoal, to which the water gains access after passing a layer of woollen material that detains all mechanical impurities. Its features are simplicity of construction, efficiency in action, and certainty of effect. We have known these filters in use for some time, and cannot praise them too highly. In all large towns, where the water supply is of uncertain quality, they will materially assist in the maintenance of hygiene.

A very large assortment of water-closets, made on numerous improved principles, shown at the exhibition, demonstrate the importance now attached to this essential adjunct of every dwelling-house. In the majority, however, faults exist that go far to interfere with the advantages otherwise possessed by them. Wherever metal is retained as part and parcel of the closet, in relation with the soil flow, it cannot but occur that it will serve to harbour more or less effluvia yielding material; and in spite of the many ingenious devices for rendering the chances of such an occurrence as small as possible, objection will always be legitimately taken to that form of closet in which they are permitted at all. Bostel's Brighton "Excelsior," valveless water-closet, however, obviates this serious defect by means of its construction—entirely of earthenware; and, moreover, closet and trap are one piece only, thus doing away with the mischief always to be apprehended when joints between the two are necessitated. The patentee of this closet supplies with it also an automatic cistern, from which, on the handle being raised a second or two only, a full unbroken flush of two or more gallons of water is quietly given, and closet and trap thoroughly cleaned. By means of a curve given to the trap and soil-pipe, a water seal of one and a-half inches remains, thus rendering the upward escape of sewer gas into the house impossible. The simplicity, cheapness, and effectiveness of this closet unquestionably mark it out as the one most adapted to the needs of the age. An

additional security against noxious emanations is afforded by an admirable invention called the "antiseptic apparatus."

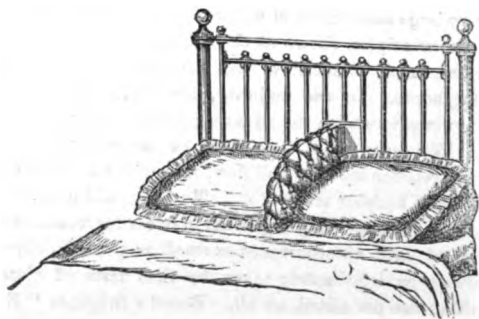


This consists of a metal box containing a considerable supply of permanganate deodorising fluid. From this box a tube conducts the liquid to the upper part of the basin of the closet, and a lever in connection with the handle of the latter forces a portion of the deodorant into the pan. It thus flows



in at the end of the influx from the cistern, and remains until the apparatus is again brought into action. The application of this arrangement to the "Bostel" closet would tend to secure the most perfect form of water-closet yet invented.

Invalid furniture was not very largely exhibited, but among the few things admitting of description in this class, especial reference must be made to the patent pillow divider, by Messrs. Chorlton and Dugdale, of Manchester, which the accompanying engraving illustrates. This is an instru-



ment likely to be of inestimable service wherever it is necessary for two people—one of whom is an invalid—to occupy the same bed. It consists of a cushioned arm, curved to project over the pillow, and fixed by a clamp, adjustable to any position, to the bedstead. When not in use for the purpose of separating two sleepers, it can be utilised as a cup rest or support, being to this end removable to the outer part of the rail, or indeed to any situation on it. Attention is well worthy of being generally directed to the pillow divider, as its value is undeniable. Patient and nurse may, by means of it, sleep on the same couch; and in the case of children's illnesses, the security from disturbance by the restless turning to and fro of the little ones is likely to be widely appreciated. In many instances of two persons in the same bed, too, it will

serve to prevent the possibility of one breathing air already respired by the other; and under innumerable conditions it will admit of practical employment with evident advantage. An invalid couch, named the "Matlock," fitted with patent



spring mattresses, is a convenient piece of furniture, manufactured by the same firm, who likewise show a hospital and infirmary bed fitted with their patent metallic mattress. The construction of this latter, here shown, admits of varying degrees of inclination to the patient. Its use will greatly tend to promote comfort; and in chest affections, particularly, will materially enhance the resources of the physician.

The growing employment of electric and pneumatic bells affords ample scope for the ingenuity of inventors and makers of these modern appliances of comfort; Mr. Zimdars' collection of these instruments formed one of the most interesting features of the exhibition. The perfection to which Mr. Zimdars has brought his patents will admit of unqualified praise being given to them. Especially deserving of notice is the admirably compact little instrument intended for the use of invalids, which is supplied, complete with all necessary apparatus, at two guineas. The excellent workmanship, accurate performance, and inexpensiveness of these calls, their certainty of action as compared with electric bells, and the readiness with which they respond to the least impulse, entitle them to rank as indispensable accessories to every sick room.

Messrs. Henry Tyler and Sons showed window blinds for outside use, elegant in appearance, and exceedingly cheap in price, suitable for fixing to the windows of rooms occupied by invalids and convalescents. They have also a child's cot for hospitals, possessing many favourable features.

The inventor of the well-known "charlaine blankets" has added to the former kinds already in use one intended for employment in hospitals and sick-rooms. The middle wool layer is impregnated with carbolic acid, and thus will largely aid in fending off the infectious elements that gather round a centre of disease. It is an invaluable improvement of an invaluable article, and will, without doubt, be extensively appreciated. These blankets are so light, warm, and inexpensive, durable and elegant, while being also a hygienic ground an improvement on the ordinary bed-clothing, that the favourable reception hitherto accorded to them deserves to be more widely extended.

GENTLEMEN bequeathing money to any charitable institution should be particular to describe such institution accurately. According to the *Charity Record*, the Royal London Ophthalmic Hospital, Moorfields, was left £500 by a lady, but, the institution not having been correctly named, claims were made by other hospitals, and the matter being placed in the Court of Chancery, only £119 18s. has been awarded to the Royal London Ophthalmic Hospital.

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The Medical Press and Circular.

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"SALUS POPULI SUPREMA LEX.

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WEDNESDAY, APRIL 20, 1881.

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THE ETHICAL QUESTION.

THE excitement created by the conduct of Dr. Quain in consenting to meet a gentleman in consultation with whom he could not, so long as the latter preserved his connection with an unscientific and unrecognised school, act in sympathy, or to any satisfactory end, opens up questions which it were well to settle at once and finally. Homœopathy has, fortunately for legitimate medicine, effectually demonstrated its claim to be considered a thing of itself and by itself; divorced by the nonsensical absurdities of its requirements from all association with *bond fide* practice; admittedly pandering to the extravagant vagaries of a section, and that no large one, consisting mainly of unreflecting and imaginative invalids; reducing its adherents to a dead level of fanciful dabblers in the semblance of medicine; it has long ceased to have any hold on the educated physician, who regards it as he would regard any other relic of unenlightened ages, as a mischievous creation which has been powerful for evil, but which has yielded before the light of reason and of truth, and has receded to the position it rightly deserves to occupy—that, namely, of an exploded error. There are, however, still some who find it expedient to avow themselves believers in Hahnemann's ridiculous assumptions, and this because there are

still fee-givers enough to make it worth while that some should announce themselves ready to accept the reward of apostasy, and who reap the pecuniary advantages that are always found to accompany any outrageous professions; and from our knowledge of the class of homœopathic practitioners we consider they may be separated into two groups, one being homœopaths by necessity, the other by repute. It is hard to say for which we ought to entertain the greatest objection, for each alike insidiously works harm both to the science of medicine and to the people whom doctors seek to help. We cannot but regret the existence of a willingness to perpetuate error, as it is being perpetuated in this way; but especially is it a matter for deep concern that popular ignorance is the basis on which the various unorthodox followers of Æsculapius pursue their calling. Could we but train the people in the outlines of pathology and therapeutics, could we but enlighten them only a little in the direction of what is meant by the "healing art," and we should see them the first to express themselves in strong disapproval of the delusive system to which they had yielded in ignorance.

With the delusion of homœopathy we do not propose to trouble ourselves here, farther than to express the regret we feel that it should receive the countenance it does from gentlemen who are intellectually able to riddle its pretensions. There is no point in the assertion that their capacity argues in favour of the views they espouse; this is by no means the case, and in proof we have the public statement of one who is first among them, to the effect that he regards homœopathy as he would another plaything, as an instrument to use or to neglect as occasion served his purpose. What we desire to consider for a moment is the ethical question of whether any, and if any how much, recognition should be given by a physician to a homœopathist, whether he is such by profession or by repute. We find it said by one of the latest defenders of this school that "Medicine-mongers and leeches, Worshipful Companies of Apothecaries, Colleges of Physicians and Surgeons—Royal and Imperial—have all united to do him (Hahnemann) to death; the serial journals of the world, medical and surgical, have, with one accord, combined to bespatter his name with dirt, or they have entered into a conspiracy of silence to mum him and his homœopathy to death." This is not the puerile raving of a new disciple, but the calm utterance of one of the "lights" of homœopathy, who thus unconsciously exposed the utterly ridiculous nature of his creed, while seeking to defend it before an annual gathering of the *élite* of homœopathy. One cannot but smile at the sublime self-assurance that thus counts as nothing the united opinions of the great masters of medicine and surgery, and puts in apposition with the universal condemnation of Hahnemannism the wordy echoes of a hundred years. The pleas they advance are vain and bottomless; in place of reason they enthrone a mystery, a potentiation; and by reason of the charlatanism that surrounds them, they are naturally debarred from receiving that consideration the absence of which they are incessantly lamenting. The dignity of medicine, and the status of a physician alike, demand the utmost circumspection as to whom and what he consents to accept as having a right to influence his opinion. By lengthened study and experience, he has attained to a knowledge of the phases of disease, and the

means by which he can hope to combat its effects, which are truths he may not be false to. It is no mere question of professional etiquette, then, that leads him to spurn any suggestion tending to alienate him from the convictions forced on him by years; it is indignant repudiation that comes from him, repudiation of any false thing that would ignore or destroy his faith in the principles that guide him; and as he would scorn as a man to accept for a moment what he knew to be a lie, so must he, as a physician, refuse to connect himself, with what is for him a professional error. A man without a qualification may possibly be as competent to treat disease as the president of any Royal College, if he have fitted himself to do so; but, since the number of unqualified physicians or surgeons is inconceivably small, and as qualification is a stamp of efficiency, consultations are rightly enough refused, except with legitimately qualified practitioners. It may be harsh, perhaps, to call every unqualified practitioner a "quack," but it is by no means unnecessary or unjustified; neither is it an undue exercise of privilege to refuse association with whoever fails to regulate his practice of medicine by the laws which are the only ones found true by the experience of ages. Right and wrong preserve their meaning when applied to treatment, and practitioners of opposite schools cannot agree. This is an elementary truth that seemed to have been generally recognised until recent events served to excite a doubt concerning it. That Dr. Quain could not agree with one who was a homœopath, he at once recognised, and acted on. But, whether wisely or not need not be further discussed, he chose to inquire whether a reputed unorthodox practitioner had, for the nonce, resigned his rôle, and reverted to the teachings of science; the result was to show that homœopathy is a name now, whatever it may once have been; and the rest we know. We cannot help thinking that Sir William Jenner's course of action will most commend itself to the profession, as indeed was sufficiently shown when his election to the presidency of the Royal College of Physicians vetoed the censure he challenged on his conduct. He cannot but be satisfied that he correctly expressed the feeling of practitioners of legitimate medicine when he throughout refused to meet or discuss in any way with one who for him, and for all physicians, has no professional status, so long as by practice or by repute he is dissevered from the medical profession.

#### STIMULANTS IN THE ARMY.

THE subject of drunkenness in the army was recently discussed in the House of Commons. According to statistics quoted, out of a total number of 14,750 punishments inflicted during the past year, there were 1,895 courts-martial for drunkenness on duty, and 2,526 for simple drunkenness; the total number of fines for this vice, 44,374, equal to 236 per 1,000 strength; these inflicted upon 23,316 men. Among the proposals submitted with a view to diminish the vice in question, it was suggested that the sale of intoxicating liquors in canteens in garrison, and the spirit ration on the march should be discontinued. This argument was supported by references to opinions expressed by well-known military officers, that "experience had proved that the less liquor there was consumed in an army the more efficient was its con-

dition;" that "men who did not drink at all worked the best and held out the longest;" and that "the absence of crime amongst total abstainers in the army was almost incredible—equal to only 0.12 per 1,000, as against 4.68 in non-abstainers." On the other hand, it was argued that a prohibition of the kind would drive the soldier from the canteen to the public-house; that the sale of spirits in canteens was already prohibited at home stations, and abroad was only carried on by permission of the commanding officer, and that in eleven months no cases of drunkenness due to canteen drinking had come under notice. Various other opinions were at the same time expressed—that it would be better were public-houses in the vicinity of barracks suppressed; that soldiers are not more drunken than civilians, and therefore restrictive measures are not only not necessary with regard to the former, but that their effect would be to drive men to excesses of other kinds. On the general subject the Secretary of State for War took an eminently practical view when he declined to adopt so drastic a remedy as the entire prohibition of spirits. "He would do all he could to discourage the sale of spirits to soldiers, but he could not agree to stop canteens, and so, in garrison towns, drive soldiers into public-houses, where they would get worse beer than in them, with worse associations."

Looking at this subject from a medical point of view, and while granting to its fullest extent the very great evils, alike to health, morals, and public convenience, that are due to drunkenness, the question occurs whether, considering the nature of the duties performed by soldiers, and the circumstances in which they are placed, the moderate use of spirits is not on occasions actually beneficial as a medicine, on others, equally so as a solace. There has, indeed, of recent years been an active movement on foot to suppress, by means of enactments, the issue of spirits even in moderation to soldiers; and numerous authorities have been quoted in support of the measure. What, however, is a somewhat noticeable circumstance is that similar quotations do not appear from expressed opinions of men equally high as authorities, but who, for the sake of the soldier himself, oppose the complete withdrawal of his spirit ration. The real bearings of the question refer to active service in trying climates, more especially those that are characterised by damp, heat, and *malaria*. Of such, Perak furnishes a ready example; and with regard to that place, the statement occurs in a Departmental Blue Book that in the recent expedition to it, the soldiers who drank their rum were much more healthy than were the total abstainers. In Abyssinia soldiers, so long as they were deprived of drink, were unable to digest and assimilate the inferior and badly-cooked rations upon which for some time they had to subsist. During the advance of our troops to the river Prab, on the occasion of the Ashantee War, the men were encouraged in their daily journey by the prospect of receiving a ration of spirits at its conclusion; and in respect to the very famous marches performed during the War of the Secession in America, the troops being, as stated, restricted to teetotal principles, the circumstance some time afterwards transpired that while so engaged they received as "a tonic," and more than once daily, a very palatable concoction, of which whisky constituted

the greatest bulk. But among the most *advanced* of the sanitary reformers, there are some who assign all kinds of dreadful effects upon the nervous system to the free indulgence in coffee and tea. What, then, is to be done? Moderation in all things, drinks, whether non-alcoholic or alcoholic, amongst them. But let us beware of sacrificing *utility* altogether to a mere idea.

## Notes on Current Topics.

### Sir Wm. Gull's Latest.

It is with the greatest amazement we have seen a letter in the daily press wherein Sir Wm. Gull extends the *egis* of his protection to the President of the Royal College of Physicians against whoever would censure the latter for refusing to meet a homœopath in consultation. We are inclined to ask if *any* public question can arise which will not afford Sir Wm. Gull an opportunity of gratuitous exhibition. In this, as in former cases, the interference is uncalled for, and calculated to serve the object of the ubiquitous baronet's concern.

### Death of Dr. Hardwicke.

MR. HARDWICKE, the well-known coroner for Central Middlesex, and familiar to newspaper readers as Dr. Hardwicke, died, we regret to learn, on Thursday last. He had held an inquest at Finchley, whence he proceeded to the City, and soon after reaching there he was seized with an apoplectic fit, out of which he failed to recover. Deceased was a Member of the Royal College of Surgeons, England, and Licentiate of the Apothecaries' Society, and was widely known as a practical hygienist, his "Overcrowding in the Dwellings of the Poor" having shown him to be deeply and thoroughly interested in the improvement of the sanitary condition of large towns. A feeling of very general regret will be aroused by the death of one whose geniality and heartiness had come to be universally recognized and acknowledged.

### An Electric Railway.

CHIEF among the attractions of Easter-tide at the Crystal Palace is an electrical railway, consisting of a line of rails in the grounds, on which run an engine and three passenger carriages, the motive power being generated by an eight-horse Siemens machine in a hut erected close by. The current is conducted to the middle of three rails placed 9½ inches apart, and from it passes along a wire brush attached to the locomotive to this latter, the return circuit being along the outer rail-line. In the locomotive is a mounted Siemens machine, the engine, in fact, consisting of a neatly boxed-in dynamo-electric apparatus. A weight of three tons can thus be drawn at a rate of ten miles an hour; accommodation is provided in the coaches for eighteen passengers. The superior conductivity of the ironwork to that possessed by the earth for electricity, wooden sleepers being the support of the rails, is the fact chiefly depended on in the construction of the whole arrangement, which, for the short extent to which it is worked—about 325 yards—at the Crystal Palace, answers very satisfactorily indeed. This

is, too, the first opportunity London sight-seers have had of seeing the novel application of electricity as a means of locomotion, the machine having been exhibited hitherto on the Continent only. It would, perhaps, be premature to imagine that this successful application of the force is an indication of its fitness for traffic purposes; but it, at any rate, teaches how the ingenuity of inventors is being exercised to overcome whatever practical difficulties the matter may present.

### The Jacksonian Prize.

THE Jacksonian Prize was, at a meeting of the Council of the Royal College of Surgeons of England, on Wednesday last, awarded to Mr. Cheyne, M.B. Edinburgh, F.R.C.S. Eng., Assistant Surgeon to King's College Hospital. The subject of the essay which obtained this distinction for its author, is, "The History, Principles, Practice, and Results of Antiseptic Surgery," and it will be remembered that for some considerable time he has been actively engaged assisting Professor Lister in his researches. Mr. Cheyne obtained last year the Boylston Prize and Gold Medal for an essay on "Antiseptic Treatment; What are its Essential Details? How are they best carried out in Practical Form?"

### Artificial Eyes.

It would be interesting to know to what extent artificial eyes are in use in this country; the number must be something considerable if it in any way reaches to that found in Chicago, where 600 to 800 per year are sold. Some interesting details as to the manufacture of these are supplied by an American paper, and it is said that the occurrence of finer silicates than usual at Uri, in Switzerland, has led to the chief manufactories being situated there. Such eyes are, it is urged, better able to withstand the corrosive action of tears and mucous secretions than those of French make, and we believe the Chicago pattern is not unknown in this country. The artificial eye is a delicate shell or case, very light and thin, and concave, so as to fit over what is left of the eyeball. The shell is cut from a hollow ball or bubble of glass, the iris is blown in, and then the whole is delicately recoated. The trade in Chicago has undergone a curious change. Twenty years ago there were sold very many more dark eyes than light, but from that period the sale of dark eyes has been perceptibly dying out. About twenty light eyes are now sold to one dark. In Boston the percentage is even larger—about thirty-five blue or light eyes to one brown; while, on the other hand, in New Orleans, fifty brown or dark eyes are sold to one light. The change in Chicago is supposed merely to show that the influx of population has been from the East principally, and from Northern Europe.

### Dr. Richardson on the Management of Small-Pox Cases.

At the last meeting of the Sanitary Institute of Great Britain, on Wednesday, April 13, Dr. B. W. Richardson, F.R.S., read a paper dealing with the management of cases of small-pox and other infectious diseases in the metropolis and large towns. Dr. Richardson maintained that there should be no aggregation of these cases in



large central institutions, suggesting that each parish should be required to maintain its own burdens, and accept its own responsibilities for the detention and management of the cases occurring within its boundaries. In connection with this the author of the paper makes the following important proposals in the way of permanent reform, viz. (1) That the sanitary committee or authority in every parish should have all the special centres of infection in each of its districts thoroughly mapped out, and that it should know, on a calculation of cases occurring in quinquennial periods, what is the permanent accommodation required for its infectious sick. (2) That the required accommodation being known the local authorities should keep ready, at all times, within the parish, such necessary accommodation, in small hospitals situated in different parts of the parish or locality. (3) That each hospital should not be larger than is sufficient to receive twenty-four persons at one time, and should be constructed, on the separate system, of iron, so that it may at any time be absolutely purified by fire throughout all its structure; that each should be placed on the upper storey of a building, forming, in fact, the top storey of one or more houses, so that it may be lighted and ventilated directly from its roof, while all the air that passes out of the hospital when it is occupied by infectious persons, should pass through fire. Finally, each patient should be carried into the hospital by a valved lift, which lift should pass through a shaft, so as to draw up air during its ascent, and which should, when required, be effective for flushing the hospital with air. (4) That the general supervision should be in the hands of the medical officer of health; and the nursing, also under the supervision of the medical officer of health, should be carried out by trained nurses, who might be educated to their work in the union infirmaries.

Dr. Richardson suggests also that the medical attendance should be conducted by a special staff of duly qualified medical men, acting under the medical officer of health, and responsible to the local authority, by whom they should be approved and remunerated.

Following the delivery of Dr. Richardson's address a discussion on the points raised in it took place, from which it seemed tolerably evident that the author's sweeping changes were not deemed an essential feature of improvement. The debate, however, will be continued on April 27th, and it may be expected that valuable results will accrue from it.

#### Cremation in New York.

ADVOCATES of a non-pestiferous burial in this country will hear with interest that in New York a Cremation Society has been formed, pledged to assist the movement for making a scientific disposal of the dead universal. The *New York Medical Record*, commenting on the initiation of the new Association, remarks that in Milan the average cost of an ordinary cremation is about ten dollars—two pounds sterling. We shall look to hear of good resulting from the formation of the American Society, and regret that we in England, here, are so long debarred by silly prejudice from enjoying the better atmosphere that would exist apart from the horrible centres of decomposition termed cemeteries.

#### The Dentist Register.

THIS official list of the persons whom the Dental Act and the General Medical Council recognise as being qualified dentists has just appeared. It is a pitiful record of the degradation to which a branch of the surgical profession has been reduced by legislative bungling and administrative incapacity. The book contains 5,266 names, amongst which on search we find the names of 565 practitioners who, there is reason to believe, know something of dentistry, scattered up and down in a list of small jewellers, chemists boys, hairdressers, and tobacconists, numbering no less than 4,698 persons. *Oh tempora, oh mores!* To think that dental legislators have been betrayed by their anxiety for dento-educational reform into such a catastrophe, and that the General Medical Council has lent its hand to the granting of a quasi-surgical qualification to such people, to think that for thirty years to come every druggists helper and every barber-tobacco vendor who thinks it an honour to dubb himself a dentist shall be gazetted as dental surgeon. The *fasco* is indescribable. It is the absurdity of professional legislation, the everlasting opprobrium of the Medical Council, the humiliation of those who made the Dental Act, the warning beacon of would-be class legislators.

#### The Notification of Infectious Diseases.

AT a meeting of the North of Ireland Branch of the British Medical Association, held in the Belfast Royal Hospital, on Friday, the 4th March last, J. W. T. Smith, M.D., President of the Branch, in the chair, it was *unanimously* resolved:—"That in view of legislation on the subject, the North of Ireland Branch of the British Medical Association desire to record their opinion that the onus of reporting cases of infectious disease should not devolve upon the medical attendant."

#### Women as Physicians in America.

THERE is nothing like the logic of facts. To it all theories must be brought and tested. It is vain to attempt to escape its verdict. A valedictory address recently delivered by Dr. Rachel L. Bodley, Dean of the Woman's Medical College of Philadelphia, and published in the *Philadelphia Medical Reporter*, placed this matter before her hearers. Her theme was a statement of the work accomplished in the thirty years of the existence of the College, as exemplified in the professional careers of her 276 female graduates sent out during that time. To enable herself to speak with precision Dr. Bodley sent to each of the 244 surviving graduates (32 had died in the thirty years) a circular containing eight questions, to which she solicited answers. Of the 244 surviving graduates, answers were received from 181, and of this number 151 are in active practice as doctors, the remaining 30 having given up for various reasons, among which are domestic duties, philanthropic work, other business, poor health, retired, and old age. We shall give the words of the lecturer on some of the other points:—"The second question related to the predominating character of the medical practice of the 151 who are thus actively engaged. The responses are as follows: Gynecological practice predominating, 32; obstetrical, 9; medical, 9; surgical 3; general

practice, without discrimination, 34; gynecological and obstetrical, 19; gynecological and surgical, 6; gynecological and medical, 26; obstetrical and medical, 6; surgical and medical, 7. Total 151. The third question relates to the social status of the woman physician in the community in which she dwells. One hundred and fifty-one answer this question, and of these 144 report cordial social recognition. These answers are often emphasized and frequently accompanied by testimonials in proof thereof. Seven report negatively. The fourth question interrogates in reference to the work accomplished by the woman practitioner, as resident or visiting physician in hospital, asylum, charitable institution, or as physician in college or school for girls. To this question 157 make reply: 59 are thus engaged. In the State of Pennsylvania, one is physician in charge of Woman's Hospital of Philadelphia; one is resident physician to the department for women in State Hospital for the Insane of the South-eastern District of Pennsylvania; one is assistant physician of Pennsylvania State Lunatic Asylum, at Harrisburg. In New York, one is resident physician of Nursery and Children's Hospital, Staten Island; one is assistant resident physician, same institution; one is resident physician House of Mercy for Girls (a charitable institution); eight are assistant physicians in the Woman's Hospital of Philadelphia, and in the New England Hospital in Boston; besides these are consulting and visiting physicians to hospitals and charitable institutions, members of consulting boards. The fifth question relates to the monetary value of the medical practice per year, and is answered by 76 ladies. 24 over 1,000 dollars; 20 over 2,000 dollars; 10 over 3,000 dollars; 5 over 4,000 dollars; 3 over 5,000 dollars. Four report sums varying from 15,000 dollars to 20,000 dollars per year. Ten report less than 1,000 dollars per year. The average income is found to be 2,907.30 dollars to each of 76. The four who report the exceptional large sums are established practitioners, and have reported the amount each year for several years. These sums may, probably, be relied upon by the social statistician as fair averages of the income of women physicians, since many are careful to state that they give only actual receipts, as indicated by bank-book or ledger. Question sixth referred to the work for which woman is pre-eminently fitted, that of medical teacher, and specified separately institutions of learning and popular audiences of women. Fifty-four answer this question affirmatively. Among these are seven professors in medical colleges in Philadelphia and New York, and twice that number of lecturers and instructors in the Philadelphia college and in the medical college for women in Chicago. The seventh question is the inquiry which, in later years, has assumed (with us) especial interest, in deciding the professional status of women physicians, viz., that of membership in medical societies. Sixty-six reply affirmatively to this question. "Are you a member of a county, state, or other local medical society?" The professional ability of many of these ladies has been recognized by election to membership in more than one state or local medical organization. Thus, the accomplished author of the Boylston prize essay for the year 1876 reports membership in six societies, five in New York city, and in the American Medical Association. Another alumna practicing in the largest city in Ohio, reports membership in

four societies, three prominent local organizations, and the American Medical Association. To the last question (the eighth) 61 make answer. The inquiry is worded thus: "What influence has the study and practice of medicine had upon your domestic relations as a wife and a mother?" As it is concerning the phase of influence suggested by this question that our critics make their severest comments, so it is the most difficult to present truthfully the impression made by the answers received. The answers of the 50 married ladies who respond to this question tabulate as follows: Influence, favourable, 43; not entirely favourable, 6; unfavourable, 1. Unmarried ladies' reply to this question, after striking out from the line, the words "wife and mother." Three state that the study and practice of medicine have prevented marriage, while a fourth states definitely that she has "remained single for reasons entirely distinct from her profession." A thoroughly conscientious mother writes from her nursery, where three quite young children claim the mother's ministry: "The study of medicine is of great benefit, but the practice often interferes with the duties to my family." The clear, pure quality of the replies, as a whole, is truly inspiring; for example: "Purifying and ennobling. Married a physician since I began practice. Am the mother of a boy of eight years of age." Another: "As wife my duties have never been interfered with; as a mother I have been incalculably benefited. \* \* \* My husband is also a physician. I am often enabled to assist him with his cases, both in diagnosis and treatment, and I often find his advice of great value to me. We are, mutually, a help to each other.

The *Philadelphia Reporter* says that even allowing for the natural bias of the lecturer in favour of the cause she advocates, there can be no doubt but that the results she states will compare very favourably with those from a similar number of male graduates. As far as it goes, it is a strong vindication of the propriety of those women studying medicine who have tastes and talents in that direction.

#### Injury fromarrings.

At the Therapeutical Society of Paris, Dr. Paul stated recently that, simple as is the operation of piercing the ears and inserting the ring for earrings, it not unfrequently—and especially in scrofulous subjects—gives rise to most serious effects. Since his attention was called to it about fifteen years ago, he has been able to collect, without difficulty, one hundred and twenty such cases in which scrofulous eczema or ulceration has appeared, deforming the lobule or cutting it through as clean as the chain of an *écraseur*, and leaving unsightly cicatrices. Union in these cases is effected with difficulty, and renewed piercing of the lobule is followed by the same results. M. Féréol has found, in cases where the metallic ring could not be borne, that ulceration may sometimes be prevented by employing a filiform gum bougie.

#### Prize Essay on Morbid Growths of the Testis, &c.

THE Philadelphia Academy of Surgery offers a prize of five hundred dollars for the best essay on the Surgical Pathology and Treatment of Tumours or Morbid Growths of the Testis, Scrotum, and Spermatic Cord, to be open exclusively to American surgeons. (1) The essay must be

founded solely upon original investigations, be illustrated by suitable drawings, microscopical and otherwise, and be written in scholarly English. (2) The essay shall be the property of the Academy, which shall, at its option, permit the author to publish it at his own risk and expense. (3) Each essay must be accompanied by a motto, and by a sealed letter containing the author's name. (4) The essay must comprise an amount of matter equal to two hundred and fifty pages octavo. (5) The award will be made at the meeting of the Academy in January, 1884, by a committee of the Fellows. All essays should be forwarded to the secretary, J. Ewing Mears, 1,429 Walnut Street, Philadelphia.

### The Metropolitan Water Supply.

DR. FRANKLAND reports of the water supplied to the metropolis during the past month of March that the Thames water supplied by the Chelsea, Southwark, Grand Junction, and Lambeth Companies was of better quality than during the previous month; on the other hand, the West Middlesex Company's water, which in February was the best drawn from the Thames, exhibited in March a noticeable deterioration. The Chelsea and Grand Junction Companies alone delivered water that had not been efficiently filtered.

Of the water derived from the Lea, the New River Company's supply recovered its usual superiority over the metropolitan waters of river origin, whilst that of the East London Company was no better than average Thames water. The supplies of both Companies were efficiently filtered before delivery.

The deep-well waters of the Kent and Colne Valley Companies, and of the Tottenham Local Board of Health, were of their usual excellent quality for drinking, and that of the Colne Valley Company, being softened before delivery, was also well suited for all domestic uses.

### Poisoning by a Bath-heater.

AN inquest was held on Saturday week, at Anerley, on the body of Mr. C. F. Deacon, solicitor, who was poisoned on the previous Tuesday by carbonic acid and carbonic oxide gases, arising from the atmospheric burner of a heating apparatus in his bath-room. Dr. J. S. Turner deposed that these burners, though largely used, were highly dangerous; they produced not suffocation, but direct poisoning, their effect on the brain being similar to that of inhaling chloroform. He had known five or six cases during the last six weeks in which persons had been rendered insensible by these burners, two cases narrowly escaping with their lives, and he advised all his friends who used them to have them at once removed. The jury returned a verdict of accidental poisoning.

SCARLET fever showed the largest proportional fatality in Wolverhampton; and whooping-cough in Portsmouth and Leeds. Of the 25 deaths referred to diphtheria in the large towns, 11 occurred in London, 8 in Glasgow, and 2 in Portsmouth. The highest death-rates from fever mainly enteric, were recorded in Newcastle-upon-Tyne and Portsmouth. Small-pox caused 77 more deaths in London, one in Liverpool, but not one in any of the other large towns.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Portsmouth 16, Leicester 17, Brighton 18, Bristol 19, Bradford 19, Salford 19, Plymouth 20, Sunderland 21, London 21, Leeds 21, Edinburgh 22, Hull 22, Nottingham 22, Sheffield 23, Glasgow 24, Birmingham 24, Newcastle-on-Tyne 25, Manchester 26, Oldham 26, Wolverhampton 27, Liverpool 28, and Dublin 30.

IN the principal foreign cities, the rates of mortality per week, according to the most recent official returns, were:—Calcutta 31, Bombay 31, Madras 48; Paris 31; Geneva 17; Brussels 25; Amsterdam 30, Rotterdam 30; The Hague 31; Copenhagen 24, Stockholm 31, Christiania 16; St. Petersburg 62; Berlin 23, Hamburg 22, Dresden 26, Breslau 36, Munich 36; Vienna 33; Buda-Pesth 34; Rome 27; Turin 30, Venice 24; New York 29, Brooklyn 20, Philadelphia 22, Baltimore 22 per 1,000 of the population.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending with Saturday the 9th inst., the deaths in Edinburgh rose from 81 to 91, and the death-rate was 21 per 1,000. Only one death from fever was reported in the Old Town, and the southern suburbs were entirely free from zymotic mortality.

EDINBURGH UNIVERSITY COURT.—At a meeting of the Edinburgh University Court, held on the 11th inst., *inter alia*, it was resolved to recognise Mr. George Taite, Ph.D., and Mr. Granville H. Sharpe, jointly, as teachers of medicine in Liverpool, whose course of lectures on chemistry, and course of instruction on practical chemistry, should qualify for graduation in medicine in terms of ordnance No. 8, section vi. (4).

EDINBURGH UNIVERSITY—CHAIR OF PATHOLOGY.—The curators of the Edinburgh University met on the 12th inst. to consider the applications for the Chair of General Pathology, vacant by the death of Professor Sanders. There were present, Principal Sir Alexander Grant, Bart., the Lord Provost, Bailie Colston, Mr. Campbell Swinton, and Councillor John Boyd; Lord Carnhill, and Mr. Duncan MacLaren were absent. The curators, after an hour's deliberation, separated without making an appointment, it being stated that nothing definite could be done in the absence of Mr. Duncan MacLaren. The clerk (Mr. Bruce Johnston, W.S.) was instructed to communicate with Mr. MacLaren, and ask him when it would be convenient for him to attend an adjourned meeting. On the 14th inst. Dr. William Smith Greenfield, London, was elected. The contest is understood to have lain between Dr. Greenfield and Mr. Hamilton, who so acceptably discharged the duties of the chair during Professor Sanders' illness. While we recognise in Dr. Greenfield an excellent appointment, we sympathise with Mr. Hamilton in what must naturally have been to him a disappointment.

GLASGOW WESTERN INFIRMARY.—At a meeting of the managers of this Institution held on the 11th inst., Dr. Hector C. Cameron was appointed surgeon to the new wards of this institution. Dr. Lyon, dispensary surgeon, was also a candidate. At the same meeting, Dr. Gavin Tennant was promoted from the dispensary to the new medical wards. For this office, the irrepressible Dr. Bell, and Dr. MacVail were also candidates. We congratulate Dr. Cameron on his appointment, and on the vindication, in this manner, of the principle, that the directors of such institutions have a perfect right, that it is, indeed, incumbent on them, to select the candidate who seems to be the best qualified, irrespective of the position which he desires to vacate. It is well known that the duties of the dispensary physicians and surgeons are often performed in a most perfunctory manner; and that the prescriptions of practitioners of long standing, are not unfrequently supervised at our public institutions by unqualified

boys in smoking-caps, in the capacity of that nosocomial, Mrs. Harris, "the Heed doctor!" It is absurd for a moment to suppose that the man who regards such an office as merely a sinecure, fails to cultivate the advantages which such a position commands, delegates most of the work often to unqualified subordinates, and merely draws his salary, can urge simple tenure of office as a ground for preference in the matter of promotion.

GLASGOW UNIVERSITY—GOLD MEDAL FOR BOTANY.—Mr. Thomas Smith, L.R.C.S.E., of Heriot Hill House, Edinburgh, has offered to the University in memory of a deceased relative, a gold medal of the value of about £10, to be awarded every second year. The subject of competition is always to be botanical, and the competition is to be open to all matriculated students of the session in which the award is made.

GLASGOW DISPENSARY FOR SKIN DISEASES.—The Annual General Meeting of the subscribers to the Glasgow Dispensary for Skin Diseases was held in the Hall of the Institution on the 13th inst., Mr. A. Orr Ewing, M.P., presiding. Mr. James Graham read the annual report, from which it appeared that the total number of new cases treated during the past year was 1,192 and since the opening of the Dispensary upwards of 2,300 cases have been treated. There is a debt of £1,239 7s. 4d. on the building, and there is a deficiency on the annual subscriptions of £2 7s. 7d. The chairman, in moving the adoption of the report spoke in terms of high laudation of the benefits conferred by the dispensary, and of the eminence of its staff.

COMBE LECTURES IN GLASGOW.—On the evening of the 11th inst., Dr. Andrew Wilson, F.R.S.E., Combe Lecturer, began a course of 15 lectures, under the auspices of the Combe Trustees, in the Church of Scotland Normal School, Dundas Vale, New City Road. The subject of lectures is the "General Physiology of the Human Body in its Relations to Health." There was a large attendance of students and others, the lectures being delivered free. Dr. Wilson gave a sketch of the life of George Combe, the founder of the lectures, and remarked that many of the views of Combe and others, which were regarded as unorthodox thirty years ago, were the accepted facts of to-day. In particular, the idea that diseases were mysterious visitations had been given up by all thinking persons, and a knowledge of the laws of health was now esteemed the surest protection against the illness which before was presumed to be unaccountable. Dr. Wilson then proceeded to describe the place of man in the animal series, and showed that the human body agreed in its general structure with that of every other vertebrate animal. The lectures are to be continued on Mondays and Thursdays at six o'clock until completed. Dr. Wilson's remarks were fully illustrated by diagrams.

DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 9th inst., were at the rate of 24 per 1,000 of the population per annum. In the previous week the rate was 22, while at the corresponding dates of 1880, 1879, and 1878, it stood at 24, 23, and 25 respectively.

NEW CHAPTER OF THE "BOOK OF SNOBS."—By a singular coincidence the two leading Scotch newspapers, the *Scotsman* and the *Glasgow Herald*, the same day contained a leading article on a question which has considerably agitated medical circles in the metropolis—the association of Drs. Quain and Jenner, particularly the former, with a professed homœopath, in the treatment of Lord Beaconsfield. Speaking generally, it is not desirable that either medical or ecclesiastical dirty linen should be washed in public, or the performance ostentatiously obtruded on outsiders, who, for the most part, are supremely indifferent to mysteries, compared with which those of the "Heathen Chinese" sink into insignificance. While there is an immense amount of truth in the pungent criticism of the journals in question, we think that the main point in the case of Quain v. Kidd has been completely overlooked. The question of a vast deal of nonsensical and unreasonable etiquette is a totally different thing. There is no escape from the position that homœopathy is either a melanoholy delusion or a vast swindle. It would be too sweeping an assertion to make that all who practise homœopathy are swindlers, for we still occasionally meet with honest men who believe in the story of Jonah and the whale, eternal incineration, and the journey of the albatross from the tropical regions of South America to Arrarat, as fundamental principles in the most momentous of all questions. To human credulity, as it exists in the vast majority

of mankind, there is practically no limit; and it is not too much to believe that there may be honest homœopathic practitioners as there are honest dervishes. But what is the position of a man who, on the one hand, practises that system of medicine—however imperfect it may be—which accords with the common sense and the experience—all but universal—of the best educated men in the profession; and, on the other, that system, the transparent absurdity of which is so gross as not to merit examination. As a man cannot faithfully serve two masters, so he cannot honestly practise two systems of medical science so diametrically opposed. It is God and Mammon with a vengeance. This man must be false to himself, false to his patients, and consequently, we say it without the slightest hesitation, unworthy of association with that dignity and honour which *does* linger in the ranks of the noblest of callings, exercised in the proper spirit. Is it a fact that in the report of the Homœopathic Hospital, for 1879-80, Dr. Kidd's name appears as a "Benefactor?" Is it a fact that until recently the name "Joseph Kidd, M.D., appeared *first* in the list of the 'Medical Council' of the Homœopathic Hospital?" Is it a fact that in the "British Homœopathic Medical Directory" for 1881, Dr. Kidd's name appears under the head "List of Qualified Physicians and Surgeons practising Homœopathy?" These questions demand an answer before flippantly condemning the conduct of Sir William Jenner. We repeat that there is much of medical etiquette which is simple nonsense. We cannot conceive that a medical or any other man can be expected to be restrained by any considerations than such as appeal to common sense, the urbanity, and the courtesy of every gentleman. If medical men (and we admit the profession is far from immaculate) so conducted themselves to a greater extent, prevaricated less to their patients, and "discovered" fewer hidden ailments, the results would be honourable to them and beneficial to society.

#### DEATH OF THE EARL OF BEACONSFIELD.

THE Earl of Beaconsfield died on Tuesday morning at ten minutes to five. His Lordship was conscious to the last, and died calmly without any suffering whatever.

### Obituary.

#### DR. GABRIEL STOKES, MULLINGAR.

WE regret to announce the death of Dr. Gabriel Stokes, which took place at his residence in this town on Friday evening last, at the advanced age of 74 years. The deceased gentleman (who was brother to W. Stokes, of Dublin), came to Mullingar in the year 1841, as dispensary physician, and was afterwards elected to a similar position in Mullingar, which he held till about four years ago, when declining health rendered it necessary for him to resign. Dr. Stokes was also consulting and visiting physician to the Mullingar Lunatic Asylum. In his demise the poor have lost a friend, and the community at large, a talented physician, whose place it will be hard to fill.

#### DR. ABBOTT, OF BRAY.

THIS gentleman, who has been hopelessly ill for many months, passed away last week, much regretted by those amongst whom his ministrations were pursued. He was, up to a few days before his death, a Surgeon-Major in the Indian Medical Service. He entered that service with exceptional honour, being the first Irishman who was successful at the Indian competitive without "grinding," or any other aid than that of his own talent and industry. When in India he filled several civil medical appointments, and having returned home on leave, he cast about for a permanent settlement in Europe. Thus it came about that he was appointed medical officer to the Bray (co. Wicklow) dispensary district, which office he held until his death, although recently his duty has necessarily been done by deputy. Dr. Abbott, had he lived, would probably have achieved much popularity as a private practitioner, and his death causes much regret.

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.

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 25 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. 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. BERRY.**—Case is marked for early insertion.

**DR. C. N.**—Proof not returned in time last week.

**DR. SMITH.**—An English translation is published by Mr. David Bogue.

**AN INTERESTED ONE.**—Yes, in a week or two, the official announcement has not yet been received.

**"DISPENSARY DOCTOR."**—The reply to our correspondent's query as to the application of "Bowen's Act for Building Dispensaries" will be found under Notices to Correspondents in our last issue.

**DR. BLACK.**—In consequence of a delay in the mail service parcel arrived very late, and only the pressing items could be utilised this week. Remainder will hold over.

**MR. E. T. S.**—Not of necessity. It might occur if the graft had not been properly applied, but in one case where we applied forty-three only five failed. The subject is being much more widely investigated now. Mr. Hoggood's paper was one of the earliest; it appeared in the *Students' Journal*.

**DR. H. LIONEL SMITH**, of Uttoxeter, has been awarded a grant of £17 18s. for efficiency in vaccination.

**A CANDIDATE.**—Any good text-book on surgery; Harris and Parker's "Handbook for the Physiological Laboratory," and Gant's "Guide to the Examinations" will also be useful.

**ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.**—Wednesday, April 20, at 7.45 p.m., Council Meeting: "Casual Communications."

**HUNTERIAN SOCIETY.**—Wednesday, April 20, at 8 p.m., Mr. F. Treves, "On the Diagnosis and Treatment of Scrofulous and Lymphatic Glands."

**CLINICAL SOCIETY OF LONDON.**—Friday, April 22, at 8 p.m., Dr. W. J. Tyson, "A Case of Cross-legged Progression."—Dr. W. Stokes (Dublin), "Cases of Excision of the Tongue."—Dr. Whigham, "Aortic Aneurisms demonstrated by the Laryngoscope."—Dr. T. Stretch Dowsa, "A Case of Anorexia Nervosa."

**ROYAL COLLEGE OF SURGEONS IN IRELAND.**—At a meeting of the court of examiners held on the 4th inst. and following days, the undernamed gentlemen passed the first half of their examinations for the letters testimonial of the College:—William H. Allen, Louis E. Anderson, James A. Baird, Mark A. Brennan, Hugh J. Byrne, Thomas E. Cahill, Baldwin Cahel, James Coane, Sir Charles Coote, Bart., William T. Cuthbert, James H. Daly, Charles A. Daly, Thomas Daly, Henry V. Dillon, J. L. P. Doyle, Frederick W. Elmer, George H. Johnston Fisher, Vicars H. Fisher, Alexander J. Fleming, Richard W. Foley, Shawe Gilman, Richard W. Gilmore, J. M. Harrington, B.A., Richard Hatch, Michael S. Hearne, Johnston G. Hurst, Mathew M. Hutchinson, John J. Irvine, James Keenan, William G. Kennedy, William Kenny, James Laffan, James Lane, William B. McCormick, Charles J. M'Connell, Claudius O'Donnell, Cornelius M'Donnell, Thomas M'Ernerney, Michael M'Hugh, Richard J. M'Loughlin, Mathew J. M'Quade, FitzJames Moloney, James A. Morris, Frank Morrison, Joseph H. Neill, Thomas O'Connell, John O'Keefe, Henry R. Peyton, Frank E. Pim, George C. Porter, Thomas O'C. Redmond, George P. Ridley, Frederick Robinson, William J. Robinson, John A. Scott, William S. J. Scott, Patrick de B. Skerrett, William C. Thompson, Maurice Treston, William H. S. Walker, William Waterhouse, LL.D., George T. Wilkinson, Samuel R. Willis, Edward Wynne, and Michael T. Yarr. Thirty-six candidates were rejected.

**DR. CALDWELL (Coleraine).**—We printed recently an advertisement published by this gentleman side by side with those of other tradespeople in the *Coleraine Chronicle*, and we ventured a friendly hint that such methods of obtaining practice is not usual or worthy of imitation. We are favoured with the following letter thereupon:—

**SIR.**—In regard to your remarks concerning me in the *Medical Press*, I think the matter has been carried too far, copies of your paper having been put into the hands of the non-professional part of the community and hawked about by your agents here for the sole purpose of injuring me. What your reasons are for selecting me an object of your ill-will I cannot understand, as the course I adopted has been pursued by most respectable medical men both in Coleraine and elsewhere; and, as regards my registration, it is none of your business to inquire.

I may tell you that the matter will be investigated in a proper place.

W. H. CALDWELL.

The only observation we think it necessary to make is that we have no "agents" in Coleraine, but we are not surprised that others should regard the course pursued by Dr. Caldwell as discreditable. We are not acquainted with any "most respectable man" who advertises.—Ed. M. P. & C.

VACANCIES.

**Carrickmacross Union.**—Medical Officer. Salary, £120, and £15 as Medical Officer of Health. Election, April 22.  
**Hereford General Infirmary.** House Surgeon. Salary commencing at £100, with board. Applications to the Secretary before April 20.  
**Hospital for Sick Children, Great Ormond Street, London.**—Junior Resident Medical Officer. Salary, £50, with board. Applications to the Secretary before April 27.  
**Kent County Asylum, Barming Heath, near Maidstone.**—Junior Assistant Medical Officer. Salary, £150, with apartments, &c. Applications to be sent to the Superintendent on or before April 23.  
**Middlesex Union.**—Medical Officer. Salary, £100, and £25 as Medical Officer of Health. Election, April 25.  
**St. George's and St. James's Dispensary.**—Physician and Physician for the Diseases of Women and Children. Applications to be addressed to the Committee of Management, 60 King Street, Golden Square, W., not later than April 27.  
**Torbay Hospital and Provident Dispensary, Torquay.**—Senior House Surgeon and Provident Medical Officer. Salary, £100, &c. Applications to the Hon. Sec., not later than May 30.

APPOINTMENTS.

**CLARE, E. S. N., M.R.C.S.E.**, Medical Officer for the Third District of the Calne Union.  
**COLLIER, W. M.B., M.R.C.S.E.**, Junior Resident Medical Officer to the Radcliffe Infirmary, Oxford.  
**CURRY, E., L.R.C.P.Ed.**, Physician to the Salop Infirmary.  
**DR. WATTSVILLE, A., M.A., B.Sc., M.R.C.S.E.**, Medical Electrician to St. Mary's Hospital.  
**DOUGHTY, W., L.R.C.P.Ed.**, Medical Officer to the Wetherall District of the Carlisle Union.  
**FITZGERALD, W. A., M.D., L.R.C.S.I.**, Assistant House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.  
**FRASER, D. A., M.R.C.S.E.**, Medical Officer of Health for the Burnham Urban Sanitary District.  
**HINE, J. C. M.B., M.R.C.S.E.**, Senior Resident Medical Officer to the Radcliffe Infirmary, Oxford.  
**LILLEY, G. H., M.D., M.R.C.S.E.**, Assistant Surgeon to Her Majesty's Convict Prison, Portland.  
**MILLES, W. J., F.R.C.S., L.R.C.P.**, House Surgeon to the Royal London Ophthalmic Hospital, Moorfields.  
**NEWTON-CLARE, E. S., M.R.C.S.E.**, Medical Officer to the Third District of the Calne Union.  
**ROBSON, E. S., L.R.C.P.Ed.**, Medical Officer to the Eastern District of the Durham Union.

Births.

**BRAYN.**—April 12, at 22 Penn Road Villas, Holloway, the wife of E. Brayn, L.R.C.P., M.R.C.S., of a son.  
**CHETWOOD.**—April 12, the wife of William Chetwood, M.R.C.S.Eng., of 10 King Street, Finsbury Square, of a daughter.  
**RUSHBROOK.**—April 15, at 145 Seven Sisters Road, Holloway, Mrs. Henry George Rushbrook, L.K.Q.C.P.I. and L.M., of a daughter.  
**RYAN.**—April 11, at Emily House, Tipperary, Mary, the wife of Charles E. Ryan, M.D., of a daughter.

Marriages.

**MARSH-GETHING.**—April 12, at St. Woolos Church, Newport, Mon., Octavius E. Bulwer Marsh, M.R.C.S.Eng., L.R.C.P., of Winterbourne, Gloucestershire, to Clara, youngest daughter of Robert Gething, Esq., of Newport, Mon.

Deaths.

**ABBOTT.**—April 11, at his residence, 7 Duncairn Terrace, Bray, Richard Theophilus Abbott, M.D., L.R.C.S.I., Surgeon-Major Her Majesty's Indian Army.  
**CRELLIN.**—April 8, at Parkside, Richmond, Surrey, Horatio Nelson Crellin, M.R.C.S.E., aged 82.  
**CURTIS.**—April 10, at Fyning Cottage, Petersfield, Hants, Nellie, the dearly-loved wife of Collins Curtis, M.R.C.S.E., and L.S.A.  
**FORBES.**—April 10, at St. John's Road, Jersey, Frances Mary, wife of John Forbes, Esq., M.R.C.P., F.R.C.S., retired Medical Department H.M. Indian Army, aged 57.  
**HULKE.**—April 10, suddenly, at Admiralty House, Deal, Frederick Thomas Hulke, M.B., J.P., aged 47.  
**STOKES.**—April 8, at Mullingar, Gabriel Stokes, M.D., F.R.C.S.I., in his 74th year.  
**WATCHORN.**—April 12, at Sandfield House, Nottingham, Isaac Watchorn, M.D., aged 48.

CRUELTY TO ANIMALS.

Cases detected since 1st January, 1880:—

Horses	..	..	..	..	321
Donkeys	..	..	..	..	37
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# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 27, 1881.

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## Original Communications.

### THE LUMLEIAN LECTURES ON BRIGHT'S DISEASE.

Delivered before the Royal College of Physicians.

By REGINALD SOUTHEY, M.D. Oxon., F.R.C.P..

Physician and Lecturer on Clinical and Forensic Medicine at St. Bartholomew's Hospital.

#### LECTURE II.—Abstract.

PURSuing the historical survey of his subject, the lecturer referred to Rosenstein's work on "Kidney Disease," published in 1863. Rosenstein, like Frerichs, regarded Bright's disease as one essentially uniform pathological process, encountered in various stages; the kidneys at death presenting appearances according to the stage to which the affection had progressed. "Diffuse nephritis" was Rosenstein's name for the condition in which all the renal elements were involved; but his classification of diseases separates Bright's from the various renal affections, of which albuminuria is a sign. Following Frerichs, the work is a valuable continuation of his labours, and in reference to symptomatology, is especially admirable. In 1860-61, Dr. Dickinson published two papers in which he described Bright's disease as "tubular," and "inter-tubular," and in 1865, Dr. Wm. Roberts, in his "Practical Treatise on Renal Disease," recognised also two terms, viz., "acute" and "chronic." His "acute" form is the equivalent of the older inflammatory dropsy, of Johnson's desquamative nephritis, of Frerichs's first stage, Virchow's parenchymatous nephritis, Rosenstein's acute diffuse nephritis, and Dickinson's acute tubular disease. He recognises three chronic types of Bright's disease; (1) large white kidneys, lapsed acute cases; (2) cases chronic from the beginning, red granular contracting kidney; (3) lardaceous or amyloid kidneys. In 1868 Dr. Grainger Stewart's "Practical Treatise on Bright's Disease," made its first appearance. In it the author accurately distinguishes between that secondary

atrophy, with coarse granulation, which follows in some protracted subacute forms of tubal or parenchymatous nephritis, in which the renal epithelium has been destroyed, and subject to fatty degeneration, with only relative increase of interstitial tissue, and the primary insidious cirrhotic atrophy of the kidney in which the interstitial tissue is absolutely increased in quantity by active hyperplasia. In 1869 the nomenclature committee of the Royal College of Physicians decided that, in future, Bright's disease should be distinguished as (a) acute, and (b) chronic, the former being used to indicate acute renal dropsy, as after scarlatina, the second including three subdivisions of granular, fatty, and lardaceous kidney. In 1870, however, after minute, histological investigation of the facts attending the disease, Klebs and Axel Key pronounced the opinion that the acute nephritis, successional to acute febrile attacks, was different in character from Virchow's or Rosenstein's acute diffuse nephritis. These conclusions were founded on the discovery that the same microscopic elements of the kidney structure were not affected in both these conditions; in post-scarlatinal nephritis the blood in the intertubular capillaries is brought to a standstill, owing to obliteration of the capillary tuft of the glomerules by swelled connective tissue corpuscles around them. There may be subsequent degeneration in the renal tubules, but the consequences of arrest of the blood current suffices to bring about all the symptoms commonly observed in such cases. These views have received abundant confirmation at the hands of Kelsch, Alf. Meyer, of New York, and Cohnheim. The views of Kelsch, published in 1874, favour the separation of congested kidney from nephritis Brightica, and confirm the opinion that there are true interstitial changes involved in post-scarlatinal nephritis. This commences, he says, by the deposition of "embryonal cells," and multiplication of muscular cell tissue in and around the glomeruli. The renal epithelium changes he regards as wholly secondary, and sequential to impeded supply of nutritive fluid. He asserts that general swelling of the organ marks the period of embryonal tissue growth, which terminates in fibrillation of the connective tissue and atrophy. Bright's disease, and interstitial nephritis are synonymous to him.



Charcot who, in 1874, issued "Legons sur les Maladies du Foie et des Reins," follows the dual hypothesis of Grainger Stewart, Johnson and Dickinson, regarding the small, red, granular kidney, as altogether different from white kidney. In 1875, Lancereaux published a treatise on the kidneys in the great French Medical Encyclopædia; in it a careful and minute description of the morbid anatomy of Bright's disease is given, and the whole question of controversy gone through. In the same year came out also Bartel's great work in Ziemssen's "Handbuch," the chief value of which is derived from its author's clinical experience. The distinctions he draws between various types of renal disease must be universally accepted; they include five stages as follows: 1. Hyperæmic changes of the kidney, active and passive. 2. Ischæmic, or blood-stasis changes, of which the choleraic kidney serves as an example. 3. Parenchymatous inflammation of two kinds; (a) acute, which may become chronic; (b) chronic from the outset. 4. Interstitial connective indurative changes, or renal cirrhosis, the origin of which Bartel cannot explain, although he rejects Gull and Sutton's, with other theories. 5. Amyloid degeneration. The great value of the work is, in the masterly way in which the clinical features of various forms of disease are pointed out, and the chapter on uræmia is especially remarkable as the best description of the condition in any language. Bamberger's very remarkable article on "Bright's Disease, and its Relation to other Diseases" appeared in 1879; in it distinctions are drawn between the large white, contracting white, and small red granular kidneys, and three forms of morbus Brightii founded on them, viz., acute, chronic, and renal atrophy. The difficulty of classifying all post-mortem appearances under separate heads is pointed out, and corroboration afforded of Virchow's assertion that, after death we encounter kidneys in which parenchymatous, interstitial, and amyloid changes are so intermixed that it is impossible to name the prevailing condition. Aufrecht had previously, 1878, proved the power of obstructed urinary outflow to set up both parenchymatous and interstitial nephritis, according as the obstruction had been temporary or prolonged. Bamberger's observations, however, were unable to separate the large white from the small red kidney; anatomical and ætiological considerations combining to confirm Kleb's views, rather to the effect that glomerular interstitial hyperplasia was probably the starting point of the changes which culminated in parenchymatous degeneration. Clinical experience led him to conclude that, though two distinct types of disease might exist, mixed forms were also met with, and rendered diagnosis of the utmost difficulty. This authority consequently holds the question to be an open one as to unity or dualism in Bright's disease, and temporarily classifies his cases as primary or self-initiated, and as secondary, occurring in the same body with other and profound important changes, these two divisions differing not so much in feature and anatomical fact, as in interpretation and prognosis. The primary are typical cases, in 42.05 per cent. of which the heart had undergone hypertrophy. This organ was affected directly, in 3.3 per cent. only of secondary cases. Of 807 cases of the primary disease, 67 were acute in commencement and course; 357 were entirely chronic; and 383 lived on to renal atrophy. The greatest proportion of acute to chronic cases, 54 to 13, occurred between the ages of 20 and 40; between 40 and 60 the chronic cases preponderated, 214 to 143; while between 50 and 70 the large proportion were cases of atrophic kidneys. Bamberger is able to group the provoking causes of secondary Bright's disease, and gives them under three heads, as 1, poisonous substances, e.g., phosphorus, lead, alcohol, ague, infectious fevers, pus, or contaminating principles in the blood, in eliminating which the kidney becomes damaged; 2, disordered circulation, depending on many causes, as valvular lesions, emphysema, and cirrhosis of the lungs, curvatures of the spine; and 3, obstruction of the urinary outlet, as shown by Aufrecht's

experiments in tying the ureters, the abnormal tension of urine confined in the kidneys setting up extensive pathological changes.

Carl Weigert attempted in 1874 to settle the vexed question of the unity or multiformity of Bright's disease on anatomical grounds, with the effect of bringing prominently out the fact that it is impossible to draw a hard and fast line between parenchymatous and interstitial nephritis. Even in acute nephritis patches of interstitial deposit are always encountered, and such changes alone, as Klebs says, deserve the name of nephritis. They naturally vary in extent with the severity of the affection, and in extreme cases will result in extensive degeneration. These changes, too, are common to the largest white and the smallest red kidney, so that the difference between them is one of degree rather than of kind. The resulting phenomena vary accordingly as the nutritional changes affect large or limited tracts; in the parts where secretion is proceeding, the secreting structures shrink and atrophy. The changes in the epithelium in chronic Bright's disease, this authority views as secondary to interstitial changes, by which the circulation through the glomerules is modified, being far more often those of atrophy than of active proliferation, though nuclear growths are found in parts extending into the interior of the tubes. Tubules filled with fatty contents he describes as very exceptional. No one can doubt the close relation between the changes in the tubes and interference with their blood supply, however brought about; but even Weigert fails to explain the diversity of results set up apparently by the same causes. He imagines the interstitial change is due always to some primary irritation, and that the tubal changes are always secondary, ascribing the death of the renal cells to starvation, and not to strangulation by the interstitial growth. The common features of the pathological changes attending the formation of large white contracting, and small red granular kidney, can only be studied by comparison of long-standing chronic cases together; and it is true that, excluding obviously acute changes, there is in renal disease no such histological or pathological difference as justifies the separation of the two forms of kidney. Advocates of dualism overlook the midway forms, the large red kidneys, and the small white ones. The difference of colour is discussed by Weigert, whiteness being due to anæmia, yellowness and opacity to fatty degeneration; anæmia being produced by interstitial œdema, which aids in its determination both by rendering the capsule lax, and by separating the blood cells further from the renal epithelium, and just as it whitens the skin, so also does it the kidney by relatively increasing its bulk, and separating its capillary meshworks more widely than normal. Sudden blood stasis, as occurs in cholera, septic poisoning, &c., by cutting off oxygen, through arresting the passage of red corpuscles, may lead to rapid fatty degeneration of renal cells, and in such circumstances there will be but little œdema, and still much pallor from anæmia and accumulated fat in the tubes. Also a fatty kidney may not look anæmic owing to its venous radicles being highly charged with blood.

The greatest amount of œdema of the organ is found in the white mottled kidney of about three or four months' duration, when time enough has elapsed for the establishment of some hypertrophy of the heart, and the kidney is both very anæmic and fattily degenerated in its cortical portion, and the circulation is by œdema and interstitial hyperplasia most of all impeded. When the hypertrophy of the heart compensates the circulatory obstacle more, the circulation through the least diseased parts becomes easier, and a great contrast is presented between the red and the white parts, which gives the organ its mottled aspect.

Cardiac hypertrophy compensates deficient blood supply, and overcomes anæmia to some extent in the more insidious and slowly progressing cases of interstitial disease, and hence, too, in such cases, fat may not be abundantly found, although the organ may become

rapidly fatty following sudden failure of the heart's force. Weigert, while admitting how much there is pathologically common to large white and small red kidney, does not think one is likely to become the other. He thus groups Bright's disease:—

**FIRST GROUP, ACUTE NEPHRITIS.**—*Anatomical features:* Small cellular interstitial growths; some small scattered hæmorrhages. *Clinical phenomena:* Scanty urine, with abundant albumen and white and red blood-cells in it; casts, generally œdema; no hypertrophy of the heart.

**SECOND GROUP, SUBCHRONIC OR CHRONIC HÆMORRHAGIC NEPHRITIS.**—*Anatomical features:* Much interstitial increase of connective tissue thickened, and contracted Malpighian capsules; endarteritis obliterans; no contraction of the entire kidney.

**THIRD GROUP, MORE CHRONIC NEPHRITIS.**—Noticeable naked-eye granular contraction of portions of the organ, besides other larger portions of the kidney in which healthy parenchyma is preserved. *Clinical phenomena:* Hypertrophy of the heart; varying amounts of anasarca and of albumen in the urine, according to the amount of urinary water excreted.

**FOURTH GROUP, MOST CHRONIC NEPHRITIS: GRANULAR ATROPHY.**—*Anatomical features:* Kidney much contracted; very little parenchyma maintained in integrity; the granular interstitial growths have extended into each other. *Clinical features:* Abundant urine scanty albumen; no anasarca; considerable hypertrophy of the heart.

Groups two and three include mixed red and white mottled kidneys, the first being chiefly large and red-gray. The fourth comprehends atrophied kidneys, non-uniform in colour, red or gray. Amyloid complications chiefly affect groups two and three. While insisting on the points common to various forms of chronic renal degeneration, and the gross distinctions between interstitial and glandular inter-tubal and intra-tubal increase of material, &c., Weigert compels us to revert somewhat to the original views of Bright, Reinhardt, and Frerichs, and accept the fact that interstitial new growth—now more rapidly, now more gradually progressing—is the fundamental pathological principle of the whole disease; and this is essentially inflammatory in nature. He proves the old conception of Bright's disease was not wrong, which explained it as one uniform inflammatory change, prolonged through various stages, complicated by secondary compensative hypertrophies, both in the sounder parts of the organ itself and in the heart, and produced by Nature in her effort to repair the damage done. He does not say that the one form becomes the other, but that there are midway forms between the large white and the red atrophied kidney, with anatomical features common to both; and the inference which he draws is quite justified by the facts, that the distinction between them is one of degree, not of kind, and that it is impossible to fix a definite line.

Cohnheim supports these views, 1880. He describes acute Bright's disease as that which first appears, or glomerular nephritis, and whether the alteration be sudden or gradual constitutes the fact of ultimate importance. Acute sudden cases die or recover; gradual or extensive ones slowly progress to more or less extensive interstitial new growth of connective tissue, and pass to greater or less contraction of the secretory structures. Contracted kidneys need never have been swollen and white, only a large kidney indicates probably recent mischief; a small contracted red one points to a long continuance of disease.

Experiments on animals by tying the renal arteries, experiments by disease on man, as in cholera, epilepsy, eclampsia parturientium, tetanus, when spasm of small arteries may lead to complete ischæmia in these organs and total temporary arrest of circulation through the kidneys, illustrate the processes of disease, and make it comprehensible. Some irritant in the blood circulating through the tufts stirs up the strife; as we can notice its acting suddenly and acutely, so we can imagine its non-

continuous or intermittent action, according as particular irritants accumulate in the blood; or, although only slightly at any one time, persistently and progressively increasing as the blood deteriorates in quality. We find illustrations of the persistent blood-irritants damaging and inflaming capillaries, in gout, syphilis, malaria, in poisons which act remittingly, in lead, alcohol, and in the effects of burns and local inflammation of the skin; products of tissue-metamorphosis, suddenly thrown into the circulation, either blocking the glomerular tufts or inflaming them.

Stagnation of the blood-current, and impurity or special impropriety of the blood, induce the epithelial and interstitial changes which progress, unequally certainly in different forms of disease, but *pari passu*, and together constitute Bright's disease. As the contents of the tubes waste, so these atrophy and contract, and their room is filled up and even overfilled by interstitial increase or growth. Then the elevated parts of the kidney become imperfectly vascular, anæmic, and grey, and represent the parts in which interstitial tissue-growth has overwhelmed secretory structures and capillaries; while the sunken parts are red, and represent capillary net-works permeating atrophied and shrunken tubes.

The relation borne to each other of the varying forms of Bright's disease is that point remaining to be definitely settled. It is now pretty generally allowed that the hyperæmic kidney, the large red grey kidney of acute parenchymatous nephritis, becomes the large white anæmic and fatty organ; and further, that this swollen, and at first smooth-surfaced, kidney does become mottled on section, uneven and coarsely granular upon its surface, and that it toughens, in part contracts, and in part atrophies and becomes smaller (although there is little agreement of authorities upon its ever coming in any way to resemble the atrophic finely granular small red kidney). Further, the tissue-changes by which this form of white granular kidney is brought about are confessedly inflammatory from first to last. This small red granular kidney, however, is by a large majority of trustworthy guides—Dr. Johnson, Traube, G. Stewart, Gull and Sutton, Kelsch, Bartels, Charcot, Rendu—held to be a distinct form of disease. Why? Mainly because the tissue-changes by which it is surmised to have been brought about are presumed to have been non-inflammatory. The cause of the change is pleaded to have been, from first to last, an interstitial or matrix tissue overgrowth, strangling the Malpighian bodies and blood-vessels, starving the renal cells, and inducing an atrophy of the secreting tubules.

There are, however, as Dr. Wilks formerly contended, a vast number of intermediate forms between the two typical varieties, and this is a strong argument in favour of the doctrine of one Bright's disease.

The pathologist has traced the two forms from the commencement; in large white kidney they declare the epitheloid lining of the glomeruli swells up, its nuclei multiply, squeeze up the capillary tufts and cut off the blood supplies; in the small red granular kidney, interstitial new growth takes place within and without the Malpighian bodies, gradually interfering with the current of the blood through the tufts, the organ being only preserved for a time by the establishment of short collateral channels.

The issue in each individual case, then, appears to turn upon the following things:—1. Whether the circulation through the organ is suddenly checked, or very gradually altered in its direction. 2. Whether the matrix tissue and the intertubular spaces are or are not soddened by dropsical effusion, 3. Whether the capsule of the organ is gradually thickened by sub-inflammatory fibrous growth, and resists the blood-pressure or yields to it—a factor of no small importance towards the quickening or slackening of the blood current through the organ. 4. The amount of blood circulation still feasible through the glomeruli; enough to maintain the renal cells at a low rate of function; enough to secure parenchymatous or glan-

dulous swelling; enough to provide for some inflammatory exudation or the development between the tubes and capillaries of a low embryonal form of nuclear tissue. 5. The maintenance or failure of the blood pressure, upon the transudation or not of urinary water, and so upon the blocking up or maintained patency of the lower excretory system of urine tubes. 6. The establishment or not of a collateral blood circuit, the vasa afferentia passing directly into vasa efferentia without going through a first capillarisation; the lowest tiers of Malpighian tufts becoming, or not, greatly hypertrophied; the sluices of the vasa recta by direct arterial conduits being employed. 7. The general health of the individual, and the capacity of his heart to become hypertrophied.

### NOTES ON OSTEOTOMY. (a)

By EDWARD H. BENNETT.

Professor of Surgery in the School of Physic, and Surgeon to Sir Patrick Dun's Hospital.

THE notes on osteotomy, which I now submit to the Surgical Society, relate to one form only of the operation, antiseptic osteotomy, with open wound; the operation of Volkmann and Macewen.

I need not trouble the Society with any historical account of the operation, which, in the last six years, has proved so eminently successful, as well in the hands of its authors, as in those of many other operators. In this city the field for practice of this operation is greatly restricted, because rickets, though not absent, is sufficiently infrequent to prevent any of us from aspiring, no matter what our opportunities may be, to records of operations by the hundred. Macewen records his own as the experience of 330 cases, all apparently of rickets.

I think that every year we see more of rickets; certainly we see, now-a-days, many more cases than occurred twenty years ago, whether the Vartry water be to blame or not. I hope the day may be very remote when we shall attempt to rival Glasgow in this matter.

I have to record notes of operations by this method on but three patients, all performed this season. Although the number is small, the variety of the conditions treated add interest to the record. One is a typical case of Macewen's operation for rickety deformity of the legs; the second, an operation undertaken for relief of deformity of the elbow; the third, the section of the thigh bone for mal-union of a fracture below the trochanters. This last case is of most interest in consequence of the great risk attending any compound fracture of the femur in this position. As these cases were all under treatment at the same time, and their respective dates overlap, I may take them in the order simplest for description.

No. 1.—A little boy, *æt.* 4½, was admitted to the children's ward of Sir Patrick Dun's Hospital on 15th October, 1880, suffering from extreme deformities of the legs, the result of rickets. He could get about with difficulty, and his limbs were curved most extremely above the ankles. He was well-nourished and florid, and although the curves of his bones daily attracted more and more attention from his parents, and, for all I could tell, might be still increasing, he appeared to have passed through the active stages of the disease.

Anxious to test this question, I kept him under treatment, and in bed for some time, with the result that he fattened rapidly, and his limbs remained without change.

His case presents some features of interest as a marked example of rickets affecting one child of a family, the parents and the other children being perfectly free from rickets, or any allied disease. There are two children older, and two younger. All alike reared at the breast, and suckled for a year and a quarter each. He showed the first sign of ailment when a little over a year and a quarter old, and never walked until three years old. At

this time he continued weakly, and his limbs began to get crooked.

On Dec. 2nd, 1880, finding no improvement from milder treatment, I divided the greater part of the thickness of the tibia of the right leg with Macewen's osteotome, removing from the convexity of the curve a wedge-shaped piece of bone, the base of the wedge being nearly ¼ inch. I then fractured the remaining portion of the bone, and also the fibula, and straightened the limb. The operation was performed with strict antiseptic precautions, and afterwards the limb, dressed in carbolic gauze, was kept supported by two ordinary lateral wooden splints. A slight venous hemorrhage occurred after the child was placed in bed, and was arrested by flexing the limb, which had been placed in the extended position. The child was sick from the effects of ether, and at 9 p.m. showed a temperature of 99·5°; the next day the temperature was, in the morning, 99·2°; in the evening, 99°. The next morning it was normal, and remained so during the remainder of the treatment. In three weeks the wound was healed, there never having been any suppuration. The limb was dressed in all five times, being placed in a plaster bandage as soon as the healing of the wound was complete.

On 27th January, the child having been, for some time, able to get about the ward without any support on the right limb, I operated on the left also. As seen in the cast, this limb was less deformed than its fellow, and might, perhaps, have been left to the chance of becoming straighter, as growth advanced, had not the increase in length of the more curved limb required, that I should attempt to bring both to the same length, as nearly as possible, by similar treatment. The progress of the operation, and the subsequent treatment was, in all respects, similar to the first, only that no bleeding occurred, and the dressings were only four in all. The temperature was raised by an attack of swelling of the parotid and submaxillary glands, probably mild mumps, which occurred on the day of the operation, not being noticed until the evening; this, in no way, affected the progress of the case. On Feb. 19th, less than four weeks after the operation, the wound having been healed some days, the limb was put in a plaster bandage, and the child was allowed to get out of bed. No further record of this case is necessary, the results being evident in the casts, except it be to note that the right limb is still a shade the longer of the two.

CASE II.—A healthy girl, *æt.* 11, was admitted for treatment of a stiff elbow. When two years old she had a fall, which fractured the humerus at its lower end, the fracture involving the joint. An elbow, fixed at a right angle, with free mobility of the radius in the movements of supination and pronation, was the result. The ulna was found to be firmly ankylosed to the humerus. The triceps exhibited but little action under the galvanic current, and only in the upper part of its long head. The brachialis anticus, too, appeared to be powerless from long disease. Under these circumstances, I could not recommend an excision of the joint, as the result would undoubtedly be the substitution of a forearm, hanging like the free limb of a flail, for one fixed at a right angle. Forcible extension of the fixed joint appeared equally contraindicated, as the condition of ankylosis appeared to be a true osseous union of the ulna and humerus. (This specimen exhibits exactly the condition which was present). As the parents were urgent that I should attempt some treatment, I considered that an osteotomy, so arranged as to divide the union of the ulna and humerus, was the safest, indeed, the only practicable treatment. This, I performed with facility, by a limited incision between the ulnar nerve and the triceps tendon. I divided the union between the ulna and the trochlea of the humerus, carrying the blade of a curved osteotome across to the outer side of the olecranon. When this section was made, I was able, by a little force, without any further section, to extend the forearm. Having moved it freely to and fro, I dressed the limb, placing it

(a) Read before the Surgical Society of Ireland,

in a position close to extension. I kept up a guarded passive motion during the first three weeks, waiting for most active movements until the wound had healed. As in the previous case, the wound healed without suppuration in this time, and I then used more free and repeated passive motion, flexing the elbow to the extreme, and extending it almost straight. But these movements were painful to the child, and she resisted them so, that I had to use ether more than once to execute them. The muscles gave me no help; I could fix the limb extended on a splint, but the position could not be maintained, as the sole muscular action tended to place the limb in its original angle, and keep it there. After protracted efforts, I was forced to allow the limb to remain flexed, for it threatened, if kept extended, to become fixed in a useless position. This case is, then, so far as establishing a free motion of the joint, a failure; but as an osteotomy, it was attended with no bad result. The girl left hospital a short time since with an arm no worse than before; the radial movements unimpaired, certainly submitted to much less risk than she would have been by excision, or by forced extension of the joint.

**CASE III.**—The subject of this case is a Nova Scotian sailor, *æt.* 32. On 22nd June, 1880, in the pitch of the sea off Cape Horn, he fell from the upper topsail yard to the deck, breaking his fall by striking the rail of the ship. The blow against the rail broke his thigh a little below the trochanter (four inches from the summit of the great trochanters). For fourteen days he could not speak from the effects of the fall on his chest and head. Then on his improving, the limb was supported by a long splint applied by the captain. On 20th September (three months, less two days), he arrived at Liverpool, where he had surgical advice for the first time. Leaving Liverpool, he crossed to Dublin, and on October 14th, after some three weeks stay in Dublin, he was admitted to Sir Patrick Dunn's Hospital.

He was able to get about on crutches, and could just touch the ground with the great toe of the left limb. His thigh was greatly deformed by a sharp outward projection of the bone at the seat of fracture below the great trochanter, while the obliquity of the lower fragment was such as to render the limb absolutely useless. The shortening measured with the greatest exactness, was a shade below  $2\frac{1}{2}$  inches; well over  $2\frac{1}{4}$ .

The fracture, as far as the details could be made out in the mass of callus which united it, was nearly transverse in direction, and the lower fragment was placed resting at an angle of  $115^\circ$ , against the inner side of the upper fragment. The union was quite solid. The lower segment of the thigh was wasted, slightly oedematous at the outer side above the knee, and the portion of the shaft of the bone, forming the lower fragment, was thickened by a chronic osteitis. The man was pallid and thin, and suffered from irregular attacks of intermittent fever, which he had contracted before the injury. From this he had suffered much during his voyage to Liverpool, and for it had taken large doses of quinine while on board. Two days after his admission he had a sharp rigor, followed by a sweat, and several such in the following fortnight.

After consultation with my colleagues and Mr. Colles, I resolved to attempt the section through the seat of fracture with the osteotome. As no other proceeding offered any prospect of success, the refracture of the bone by screw pressure, after the method of Bosch, so successfully accomplished in Mr. Butcher's case, appeared impossible, as the seat of fracture was so high, as to prevent the application of sufficient force to the upper fragment. Nothing could be expected to be obtained by gradual pressure or extension.

Accordingly, on Nov. 4th, 1880, I arranged the patient on the operation table, so that, at will, I could make traction on the thigh with the dislocation pullies. With all antiseptic precautions, I made an incision to the bone, of size sufficient to admit the full-sized osteotome guided by my finger. I directed the incision in the bone, so as to bisect the salient angle of the fracture. At first the

section went readily enough, and I cut through the external part of the upper fragment rapidly; but from this cut I found the difficulty ever increasing, the bone more dense, and the depth of the section constantly extending in width, antero-posteriorly. To be able to work the osteotome, I was obliged to clear away the sides of the section a little, and I found the antero-posterior depth of the bone and callus required full three separate incisions of the osteotome to divide it. I worked away, leaving the posterior parts to be divided last. Here I met the *linea aspera* twice, and cut it through the second time with much anxiety, for the vascular relations of the posterior surface of lower fragment were such that a small error might spoil everything, should I fall foul of the *profunda femoris*, or one of its chief branches. At last, to satisfy myself of the safety of the edge, I made way with a probe-pointed knife for my left fore-finger, and carried it as far as I could reach behind the bone. Being so confident of safety, I cut the last resisting piece of bone by rigorous use of the mallet. As I cut the last piece the pullies were brought quietly into action, and I had the satisfaction of seeing the segments of the bone swing fairly into place, and as the strain was relaxed, rest in place without tendency to shift. From this time on we had no tendency to changing of position, except a slight inclination of the lower fragment to rotate on its axis inwards, so as to turn the toe in. My patient was on the table fully an hour and a-half, and had, of necessity, a full dose of ether. I placed the limb, supported by sand bags, and a Liston splint, bracketted opposite the wound, so as to admit of change of the dressings without disturbing the limb.

The wound remained aseptic, and, as we might fairly expect after an hour's hammering and fingering of a wound, moderate suppuration occurred. The temperature reached  $103^\circ$  on the fourth day, and on the sixth day was normal in the morning, rising in the evening to  $100^\circ$ ; and so the case progressed, until on the 17th November, we ceased to record the temperature, as it was, for some days, without any elevation worth noting. Although threatened with the intermittent fever at times, the case progressed without any active treatment internally, beyond saline draughts, and a few draughts of chloral hydrate. In four weeks I found, in spite of a limited local suppuration, that union had progressed, so that I was able to put the limb in plaster of Paris, keeping a window open over the wound. In the sixth week the patient was able to sit up, and shortly after got on crutches. (22nd December). He has been to the Convalescent Home at Blackrock lately, and on Wednesday walked with a stick, and a boot, with a thick sole on the left limb, to the top of Mr. Chancellor's studio in Sackville Street, to have this photograph executed. His limb is just an inch shorter than its fellow; he has a tendency to turn the toe inwards, as he walks without any help of a stick, and he can bear his weight on the left limb alone, if he just touches a support with his finger. His knee-joint, stiff when he came under my care, is a trouble still, but daily becomes more supple; there is a little opening, which still gives exit to small pieces of bone, at first, mere chips, cut on both sides of the osteotome; latterly, a few bits from the faces of the sections, which have exfoliated, clean out on one side, marked by Howship's lacunæ on the opposite.

Such is the progress of this case, which, I think, proves that we may bring osteotomy, with antiseptic precautions to bear on conditions which we might not dare to treat by older methods. I know that operation for the relief of this particular case was declined, both in Liverpool, and in this city, by surgeons very familiar with the surgery of fractures. Shortening in the method, which alone I could apply, was inevitable, but I think it has been a minimum, while the man has gained  $1\frac{1}{2}$  inch on his condition previous to operation. I hope that I have not wearied the Society with details of these cases, all comparatively novel in this city, and one of them, at least, far from facile in its execution, and entailing risks of the highest gravity, both during its execution, and in its subsequent treatment. I believe that the progress of this artificial compound frac

ture of the femur, in spite of the occurrence of a suppuration limited to the region of the wound, may be regarded as more than of a simple than a compound fracture, seeing that in little more than six weeks union has been obtained, and the patient has been able to move with freedom within two months.

### A CASE OF "UNTYPIC" PNEUMONIA.

By BERNARD KELLY, M.D.

ALTHOUGH examples of latent pneumonia in children, by reason, we may presume, of their great susceptibility, and highly nervous organisation, are sufficiently common in general practice, the same, however, cannot be said of adults, judging from the very few instances on record, if indeed, such instances may be taken as a fair criterion of their actual paucity, and not as an indirect and negative evidence of probable errors of diagnosis. It was, therefore, with much pleasure that I have perused the very interesting notes of two such cases recently published in the *Medical Press*. But since the term *untypic* seems likely to supersede that of *latent* (from the fact that most, if not all, of the rational signs of the disease are masked or modified by the co-existence of grave cerebral and constitutional symptoms) it is important that too much significance and weight be not attached to a new nomenclature; but that we should regard the disease as still the same, both in its physical aspects, and its anatomical and pathological characters. Too much credit cannot be awarded Dr. Tyson for the admirable manner in which he has brought the subject under the prominent notice of the profession. And as the question is not likely to suffer in interest from the accumulation of examples illustrative of it, I have been induced to exhume the notes of a case that occurred in my practice some fourteen years ago, when residing in New York, with the hope that their native nakedness may be no impediment to their withstanding the light of day.

M. D., *æt.* 40, Irish, temperament neuro-sanguine, naturally of a pale, sallow complexion, but of strong, wiry constitution; shoemaker, married; took to his bed on January 4th, 1867. Saw him two days subsequently. He complained of pains and general malaise; and had been unable to sleep from the beginning of his illness, a circumstance which caused himself and family no little anxiety and alarm. On examination, found the pulse ranging from 108 to 112 in the minute; great fever and thirst, the tongue dry and coated. Had had delirium towards night, during which he spoke incoherently, and raved incessantly. The urine was moderately abundant, but high-coloured, and let fall, on cooling, a lateritious deposit. Nothing remarkable about the pupils. At first suspecting the case to be one of typhoid, I examined the body for the characteristic eruption, but in vain. Neither were there tenderness; or gurgling in the right iliac fossa; nor had he had diarrhoea, or epistaxis. On auscultating the chest, I was surprised to find a well-marked crepitant rale, accompanied with faint friction-sound at the left side, extending backwards to the spine. My astonishment was all the greater from the fact that he had no cough, and experienced no local pain, nor dyspnoea. This I accounted for through the cerebral excitement which completely overcast all other symptoms, and which, had the examination been less careful and thorough, might easily have misled me in my diagnosis. Ordered the following—

R Hyd. sub. mur., ʒj;  
Pulv. jalap., ʒij;  
Ext. hyoscyami, g xij;  
Pulv. aromat., ʒss;  
M. Ft. chat, vi.

A powder to be given every three hours.

January 7th, 1867.—Had slept well, and had taken five of the powders in the meantime. Had had three or four abundant evacuations. Less fever and thirst. Pulse 80. His condition, on the whole, much improved; but now,

for the first time, complained of sharp pleurodynia, accompanied with cough and rusty sputa. Ordered—

R Hyd. sub. mur., gr. x;  
Pulv. jalap., ʒss;  
Ext. hyos., gr. viij;  
Pulv. aromat., ʒj.

M. Ft. chat, vi.

One to be taken as before. The patient to drink freely of beef-tea and toast-water.

8th.—Had had a restless night, owing to a severe pain in the side, and harassing cough. The tongue thickly coated; the gums covered with a white, pasty sordes, and somewhat swollen and spongy. No marked factor of the breath, nor tenderness of the mouth indicative of incipient pytalism. The mental faculties were seriously disturbed, the patient labouring under the delusion that persons were engaged in torturing him in every conceivable manner. The pulse had fallen to 60, and was very soft and compressible, but regular in rhythm. The sputum mucopurulent, and tinged with dark, grumous blood. The urine very abundant, comparatively clear, and free from deposit. The bowels had acted three or four times. Suspended the calomel, and prescribed—

R Liq. ammoniæ acet. (dil.), ʒiij;  
Spt. ether nit. tinct. hyos., āā ʒij;  
Vini. ipecac., ʒss. M.

A tablespoonful to be taken every three hours. Beef-tea and rum punch: the former, *ad libitum*; four ounces of the latter every four hours. Thin whey and toast-water as ordinary drinks.

9th.—Found the patient to-day much in the same condition, but with this difference: that his hallucinations were now bordering on confirmed insanity. While standing at his bedside, he had had frequent fits of laughter, and seemed much amused by an imaginary face peering at him from out of the ceiling, and more than once raised the bed-clothes, apparently in search of this mysterious figure. When interrogated, his answers were, for the moment, direct and rational; but so soon as the conversation ceased, he invariably relapsed into the same incoherent train of thought, relieved by interludes of hearty laughter. The mixture caused great nausea and vomiting during the first two or three doses, but was well borne afterwards, producing little or no sickness—resembling in this respect the tolerance induced by repeated potions of tartarised antimony. The surface of the body was moist, and of a natural temperature. The urine clear and copious. Had not slept during the night. The pulse still remaining at 60, weak and compressible. *Perga*: in usū medicinæ. A blister, 6 in. by 8, to be applied over the inflamed portion of lung. Was hastily called to see him the same evening, as his condition and symptoms had become greatly aggravated, and had alarmed the household. Examined the side, and found that the blister had well taken. The patient was perfectly ungovernable, and was with much difficulty restrained from getting out of bed, and dressing himself. Made no alteration in the treatment, but ordered the man to be closely watched during the night.

10th.—The patient had not had a single moment's sleep in the interval. Hallucinations the same, with a strong disposition to inflict injury on those around him. Prescribed—

R Quiniæ sulph., gr. xvi;  
Morphiæ sulph., gr. j;  
Acid. sulph. arom., ʒss;  
Aquæ anisi, ʒiv. M.

A tablespoonful every three hours.

I had forgotten to mention that on the previous day, even in his delirium, he complained of tenderness of the gums, and indeed of the whole buccal membrane. Ordered milk punch and beef-tea to be given freely.

11th.—Had slept soundly throughout the night; and, in composed and sane language, pronounced himself a well man. The clammy perspiration, which persisted during the two previous days, had entirely disappeared. The tongue became clean and moist; and quite a keen relish

was manifested for the beef-tea and punch. Jokes (for I must say he possessed quite a natural, if not a national, talent in this way) succeeded the delusions. Suspended the quinine mixture, and substituted the following:—

R. Pot. iodid., ʒss.;  
Tinct. opii, ʒss.;  
Syrup aurantii, tinct. cinchon. co., āā, ʒij.;  
Aqua add, ʒiv. M.

To be taken as before. Beef-tea and milk punch as usual.  
12th.—Found the patient in a deep slumber. Had slept well the whole night. Awoke after a few minutes. Spoke incoherently for a few seconds after waking, but soon recovered his mental equilibrium. The gums much swollen; the breath extremely fetid; and the whole mucous membrane of the mouth painful and inflamed. Has little or no cough; no trouble in the side; and expectorates with ease a small quantity of muco-purulent matter. Had forgotten to examine the force, frequency, &c., of the pulse. The patient had voided no urine for about twenty hours, but expressed himself quite comfortable in every other respect. Has had no evacuation from the bowels for the last three days. The previous mixture to be continued. Ten grains of the chlorate of potash, dissolved in an ounce of water, to be taken between each dose, using it at the same time as a mouth wash and gargle. Beef-tea, with boiled rice and milk punch, *ad libitum*.

13th.—The man making steady progress; salivation and fœtor of breath much diminished; gums and mouth, however, much swollen and tender. Has had two motions from the bowels. Urine normal in quantity, colour, and consistence. Pulse 64. Pergat. Changed beef-tea, of which he grew tired, for chicken broth with the meat. Towards evening of the same day was informed that he has had frequent bloody stools, with griping and tenesmus. Ordered a grain of the acetate of lead with ten minims of the tincture of opium in an ounce of mint-water every four hours.

14th.—Found the patient to-day entirely free from dysenteric symptoms. Had slept well. Pulse 68. Was told that boiled chicken had always had the effect of purging him, even when partaken of in the best of health. Interdicted all further use of the noxious delicacy, substituting the safer, though more substantial, nutriment of beef-tea, rice, and broiled steak. Under the use of quinine and the chlorate of potash, the convalescence was most rapid and satisfactory, the patient being able to resume his duties in an inconceivably short space of time.

The free and somewhat fearless manner in which I employed the calomel will not, I apprehend, meet with the unqualified approbation of many junior practitioners of the present day. But it is, I am convinced, in cases like this, untypical and anomalous, in which the matchless properties of the drug shine forth in all their efficacy. Through an ill-founded, though laudable, dread of damaging the system by energetic treatment, we not unfrequently run the risk of allowing many valuable lives to perish. Grave diseases demand grave and heroic remedies. The milder ones may be safely left to ordinary means and the resources of Nature.

Plough Road, Rotherhithe, London.

FROM diseases of the zymotic class in the large towns last week whooping-cough showed the largest proportional fatality in Manchester and Leeds; and scarlet fever in Wolverhampton. The 32 deaths referred to diphtheria included 10 in Glasgow, 9 in London, 5 in Edinburgh, and 2 in Birmingham. The highest death-rates from fever, mainly enteric, were recorded in Plymouth, Liverpool, Sheffield, and Newcastle-upon-Tyne. Small-pox caused 85 more deaths in London and its outer ring of suburban districts, one in Oldham, but not one in any of the other large towns.

## Clinical Records.

### NORTH-EASTERN HOSPITAL FOR CHILDREN.

#### *Case Simulating Congenital Disease of the Heart.*

Under the care of Dr. C. E. ARMAND SEMPLE.

ON May 14th, 1878, a little boy, æt. 2½, who had been in attendance as an out-patient for a couple of months, on account of a rather persistent cough, was found to have a mitral systolic murmur. About a month afterwards he was treated for an attack of diarrhœa. His general health not improving, a more careful inquiry was made into the history of the case, when it was elicited that he had been "dwindling away" and had had his "lips purple." He was not now cyanotic, and the hands were pallid. The child was exceedingly irritable so that it was almost impossible to examine the chest satisfactorily. A systolic murmur at the apex of the heart was, however, distinctly audible to the ears of several auscultators, amongst them, one whose name is well known and highly respected in the profession.

The child from this time forward (a period of seventeen months) continued gradually to waste, and died on December 7th, 1879. The following is an account of the post-mortem examination:—

On opening the left pleura some two or three ounces of fluid were found contained in that cavity. The pleura was greatly thickened and its costal surface united by strong bands of adhesion to the parietes of the chest and upper surface of the diaphragm.

The left lung was shrivelled and exceedingly firm and dense (chronic interstitial pneumonia), and was studded with points of broncho-pneumonia. The right lung appeared healthy.

The heart and great vessels were perfectly normal.

The glands in the mediastina were many of them greatly hypertrophied, some one and a-half to one and three-quarter inches in length and half an inch in thickness. Cutting into them gave the sensation almost of cutting into a scirrhous tumour, and to the naked eye they resembled in appearance hard adenomatous growths.

The spleen was very large and hard, having on its surface a white superficial patch about an inch in diameter.

The interest in this case centres in the fact that the physical signs, so far as it was possible to detect them, indicated cardiac mischief, presumably of congenital origin. The pallor which, although not usual in such cases, is well known to exist at times, was not, therefore, regarded as contra-indicating the diagnosis.

That the murmur existed there is no doubt, although its causation is obscure; but bearing in mind how murmurs may be produced by pressing on the lumen of a blood-vessel (and in children it is not uncommon for glands thus to press), it is not unreasonable to assume that the murmur in this case had such a causation. That the maximum intensity was in the region of the apex can scarcely be said to detract from this view for a child of such tender years. The valves lie so closely together that the localisation of murmurs is neither so easy nor so certain as in adults.

#### *Case of Diphtheria of Fauces, Palate, and Respiratory Passages—Tracheotomy—Death after Twenty Hours.*

E—A—, æt. 11 months, admitted into North-Eastern Children's Hospital February 8th, died February 9th, 1880.

*History.*—Had a "bad cold" during the previous week; worse since Thursday the 5th, being "like influenza," and accompanied by a little hoarse cough.

On Friday she lost her voice.

On Saturday she could not suck well, snuffing was very bad, but there was no dyspnoea. Slept badly that night.

On Sunday there was some dyspnoea; mouth kept open. Dyspnoea got worse during the day, and swallowing was accompanied by "fighting to get it down." Child was brought to the hospital at 11 p.m. on Sunday when the following was the condition: Marked croupy respiration, lower part of chest sucked in, pale and dusky; lips livid, from time to time struggling for breath; much turbid mucus in mouth and nostrils. It was impossible to get a view of the throat. Tracheotomy performed about 12.30.



After artificial respiration for two or three minutes child commenced to breathe through the tube and continued to do so. At 3 a.m., the note is "marked relief; some viscid mucus stained with blood in tube and coughed up; colour improved; sleeping quietly; pulse 156; two teaspoonfuls of brandy with water to be given gradually."

Note on morning of 9th—"Pulse very rapid, more than last night; a good deal of curdy mucus has been coughed up and removed from tube; tube removed twice because of whistling and some difficulty of breathing." Upon auscultation air was found to enter lungs at that time well, though there was some sucking in, and breathing was intermittent; had taken milk readily. Later in the day the child got worse, pale, and livid, lower part of chest sucked in. Died at 8 p.m.

*Post-mortem.*—Thick dirty white membrane on fauces, posterior surface of velum palati, back of epiglottis, and about cords and below cords, down to the second or third bifurcations of the air tubes. The tracheotomy wound had divided the upper rings of trachea in the middle line, just saving the lower border of a thick isthmus thyroids.

*Note.*—Mr. Stevens, of Stoke Newington Green, states that he has been recently attending a brother of the child, *æt.* 3½, who had a sore throat with patches, which took five days to clear off from the tonsils.

#### Double Renal Calculi.

A—D—, *æt.* 7, admitted into Children's Hospital December 29th, 1879; died December 31st, 1879. This patient was admitted in a very miserable and anæmic condition. The history was obscure, but it appears that the child had complained off and on for three years of pain in sides and back and occasional vomiting. The water was said to be turbid soon after standing, for the last few weeks. She had suffered from malaise for the last three weeks.

December 31st, 11 a.m.—Rigor and convulsion; urine smoky, albumen one-third. 7.30.—Had another fit, mostly on right side, and died quietly shortly afterwards.

*Post-mortem.*—Calices of both kidneys greatly distended, and all packed with stones which were very irregular in shape and size, varying from small grains up to half a kidney bean in magnitude. On the right side, where the pelvis narrowed to the ureter, a large flattened calculus was lodged, and the wall of the pelvis on one side was thinned over it. There was pus about the calculi. There was a fair amount of kidney tissue external to calices, but this did not look healthy.

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 22.

T. SMITH, F.R.C.S., Vice-President, in the chair.

Mr. W. G. TYSON, M.B., F.R.C.S., (Folkestone) on  
A CASE OF CROSS-LEGGED PROGRESSION.

J. W., *æt.* 67, a waggoner for many years. At the age of 14 he fell on a barn floor and injured the right leg; this accident kept him in bed for four months. He says from this time he could never straddle a horse, and always walked lame. Sixteen years ago he began to have difficulty in keeping up with his horses, his legs becoming more and more approximated; the last fifteen months he has walked cross-legged. This latter position is maintained day and night; with some force the legs can be unlocked and brought parallel, but not without causing pain. There is only the slightest movement in each hip-joint, the surrounding bone appears thickened. When he gets up in the morning, or when he starts to walk, a crackling noise is distinctly heard. Both extremities are extremely adducted and everted, the heels are far apart, and the toes close together; the legs cross one another just above the knee-joint, the right being in front. The hip-joints are the only ones at all affected in the body; both knee-joints can be fully flexed, but these are scarcely moved except in sitting or lying down. He can walk with two sticks very slowly and for a short distance, but he nearly always uses two crutches. In commencing to walk the crutches are first placed forwards, and then the body is thrown on to them, the

lower part of the spine appearing to take, in fact it really does, the place of the hip-joints, there being hardly any movement in hip or knee on either side, the body is thus raised by the crutches and swung forwards. The absence of knee-movement in progression constitutes a difference between the present case and those exhibited by Mr. Lucas, in one of which the knee-movement was considerable. The following description best explains the cross position of the limbs: in the original accident some injury to the right hip-joint occurred, and during its repair adduction of the right leg took place; this condition then would naturally account for the difficulty he had as soon as he was able to get about of sitting across a horse's back. The right hip became ankylosed, and as time went on, and the right leg became more adducted, there was a tendency for the left one to pass across to the right side in order to maintain equilibrium, and as movement in the left hip became less, so ankylosis would gradually come on here, and thus after a time both hips would become fixed; the movements lost in these joints being supplied to a great extent by a complementary movement occurring in the lower part of the spine. The cause of the cross position of the legs was discussed when Mr. Lucas brought forward his two original cases before this Society on the 22nd of October of last year, but more fully by him subsequently in a paper to the *Lancet* in the following December. The three theories mentioned in Mr. Lucas's latter communication were called (1) the adduction, (2) the gravitation, and (3) the optional, or where the leg on the same side of the injured hip is thrown on the limb of the opposite side for the purpose of rest and relief of pain. It seems to me that adduction of the limb must be the commencement of all these cases, it making no difference whether the adduction is at first produced optionally, or whether it comes on in the course of the hip-joint disease, and providing that the limb is sufficiently and permanently adducted, so as to interfere materially with progression, the other leg will naturally be passed across its fellow to keep the body in the erect position, and also as the easiest way for walking. In the commencement of these cases there is probably the usual inversion accompanying the adduction, but as soon as the patient attempts to walk this is slowly changed into eversion, as the latter position allows greater scope for the movements of the knees and ankles.

Mr. C. LUCAS said he had heard of two cases of this kind since last October, one at Brighton, the other at Tunbridge Wells. The condition was a rare one, and should be regarded as a sequence of double hip-joint disease. The original disease might be one of several different forms; thus of his own patients, one was a man in whom osteo-arthritis, and the other a boy in whom pulpy disease of the joint, initiated the pathological changes producing the cross-legged state.

Mr. HOWARD MARSH remarked that the position these patients assumed was one of adduction and fixation of both limbs. This state could not follow adduction of a single limb, else there would occur instances without number in cases of advanced hip-joint disease. He did not think ankylosis of the joint succeeded to adduction.

Mr. SMITH asked if there had been cracking in both joints, and in reply,

Mr. TYSON said it had been made out in one only.

Mr. SMITH continued, that adduction was a common consequence of advanced hip-joint disease, but that it did not lead on to the condition of cross-leggedness, which, moreover, could only be imagined as due to diseased condition of both sides at once. Mr. Lucas's patients could walk alone to some extent, but Mr. Tyson's case was quite unable to move without crutches.

Dr. WILSHIRE suggested a neurosal origin for the condition. A patient of his own having been struck on the hand by a cab-door, became subsequently the subject of ascending neuritis, the hand swelling only a little.

Mr. LUCAS wished to know if Dr. Willshire's patient progressed cross-legwise.

Mr. TYSON said the original accident inducing the disease happened so long ago he had been unable to gather more than a doubtful account of it. Ankylosis of the right hip-joint supervened on the injury. He agreed that the rare occurrence of these cases was explained by the fact that in ordinary disease adduction is only partial. The subject of his paper had been cross-legged for fifteen months only; in him all movement was from the lower part of the spine, the knees remaining fixed.

Mr. WILLIAM STOKES (Dublin) on

A CASE OF EXCISION OF THE TONGUE.

The author commenced by alluding to the change that surgical opinion has lately undergone in reference to the merits of excision of the tongue, and mentioned the views of Prof. Gross and Mr. Collis on this subject. The particulars of six cases in which the author had excised the tongue were then briefly stated, in which relief from suffering caused by enlargement of the tongue, difficulty of deglutition and articulation, discharge, and pain, was obtained in all as an immediate result of this operation. In two of the cases a considerable time—twenty-two months and eighteen months—elapsed without any recurrence of the disease; in two others three months and four months elapsed; in one the patient was lost sight of immediately after the wound healed; and in only one of the cases was an almost immediate return of the disease observable. Performing the operation at an early period of the development of this disease, if possible, before glandular complication, was strongly advocated, and Sir J. Paget's views stated as regards the small risk attending the operation. The question of unilateral or bilateral ablation was then discussed, and the advantages of the latter pointed out. The question of what is the safest and best method of excision was then considered as well as the two special dangers of the operation, hæmorrhage and septic complications. The author observed that removal of the tongue by a cutting operation is not only more liable to be followed by hæmorrhage but also by septic infection, the outcome of which latter is in a large number of cases either pulmonary gangrene or septic pneumonia. These are not observable at all to the same extent in the cases operated on by the *écraseur*. In proof of this, the statistics of Dr. Schläffer and Mr. Collis were considered, in the former of which it was found that the percentage of mortality from septic causes in the cases operated on by incision reached the startling figure of sixty and in those of Mr. Collis sixty-one. Mr. Barker's cases were also alluded to, but the number of cases (3) operated on by incision in which there were no septic consequences was not considered sufficiently large to materially affect the conclusion arrived at. The disadvantages of certain of the *écraseur* operations was then pointed out, and the author concluded by describing the method of operating he preferred: He commences by transfixing the cheek at a point corresponding to the last molar of the lower jaw and makes an incision downwards and forwards towards the angle of the mouth, terminating a few lines above it. All bleeding vessels being secured and the parts retracted, a ligature is passed through the tip of the tongue to facilitate the drawing forwards of the organ by an assistant. This being done, a straight Liston's needle, armed with a double strand of carbolised silk, is passed through the base of the tongue, at a point behind the foramen cæcum. In front of this the chain of an *écraseur* is passed round the tongue, and the organ gradually severed. This part of the operation is done very slowly, taking from thirty-five to forty-five minutes. The author never witnessed in any of his cases any secondary hæmorrhage immediate or remote. The wound in the cheek is then brought together by a few points of interrupted suture. The free ends of the strand of silk passed through the base of the tongue are then fastened temporarily by adhesive plaister to the side of the cheek or forehead. The double thread, which in the event of secondary hæmorrhage or retraction would be of much assistance in enabling the surgeon to draw forwards the base of the tongue and secure the bleeding vessels, is removed usually on the third or fourth day after the operation. The author believed that by the use of the *écraseur* employed in the manner he described, coupled with antiseptic measures during the healing of the wound, the operation is attended with little pain, with the minimum of risk as regards either primary or secondary hæmorrhage, or those septic troubles which after all cutting operations are so fruitful a means of raising the mortality attending this important operation.

Mr. HEATH believed that younger surgeons were more inclined than Dr. Stokes seemed to imagine to perform this operation, judging from the frequency with which it had been attempted recently. He wished to correct the statement attributed to him that he had witnessed extensive regeneration of the tongue, by adding that the organ had been less completely removed than he was reported to have said. On reference to notes, he found the real amount to be "more than half." He had discarded the galvanic in favour of the

wire *écraseur*, on account of the bleeding which succeeded when the former instruments were employed. He had never had occasion to incise the cheek in this operation, finding the curve of the *écraseur* sufficient help in guiding its course. He advocated unilateral operation, because, as Mr. Morratt Baker pointed out, it afforded means of free examination.

Mr. M. BAKER said he preferred the unilateral operation when that procedure enabled all the diseased tissue to be removed. He was surprised that Mr. Heath had found no need of opening the cheek. He thought that external disfigurement should not influence treatment in so grave a disease. The apparent new growth from stumps left after excision he believed due to the fact that the tongue can be brought forward to the incisor teeth as far as the foramen cæcum; when, as in a patient of Mr. Gant's, the tongue is more completely and wholly removed, articulation is almost impossible. Tracheotomy, he thought, was not often called for. Recently he had assisted in a case when it was performed on account of hæmorrhage; the urgent symptoms were relieved, but soon trouble again arose from the presence of blood in the trachea. The pharynx should be well plugged to prevent blood from running into the trachea after tracheotomy.

Mr. MACCORMAC inquired by what means Dr. Stokes had removed the diseased glands from his patient. The success of the operation he considered depended largely on the completeness with which all diseased tissue was removed.

Mr. BARKER enumerated thirty-four cases of excision of the tongue performed at University College Hospital between 1871-79. Fifty-one cases of epithelioma of tongue presented, but only thirty-four were operated on. Of this number eleven died from the consequences following operation; five deaths were from septic pneumonia, two from septicæmia, one from œdema glottidis. The galvanic *écraseur* was employed in twenty-three instances, and of these patients nine died. The wire *écraseur* was used in seven cases, with one death, due to pyæmia. The knife was the agent of excision in three cases; with one death. The galvanic *écraseur*, in consequence of these results, had been abandoned in favour of the wire instrument, with the effect of steadily reducing the mortality from operation. Mr. Barker said he had operated in all the ways described, but preferred to split the root, controlling hæmorrhage by forward pressure from behind by the finger on the lingual artery. He considered the danger of septic poisoning was less after a cutting operation than a crushing one, and he defended the prophylactic employment of tracheotomy. He had found no difficulty in plugging the pharynx with sponge in these cases.

Dr. DOUGLAS POWELL suggested that Mr. Barker had unintentionally exaggerated the deaths from septic influences. Had any other organs, in these cases, shown traces of infection? Septicæmia, he urged, was a blood disease in which various organs were affected. Plugging, in the way described, would do much to prevent the occurrence of septic conditions.

Mr. M. BAKER said he could endorse the statement made by Mr. Barker as to the ease with which the lingual artery could be controlled.

Mr. T. SMITH inquired how the wire had been applied round the tongue, since there was no account in the description of the operation of incision of the sub-lingual tissues. In almost every case of fatality after this operation there was, he observed, gangrene of the lung, due to septic bronchial pneumonia, set up by blood trickling into the lung. The galvanic *écraseur* produced a most disgusting slough, which could hardly fail to be a source of mischief.

Mr. MARSH said he had been disappointed with the result produced when he had excised the tongue by the unilateral method; deglutition and articulation were seriously impaired. The galvanic *écraseur* was, he thought, generally condemned. Mr. Barker's conclusions were not endorsed by the experiences gained at St. Bartholomew's Hospital.

Dr. COUPLAND hoped Mr. Barker would reply to Dr. Douglas Powell's remarks.

Mr. BARKER described the ways in which lung may be affected by septic influences, but this

Dr. DOUGLAS POWELL said, did not meet the question he raised, viz., whether the conditions observed did or did not indicate blood-poisoning; whether, that is, the effects were directly due to the wound products? If purely local, the remedy was ready at hand.

Mr. BARKER knew of only one case in which there was

general pyæmia; in this body there were found abscesses in the liver and kidneys. He thought there were not similar evidences in the other cases.

Dr. STOKES said Mr. Barker's reading of statistics did not much affect his general conclusions. He was surprised, however, that Mr. Barker still approved of cutting in preference to removal of the tongue by wire écraseur. He was glad to have Mr. Marsh's opinion that total removal was the more advisable procedure. He knew of a case in which a patient requested to have the half that had been left after a unilateral operation taken away. Division of the cheek was necessary, as Mr. Baker said, to enable exploration to be made. The sublingual tissues were cut in his operations, after the manner recommended by Sir James Paget.

#### SURGICAL SOCIETY OF IRELAND.

A MEETING of the Surgical Society of Ireland was held on Friday evening, March 18, 1881, in the Albert Hall, Royal College of Surgeons, Mr. COLLES, senior member of the College present, in the chair.

Mr. B. WILLS RICHARDSON, hon. sec., read the minutes of the previous meeting, which were signed.

##### EXCISION OF KNEE-JOINT.

Mr. Wm. WHEELER exhibited part of the tibia and the femur, which he had removed on the Thursday week previous, from a boy in the City of Dublin Hospital. He was about 16 years of age. There was no history of injury to the joint, but he complained of pain attacking the knee about eighteen months before. There were no sinuses, nor was there any thickening, that could be felt, of the periosteum, or along the femur. The chief pain was, as usual, in the head of the tibia. Looking at the tibia, the cartilages appeared to be tolerably healthy, and there was most disease where the ligaments were attached and along the margin of the tibia. One of the inter-condyloid notches was slightly carious. The abscess ran back into the medullary cavity of the femur. The patella, however, was perfectly healthy.

##### EXCISION OF HIP-JOINT.

Mr. A. H. CORLEY exhibited the head of a femur removed by him from a patient that morning. The patient was 38 years of age, and the disease was of a year and four months' standing. About a year and four months ago the patient had been wrestling and hurt his hip, but apparently not seriously, as he performed his ordinary work, and walked about for two months afterwards. Then the joint became swollen, stiff, and painful. Three months ago there was a large abscess surrounding the hip-joint, and the limb had all the signs of dislocation. However, for some time after his admission the abscess seemed to get smaller, but he could not say whether this was the result of its being diffused among the muscles, or was caused by absorption. At any rate, the signs of the accumulation of matter were less evident than before, and he was inclined to think that there might be ankylosis in the new position, thus rendering operative procedure unnecessary. However, for the last three weeks signs of the accumulation of matter returned, and, as the patient's health began to suffer, Mr. Corley thought it right to give him the chance that excision of the hip-joint would afford. That the patient was strumous-looking he would not say. The only affection Mr. Corley found bearing on the case was that the patient had had syphilis when much younger. The specimen showed that, but for the operative interference there would be no chance of the patient's recovery. Part of the bone taken away was eroded. It occupied a position behind the glenoid cavity, and it was denuded of the periosteum down to the great trochanter. The femur itself was diseased on the surface as far as the lesser trochanter. The acetabulum was diseased, but not very extensively. Though the surface was bare and the cartilages gone, the bone had not any of the crumbling characteristics associated with caries. The specimen was interesting as showing the amount of disease that might exist before the matter made its way externally. The abscess had never been opened, and it was the first time the pus had made its way to the surface.

##### LACERATED ANTERIOR TIBIAL ARTERY.

Mr. F. ALCOCK NIXON exhibited a remarkable case of partial laceration of the anterior tibial artery in two places,

caused by the shaft of a car passing through the interosseous space between the tibia and fibula, fracturing the latter bone, and laying open the tibio-fibular articulation. The limb, which was a very muscular one, was completely transfixed; Mr. Nixon could easily pass two fingers through it, from before backwards. The posterior tibial artery, though in the direct line of the wound, escaped intact. The superior tibio-fibular articulation suppurated, and as it communicated (as Mr. Nixon believes it does once in every seven cases) with the knee-joint, this articulation also suppurated. The veins of the limb were varicose; there were cicatrices of old ulcers. No pulsation could be detected in either limb at the tarsus. The man lost a considerable quantity of blood before admission. It was impossible to say what or how many vessels were wounded. From the direction and extent of the wound it appeared as if neither tibial could escape; owing to the laceration and distortion of the parts it was impossible to tie any vessel. Primary amputation, it was thought, would give the best chance of life. This having been declined, the wound was firmly plugged. On the sixth day there was secondary hæmorrhage, the blood coming through the posterior wound, owing to which, and the state of the limb, amputation was imperative. It was performed in the middle third of the thigh, owing to the condition of the knee-joint already alluded to. The man died from the shock of the operation, added to that produced by the primary and secondary losses of blood, his vital powers being also lowered by the suppurative fever from which he suffered. The fact of the blood coming through the wound in the calf led to the belief that it was the posterior tibial which was "sprung." The specimen, however, showed this vessel to be intact and healthy.

##### EXCISION OF ELBOW.

Dr. ASHE, on behalf of Mr. Henry Gray Croly, exhibited portion of the end of a humerus, radius, and ulna, removed for partial ankylosis from a patient in the City of Dublin Hospital. The arm was capable of complete extension, but was only partially flexed. Last Tuesday week the operation was performed, and the man is progressing favourably.

Mr. EDWARD H. BENNETT read a paper dealing with

##### CASES OF OSTEOTOMY,

which will be found on page 352.

Dr. R. L. SWAN thought the Society ought to be gratified with the record of the cases of osteotomy just read; but the field for observation in Dublin he did not think so limited as Mr. Bennett had stated. No doubt, until within a recent period rickets did not come under surgical treatment so often as at present. He believed a great many cases of curvature of the tibia would derive much benefit from gradual straightening by splints if it occurred in the middle third of the tibia, but if below the middle third a section of the bone was necessary. He had a record of twenty-nine cases, the results of not a few of which some surgeons present had witnessed. He had never removed a wedge from the tibia, but had merely made a section with the osteotome at the point of the greatest curve, applying the antiseptic treatment as perfectly as he could. Cutting the tibia at its inner and anterior aspect, he never completely divided it by the chisel, but made the section subsequently, by pressure. As the child grew older there would be a certain amount of shrinking of the limb due to the condition of the fibula. In reference to the cicatrix to which he had paid some attention he would divide it subcutaneously. He had observed that the youngest member of a family was often the subject of the disease. He had operated on five cases of deformity of both limbs, operation on both on the same day, and he had never seen bad results.

The CHAIRMAN considered it remarkable that the chisel cut the bone regularly without splintering it. Indeed, the chisel could be so guided as to cut a piece wedge-shaped, showing its superiority to the saw in those cases.

Mr. STOKES said he had had an opportunity of seeing the third of the cases Mr. Bennett had recorded, and he could bear testimony to the admirable result that had been obtained. It also spoke volumes for the great practicability of the instrument already mentioned; for one of the first things that struck him on examining the case was the enormous hypertrophy of the femur, the result of the chronic osteitis, and to be able to get through such an amount of tissue, and so successfully, with that instrument spoke a good deal for its practical utility. He himself had experience of the instrument, but only in a single case in which he operated last week—a

modification of Adams's operation. The patient had recovered from the hip disease, but with the limb in a permanently flexed position, and perfectly useless to him. He cut down on the neck of the femur, and divided it by means of the osteotome, dividing the bone with considerable facility, and getting the limb into a fairly good position. What the result of the case would be it was premature to speculate, but he could testify as to the facility with which the bone was divided by the instrument in question, and also to the interesting fact that since the operation—now nearly a week—the wound had remained perfectly aseptic, and neither the pulse nor temperature had risen beyond the normal standard. So far as could be judged there was a fair chance of the case terminating well. The operation of osteotomy was one of a class of operations the performance of which was entirely due to the introduction of antiseptics as practised by Lister. No one would dream of performing Macewen's operation, or any of those alluded to without that precaution. It was surprising how few instances there were of osteotomy involving the larger articulations. There had been some, but they were few and far between. With reference to the observation regarding the comparative infrequency of rickets in Dublin, he could endorse what Mr. Bennett said. It was surprising how few cases of rickets came under his notice—they were altogether exceptional. In reference to the operation of forcibly breaking the bones, he was under the impression that Professor Rissoli, of Bologna, was the originator of the procedure. He was himself opposed to the use of osteoclasts in such cases.

Mr. BENNETT—It was performed by Bosch, of Augsburg, in 1782.

Mr. J. K. BARTON congratulated Mr. Bennett on his paper, and on the casts with which he had illustrated it. He had himself had an opportunity of observing cases of rickets, and he could bear testimony to the way in which they turned out. Operating with the carpenter's chisel, properly tempered, he took a thin wedge out of the anterior portion of the most convex portion of the tibia. As to what state the fibula was in he had no evidence whatever; but it did not appear to require any consideration or come under notice. The fracture was easily made when the thin wedge was removed. The first two cases followed the same course as Mr. Bennett had mentioned—they rapidly healed, and the children were able to run about. But in the third case, a child three years old, on the second day after the operation a smart hæmorrhage occurred. The bone was exceptionally hard, and having with more difficulty than usual chiselled away a piece out of it, and then completed the fracture, it was quite possible the sharp edge of the bone behind might have torn into the posterior tibial artery. That case did not get on under the antiseptic treatment as well as others had done—there was subsequent suppuration and considerable delay in the healing. However, it ended favourably—the leg was straight, and the child came to have the other operated upon. In the second case Mr. Bennett said the operation of excision would have resulted in the arm being flail-like, without power. He did not see why that should be the result. Within the last six months he had a case in point. A girl came to him with her arm ankylosed, in a perfectly straight position. It lasted a year and three months, and the muscles were greatly atrophied. He performed excision, but there was no power in the muscles even after the wound had healed. Now five months after the operation power had been regained, and the patient was able to raise her arm to the back of her head, and to her mouth, &c. Thus, by the removal of a single piece of bone from the humerus and ulna, to allow of free action, a useful limb might be secured. Mr. Bennett had afforded additional proof in the cases cited of the value of the antiseptic method; and as Mr. Stokes had stated the operation could not be undertaken with such favourable prospects, but for the protection thus obtained.

Mr. LAMBERT H. ORMSBY stated that for rickets in the lower extremity he had not adopted the osteotome extensively, but in the case of young children another line of treatment which had been mentioned to him by Mr. Marsh, of St. Bartholomew's Hospital—namely, breaking the child's limb over the knee. That procedure he practised in a couple of cases, doing both limbs at the same time, and in five weeks afterwards the children were running about. He did not assert that there were not cases in which osteotomy should be performed, but he rose to point out that the legs might be broken with the greatest ease in the way he had mentioned in the case of children up to four years of age. After that age

osteotomy might be performed. By holding the limb and his two hands close together he could effect fracture at the very point he wanted, and he never had a compound fracture.

Mr. E. S. O'GRADY said his experience was limited to some half a score of cases; but in none had he had recourse to the elaborate paraphernalia of Lister's dressing. He adopted the old-fashioned dressing with a piece of lint steeped in the blood and friar's balsam. With one exception all the cases healed rapidly, and instead of three or four or five dressings, the primary dressing frequently sufficed, being removed with satisfactory result at the end of three weeks. The Society being a school for educating surgeons, the more they facilitated operations so that men could practise the operations for themselves the better. It might be that the cases he had had were peculiar; but he found intense difficulty in breaking the limb, even after cutting it. In most cases in which he operated he had to deal with the fibula also. The difficulty of breaking the tibia was very great. He had not had very young children to operate on; but he had at different times, as Mr. Ormsby had described, tried to break the bone with his hands, and did not succeed, while he knew of others who had done so. How it was done he could not say. He should protest most earnestly against its being laid down as a doctrine necessary to the successful practice of osteotomy that recourse must be had to Lister's dressings.

Dr. HENRY KENNEDY in reference to the fact that some children of a family were rickety and others not, said there appeared to be a law constantly bearing on the matter, inasmuch as when a bitch had a litter of puppies they were invariably different one from the other, and one being usually smaller than the rest. So in the human family there were instances of one being rickety and the others healthy. M. Trousseau, in his masterly essay on rickets, demonstrated that they were produced artificially in animals.

Mr. W. T. STOKES agreed so fully with what Mr. O'Grady said about the Society being a school for the teaching of practitioners, he would be sorry to let what he had said in reference to Listerism go unchallenged. Whether osteotomy could be performed with equal advantage with or without antiseptics everyone who had seen a compound fracture was as good a judge as the man who had performed osteotomy. He would like to know how many cases of compound fracture recovered without suppuration—not that there was always suppuration in the old days—he did not mean to say anything of the sort; but he did say that in former days compound fractures were, in the majority of cases, followed by free suppuration; while now they were not followed by it.

Mr. E. S. O'GRADY as a matter of order considered he was entitled to state that a great many compound fractures united without suppuration under the plan of dressing he had specified, while he had seen cases in which the Listerian system had been carried out with all the precautions usually adopted, followed by suppuration.

Mr. H. G. CROLY said he had within the last few days performed osteotomy on one leg in the case of a child with very bad rickets. The other leg he intended to operate on in a few days hence. Though he had assisted in many operations for rickets he was not aware of the great difficulty of dividing the bone and the enormous amount of force required with a mallet even in the case of a child four or five years old. To the antiseptic part of the treatment he did not think it necessary to allude as being entirely a matter of opinion with the operator; but he would not dream of operating himself without that precaution.

Mr. W. WHEELER mentioned relative to the elbow-joint cases Mr. Bennett brought forward, that he had himself two cases, one of which was similar to his. He did not operate with a chisel, but having made an incision on each point at the condyles, he passed the saw in and severed the bone. That was an operation he saw recorded in Butcher's work on surgery. Mr. Adams, to whom he showed the case, stated he frequently performed the operation with the key-hole saw, making only one opening instead of two. The point was not to wound the ulnar nerve. However, the patient was now free in his joint, able to extend it and flex it very well. The case was treated antiseptically, but not according to Lister. He presumed it was admissible to observe that, according to Mr. MacCormac Jonathan Hutchinson had stated that Listerism was not at all applicable to compound fractures.

Mr. BENNETT, in reply, expressed himself satisfied with the course the discussion had taken. It had been almost without exception in his favour; there was a point of interest in refer-

ance to Dr. Barton's observations that he thought it well to dwell on for a moment. Dr. Barton spoke of having used simply a carpenter's chisel, hardened by special tempering. Of course, in a child such an instrument might be used; but with Macewen's experience it was prudent to avoid instruments prepared in that way, because he had recorded that some London surgeon had left the greater part of his osteotome in the centre of the thigh of a patient, and he was unable to extract it. Again, where it was necessary to cut through a mass of great thickness it was essential the incision should go straight and be done with a sharp instrument. To remove a wedge the chisel was, as Macewen pointed out, the proper instrument to use, having a sloped or bevelled edge. The arterial hæmorrhage he could quite understand. An accident might occur through the chisel striking some of the vessels by deviating outside the bone itself. With reference to the elbow case Dr. Barton had doubted the correctness of his opinion, but he did so because he had not caught the history of the case, which was that the fracture occurred when the child was two years old, and it was eleven when it came under treatment. Many deformities he had seen straighten, in time and he had almost determined to allow the deformity he had mentioned to remain for the process of growth to straighten it but for the necessity of elongating the limb to be of the same length as its fellow. When the tibia was broken it was impossible to straighten the limb until the fibula was broken which it was with a distinctly audible crash. It would not have been possible to straighten the limb by any means short of fracture of both bones, the absolute certainty of breaking the bone where wanted by using the osteotome, and, in spite of all Mr. O'Grady's observations, the complete immunity from risk in adopting antiseptic treatment made the operation more desirable than even Mr. Ormsby's method of practice. He was glad to see Mr. O'Grady had become an advocate for antiseptic surgery in spite of his own statement; for he closed his wound as rapidly as he could with compound tincture of benzoin, a powerful antiseptic. For his part he always practised antiseptic surgery. As to the occurrence of rickets in children he referred to the case of the middle child of a family of five being so affected, while those born after, as well as those before, were perfectly free. As rickets were not endemic, they did not see all the members of a family, or at all events the subsequent ones, rickety. Mr. O'Grady had confined his observations entirely to the trivial operations; but he did not know had that gentleman undertaken a section of a femur below the trochanters without antiseptic precaution.

The Society then adjourned.

THE Earl Cadogan has been elected to the Presidency of the Chelsea Hospital for Women, which office had become vacant by the death of the Earl of St. Germans.

THE rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Brighton 14, Leicester 15, Norwich 18, Hull 19, Bristol 19, Plymouth 20, Birmingham 20, Edinburgh 20, Newcastle-on-Tyne 20, Salford 21, Bradford 22, Oldham 22, Glasgow 22, London 23, Leeds 23, Nottingham 23, Sunderland 24, Manchester 24, Sheffield 24, Wolverhampton 25, Liverpool 27, Portsmouth 28, and Dublin 29.

The rates of mortality in the principal foreign cities, according to the most recent weekly returns, were:—Calcutta 34, Bombay 29, Madras 51; Paris 32; Geneva 21; Brussels 26; Amsterdam 23, Rotterdam 26; The Hague 20; Copenhagen 25, Stockholm 30, Christiania 18; St. Petersburg 63; Berlin 24, Hamburg 23, Dresden 30, Breslau 33, Munich 35; Vienna 32; Buda-Pesth 40; Rome 30; Turin 23, Venice 25; Alexandria 39 per 1,000 of the population.

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"SALUS POPULI SUPREMA LEX.

WEDNESDAY, APRIL 27, 1881.

**A NEEDED INSTITUTION.**

WE have at present a number of institutions in this country devoted to the care and treatment of the insane population that deserve, as they constantly receive, the admiration of all who comprehend the good that is achieved in them. Some there are, as there always will be, who will not admit the benefits conferred by our asylums; and possibly, even if these detractors were permitted to arrange the disposition of the mentally unsound in accordance with their own wishes, they would speedily discover in the new scheme subjects for continual complaint. They are not likely, however, to have much opportunity of indulging their passion for change, and we shall probably long continue to merit the encomiums passed on our private asylums by Dr. Beard who recently paid visits of inspection to several of them, and who is loud in praise of their superiority. It is difficult, perhaps, to imagine how it would be possible to do now without the refuges for the insane with which we are fortunately so well provided. That the number of the mentally afflicted would be found to seriously embarrass the relations of social life is evident, and in a certain sense it may be said that such embarrassment is even now produced by the presence among the healthy

population of many persons, especially children, whom it were better for them and their neighbours to have in safer keeping. The truth of this will be revealed to any one who will trouble to attend the reception of the physician held in the out-patient department of any hospital such as the National Hospital for the Paralysed and Epileptic. Here, any day, may be seen numbers of children, and young adults, for whom the care and attention ensured in special retreats is necessary for their comfortable existence, and who yet are not in a condition to necessitate consignment to special hospitals for the insane. Neither are they exactly fit to be classed with idiots, for whom voluntarily maintained and other institutions are provided. They constitute, in fact, a group of patients for whom no adequate provision has been made, or, so far, attempted, perhaps because hitherto their claims to consideration have not been sufficiently pressed. Naturally the chief difficulty to be encountered in any attempt to found an institution of the kind suggested, will be the important one of expense. The cost must needs be considerable, for to be successful the scheme must be completely carried out in every detail; but there is strong reason for supposing that it might eventually prove a fairly remunerative undertaking. There is need, however, to guard at the very onset, against the temptation that could not fail to arise to make the money question paramount: it cannot be done with advantage to the patients it is intended to benefit, and the experience of the past strongly points to such possible weaknesses as it might give rise to. Especially, too, is it desirable that from the outset attempts should be made to bring the ordinary expenses of management within the smallest limit compatible with efficiency, as thereby the charge per head for inmates would be able to be put at the lowest possible amount, an essential consideration, since the vast majority of applicants for admission will come from the ranks of those unable to pay extravagant sums for the maintenance of afflicted relatives, and the greater number of whom will only with difficulty be enabled to scrape together the most modest annual payment. That they would, nevertheless, willingly sacrifice a good deal to secure the benefits of a properly appointed and properly supervised home for their unfortunate offspring their frequent inquiries after such institutions indicates; and it is only in consequence of the frequency with which the want has been expressed that we have been led to advocate the scheme herein sketched out. The average condition of those who would become inmates of these places is that of the lower middle class, from whom chiefly the applicants at special hospitals are drawn. Among them are numbers of course who would find it impossible to contribute anything at all, or but the merest trifle, towards the expense of maintaining their children away from home; but also the number is by no means inconsiderable, who, with more or less difficulty could afford to pay from £12 to £30 per annum for the same purpose. The cost per head of keeping children in an establishment specially set apart for them may be estimated at £25, this, of course, including everything that would be especially needed for the safe preservation of those afflicted with the non-mental nervous disorders. It is possible that the amount will undergo more or

less reduction according to the facility with which the children can be taught to employ themselves in paying labour. As a source of income, however, this can never be expected to be very considerable, although it ought in fairness to find some place in the general estimate of expenses. By making special arrangements, too, for the reception of a small number of so-called "high-class" patients, on whose account higher rates would be paid in consideration of separate lodging and superintendance, an additional income might be obtained, but it is not these who appeal at present for a home. They can always command in some way the treatment necessary for them, while, besides the out-patient physicians' services at some special hospital, the poorer sufferers are entirely cut off from assistance of any kind. It must be borne in mind, too, that these patients are not, like lunatics, permanently in a condition needing instant attention. Possibly their misfortune is equally heavy however, since, at any moment, they may succumb to the influence of the malady that holds them in its bonds. Hence the sore need that they be so placed that they shall always be under the eye of experienced caretakers, to whom their condition will always be clear, and who shall always be at hand to minister to them in extremity; and hence, too, more particularly, the unsuitableness to them of ordinary home-surroundings, amid which they cannot hope for the relief obtainable in an institution regularly appointed to receive them. Asylums for the insane are no place for them either, however excellently conducted. In no sense are they mentally incapacitated, and in the intervals of attacks their association with insane persons would be an outrage on humanity, while at any other time they could not be put with them. Similarly with idiot asylums; they are in no sense idiots, nor fitted to live with idiots, and there is consequently no existing class of institutions capable of receiving them. The fact of such places being wanted is proved again and again each week, and we ourselves have frequently been applied to for information concerning them by parents of children needing the advantages they would confer. We have said they should be built in no mercantile spirit, but in view of the urgent need there is of them, otherwise it were almost better that they should not be founded at all. A few philanthropic medical men would best fulfil the design, and when they had demonstrated the success of the movement, its adoption on a wide scale would follow.

#### STIMULANTS IN WORKHOUSES, AND IN OUT-DOOR RELIEF.

THERE is scarcely any of the taxes which our present social government renders necessary so much complained of as the ever-increasing burthen of the poor-rates; and this complaint arises not only from their actual pressure, but from the rather general idea that they are not all disbursed towards the real necessities of the poor, but frequently for unnecessary, or even injurious, purposes. In few respects is this point now more strongly urged than in regard to the use of stimulants, not only for the treatment of the sick in the union hospitals, but for paupers not in hospital, or even for the recipients of out-door relief. It is not our intention to discuss here the use of



stimulants in the treatment of disease, which is, in our opinion, a question best left to the medical officers of the several hospitals; we will merely observe that, in our experience, there are certain types of disease for the treatment of which alcohol, in carefully-regulated quantities, is essential, and which, in fact, cannot be effectually combated without that remedial agent. In these cases, however, we very much doubt whether the ordinary conventional doses of whisky, brandy, port-wine, &c., &c., are the most accurate way of exhibiting it, for these fluids present quantities of alcohol of ever-varying strengths, flavoured by the essential oils, and, besides, are apt, by constant use, to create in patients an appetite for stimulants which may lead to their ultimate moral and physical ruin. We have for a long time past acted frequently on the advice of Dr. B. W. Richardson, and prescribed definite doses of the proof spirit of the Pharmacopœia (sp. gr. 920) suitably flavoured, and found it, if not quite so agreeable to the palate, accurate in its effects, and, taken distinctly as a medicine, just like the bark, ammonia, or quinine which were used in the same case. We find occasionally instances of gastric irritation where the sedative action of old brandy, or of champagne, are desirable, and where the spirit of wine does not answer; but we repeat that this whole question, where the actual treatment of the sick is concerned, is a matter not for the decision of Local Government Boards, or even of Poor-law guardians, but for the conscience of the medical profession, and as such we bring it under the notice of our readers, merely remarking that indirect harm has often been done by the presenting of ordinary stimulants, and that it is the duty of the physician to minimise this risk.

We would, however, principally call attention to the use, or rather the abuse of stimulants in the case of workhouse inmates not in hospital; and still more of persons in their own homes, in the receipt of out-door relief, and against this system we emphatically raise our voice. Taking the detailed statistics of the unions of the three kingdoms, we find that there is no sort of uniformity either in the amount of stimulants employed, or in their effects upon the death-rates of the inmates. These statistics have been carefully collated and compared by Dr. Norman Kerr, in a very interesting and luminous report, which shows that in some workhouses the quantities of alcohol employed per head are simply scandalous, and considerably in excess of those used by many of the ratepayers supporting them, while in other similar establishments the amount is infinitesimal, being evidently exhibited only in cases of illness or emergency. Further, this report discloses the startling fact that whatever may be the factors of the higher or lower death-rates of these establishments, the use or non-use of alcohol is not one of them, for some of these Poor-law shrines of Bacchus display most favourably, and others equally disastrous death-rates; while the non-alcoholic institutions appear to be similarly situated.

As the health of the ordinary pauper is evidently not affected by the use or non-use of alcohol, the question becomes simply one of discipline and of propriety; and, in these important points of view, we consider alcohol highly objectionable. The public have little idea how it is abused in some workhouses where a great deal of

nursing, sweeping, and other domestic labour is done by able-bodied male or female paupers. In some of these places it is usual to reward such labours by allowances of whisky or porter, which are sometimes consumed by the recipient, and sometimes sold; and, as a result, discipline is gravely interfered with, and police, or even magisterial interference, becomes necessary. The hardest political economist will not deny that the workhouse inmate should receive a diet which will keep his body healthy and well-nourished; but why give him alcohol? Likewise, the aged and infirm, may reasonably look for eggs, beef-tea, and a few such comforts; but for them also, unless in actual acute illness, alcohol is unnecessary.

The distribution of strong drink among the recipients of out-door relief is simply monstrous, and is open to the greatest abuses. Not long ago in this city, an active guardian visited a pauper shortly after the relieving officer had distributed the weekly allowance of food and stimulants. He found the pauper standing on the stairs comparatively drunk, and with the nearly consumed whisky bottle in hand. For strategic reasons the guardian retired; and the pauper was, for the rest of the week, as far as the union was concerned, in a state of compulsory sobriety.

We have spoken at some length upon a growing evil, which appears to us to be a very serious one. Love of drink is, in our humbler classes, our great national besetting sin, and we earnestly appeal to the medical profession in charge of hospitals and workhouses to combat a system objectionable on account of its waste and extravagance; but still more by reason of the social and moral degradation to which it is slowly, but surely, leading.

#### CONSULTATIONS WITH HOMŒOPATHS.

WE are fully agreed in the statement of the *Dublin Mail* that—

“A great deal of nonsense has been written within the last day or two relative to the doctors who attended and the doctors who refused to attend Lord Beaconsfield. The refusal of Sir W. Jenner and the difficulties made by Dr. Quain in the matter, are condemned by those critics as being dictated by nothing better than an undue concern for professional etiquette. Allopathists will not meet homœopaths in consultation, these people think, merely because homœopathy is not orthodox, which word again they think merely means respectable. Now,” says the *Mail*, “it seems to us that Sir W. Jenner and Dr. Quain were actuated by precisely the motives which they were equally blamed for disregarding, and that if they had concurred that one of their body should attend the patient while yet that patient was being treated on homœopathic principles, they would have been guilty of a fraud and shown an utter disregard to the life of the illustrious patient. The two methods of medical treatment, the allopathic and the homœopathic are radically opposed in *rationalité*. Compromise between them is impossible. There can be no compromise between persons who start from radically opposite assumptions and have no fundamental principles in common. It may be that homœopathy would cure Lord Beaconsfield; and it may be allopathy. But a *tertium quid* that partook of the characters of both would mean—if it meant anything—that the patient was to receive no treatment at all. Compromise being impossible, what is the use of consultation? It would only be a waste of time and a degrading false pretence. The result of Her Majesty's intervention was that Dr. Kidd renounced his homœopathic treatment of Lord Beaconsfield, or rather explained

that he had not applied it. He has not used infinitesimal doses. He makes no mention of *similia similibus curantur*, and therefore has totally dropped this cardinal principle of Hahnemann's treatment."

This statement by the *Mail* is the solitary sensible pronouncement of the daily papers on this subject which we have seen. One and all the non-medical newspapers have fallen into the error of representing the variance between homœopaths and scientific physicians as simply a question of etiquette, as if the difference between Hahnemannism and medicine were only a trifling matter of doctrine, with which the outside public can have no sympathy. There never was a representation more unjust to the medical profession or more favourable to the homœopaths.

The dispute is not upon any matter of etiquette or doctrine, but upon the broad ground of professional honesty, and the reasons why a physician refuses to meet an homœopath are easily understood from this point of view. If the *soi-disant* homœopath is a genuine homœopath the physician cannot consult with him because, as the *Mail* says, to do so would be to be guilty of a fraud, compromise between the two systems of treatment being absolutely impossible. If, on the other hand, the *soi-disant* homœopath be only a colourable homœopath—one who acquires business by pretending to infinitesimalism and by practising it as long as the patient is not sick, but who quietly throws Hahnemann overboard when the case comes to require therapeutic treatment—then consultation of an honourable physician with such a person is equally impossible on purely moral grounds. We cannot tolerate the proposition that a physician is justified in meeting an homœopath who has become an allopath for the nonce and to suit the views of that particular patient and consultant, because, in our view, a practitioner who can thus act is not a desirable associate in any sense—moral, social, or professional.

## Notes on Current Topics.

### Death from Carbolic Acid Poisoning.

A CASE of death from the effects produced by carbolic acid, used for hyper-distension of an abscess, is reported by Dr. E. H. Bradford, in the *Boston Medical and Surgical Journal*. The patient was a boy five years old, in whose thigh a cold abscess had formed. An incision was made into it, and the pus being evacuated, it was filled to hyper-distension with carbolic solution 1 in 40. The fluid was well pressed out, and the wound dressed. During the night obstinate vomiting came on, which persisted some hours. The next night it returned, and in the morning the boy was very feeble, his urine being tar-coloured. The carbolic dressing was then removed, and a cloth wet with chlorinated soda substituted. In spite of this precaution, however, death ensued two days later, with symptoms of collapse. Thorax and abdomen alone were examined post-mortem; extensive diffused hæmorrhage was found in the left lung, and both sides of the heart contained dark clotted blood. Spleen was unaltered; kidneys enlarged, firm, and pale, with fatty degeneration of the epithelium

of convoluted and straight tubes. The liver cells contained large and small fat drops. Dr. Bradford concludes that the lesions of greatest consequence were obviously those of the heart and kidneys. It is not unlikely that the extreme quantity of fat found in the liver owed its origin to the causes producing the fatty degeneration of the heart and kidneys. The appearances of all these organs were strikingly analogous to those met with in cases of poisoning from phosphorus or arsenic. The clinical history of the case directly suggests that the lesions found may be attributed to the toxic action of carbolic acid.

### Curious Wanderings of a Needle.

THE curious persistence with which needles have been known to remain in the body for lengthened periods of time is familiar to every surgeon, but a case recently reported in an American daily surpasses all those hitherto detailed. According to this account, a woman stepped on a needle nine years ago, and every attempt to remove it by surgical means failed. For years the patient suffered at intervals from attacks of pain, but notwithstanding, she married about five years ago, and has borne three children. In each pregnancy the pains produced by the needle were felt, but towards the term of the last one they altogether disappeared, and have not returned since. Shortly after, however, the child became querulous and ill, until the mother one day while washing it found the needle, black and corroded, projecting from its thigh. No doubt is felt that this was the veritable needle, but, as we have said, the story is American and, at present, has appeared only in a lay journal.

### An Aesthetic Hospital Ward.

ONE of the wards in the Louth County Infirmary at Dundalk has just been re-opened, having been refitted at considerable expense by Lord Clermont. The ward, which has been named after the noble Lord, in recognition of his generosity on previous occasions to the institution, is 37 feet long by 18. The ceiling is vaulted, having an opening in the centre to carry off the foul air. The walls are formed by a deep brown skirting tile, surmounted by turquoise blue hexagonal tiles, and a moulded cutting tile of brown and lemon colour. The entire forms a dado 5 feet 1 inch in height, reaching to the window sills. The plastering above is finished in Keen's Parian cement, of a delicate salmon colour. An extremely handsome stone chimney piece, 5 feet 8 inches in height, elaborately carved in the upper cross piece, and having the words "I was sick and ye visited me" carved across the front, stands at the end of the ward. The fender is also Portland stone, the fireplace being tiled, and containing a handsome dog grate. Two separate flues open into the wall, bringing down a plentiful supply of fresh air, the upper panes in all the windows being perforated also. A polished pitch pine floor completes the ward, which, for comfort and ventilation, cannot be surpassed. The infirmary is furnished with Messrs. Rowcliffe's patent spiral spring beds, the same as supplied to the New Hospital at Edinburgh. The entire alterations were carried out by Messrs. Sibthorpe and Son, of Dublin, and reflect the highest credit on their firm.

### Royal College of Surgeons in Ireland.

THE annual election of three Courts of Examiners, in medicine and surgery, in midwifery, and in general education for the service of the Irish College of Surgeons for the next year will take place on the 3rd of May. The whole of the present examiners will, we understand, present themselves for re-election, and Mr. Lambert Ormsby, Surgeon to the Meath Hospital, has also announced his intention of seeking election. The new scheme of education and examination upon which the Council has been engaged—in committee—for several months, has at length been matured and reported to the Council at its last meeting. Its final consideration, with a view to its adoption as collegiate law, will take place at the next special meeting of the Council, and we hope then to be able to congratulate the College upon its achievement of the most important reform of medical education in Ireland which has been effected for the last thirty years. We are not yet in a position to publish the scheme, but we are able to state that its sole object is to make the teaching of the student genuine and practical, to afford the pupil every facility for getting through his career of study and examination with greater facility, less expense and more benefit than he now receives, and to make him at the end a more valuable practitioner for the service of the public than he now may be. If the proposed reforms serve these objects, it cannot fail to raise the prestige of the College, and confirm its popularity with Irish students.

### The Provident Dispensary System.

A CORRESPONDENT of one of our contemporaries describes the provident dispensary system in Manchester as follows :

A doctor is engaged by the committee. He takes a private house in a district remote from the dispensary, so that his future private practice may not be injured. Handbills publishing his name and *private* address are circulated in the neighbourhood, and by means of a collector the private patients of the other doctors are canvassed, and pressed to become members. As a matter of fact I can point out numerous instances of shopkeepers who are being attended at the provident dispensary.

It is not news to our readers that in many instances the "committee" are the relatives, tools, and nominees of the doctor, and that that the whole affair is a canvassing trick, to the benefits (?) of which all who are verdant enough to come in are willingly admitted, be they rich or poor.

### Instantaneous Preparation of Mercurial Ointment.

IN the *Archivio di Farmacia*, the following process for the immediate preparation of mercurial ointment is suggested. A decigramme of the purest maltine is diligently triturated with .50 grammes of lard, at a temperature of 20 deg. to 25 deg. C. When thoroughly mixed add 50 grammes of metallic mercury; this will be extinguished by a few moments' rubbing, and lard by other fatty vehicle may be added to make 200 grammes of ointment. So rapid is the process that it looks almost like enchantment. The price of pure maltine is high, but the very small quantity required (which, perhaps, might be reduced) meets this objection to the process.

### The Lay Press on Homœopathy.

A CORRESPONDENT sends us an article from the *Fermanagh Reporter*, devoted to the usual false representation that the differences between homœopathy and scientific medicine are only a matter of etiquette and trades-unionism. It is not worth our while to repeat for the benefit of the *Fermanagh Reporter* the instruction which it has been necessary to administer to other lay journals as to what is the variance between homœopathy and scientific medicine which makes their association impossible and professionally immoral. If it be not of interest to bucolic editors to get up the smattering of knowledge which would make them independent of teaching on these points by medical periodicals, we suggest that they confine themselves to their natural employment of "chronicling small beer."

### The Plague.

THIS scourge has been ravaging the banks of the Lower Euphrates and the villages of Mesopotamia. Quarantine against it has been declared by the Egyptian authorities. In spite of this it is said already to have crossed the Mediterranean, and one or more deaths from it have been reported at Seville, Spain. The littoral cities of Southern Europe are by no means in such superior sanitary condition that all danger is averted of another experience such as Marseilles had in 1722.

### The New French Scientific Journal.

THE Minister of Public Instruction has determined to publish a new scientific journal under the title of *Revue des Sciences*. It is to be printed at the National Printing Office and sold as cheaply as possible. A number containing about one hundred pages will appear every month. Prof. Milne-Edwards is to be the editor of the review, the object of which will be to give an analysis of all the scientific work done in France during the current year.

### Health of Ireland.

THE mortality in twenty large English towns, including London (in which the rate was 23·0) was equal to an average annual death-rate of 22·9; in Glasgow the rate was 22·4, and in Edinburgh 20·0. The average annual death-rate for the week ending Saturday, April 16, in the sixteen principal Town Districts of Ireland was 28·7, the rates were :—Queenstown 5·0, Wexford 8·6, Sligo 9·7, Kilkenny 12·3, Dundalk 13·8, Galway 23·3, Newry 23·3, Lurgan 24·4, Londonderry 24·7, Clonmel 25·7, Dublin 28·1, Belfast 31·9, Cork 32·4, Limerick 37·0, Waterford 37·9, Drogheda 42·3. The deaths from the seven principal zymotic diseases in the 16 districts were equal to an annual rate of 2·0. In the Dublin District, the deaths represent an annual mortality of 28·9. No new case of small-pox has been admitted into any of the Dublin hospitals during the last three weeks, and no cases of the disease remained under treatment, the only patient in hospital on the previous Saturday having been discharged in the course of the week. The deaths (6) from typhus registered during last week are 2 in excess of the average for the preceding five weeks, and also 2 over the number for the week ending 9th instant. Thirty-six new cases of the disease were admitted into the principal hospitals during the

week, being 6 over the admissions for the preceding week; 35 typhus patients were discharged during the week; 6 died; and 93 remained under treatment on Saturday last, being 5 under the number in hospital at the close of the previous week. Six new cases of typhoid fever, and scarlatina were admitted to hospital during the week.

#### Cinchona Bark.

ON April 8, in the House of Commons Captain Price asked the Secretary of State for India whether it was the fact that the Indian Government were exporting large quantities of cinchona bark for sale in London; and whether, in introducing the cinchona plant into India, the Government did so with the object of encouraging private enterprise or of competing in the market with private trade.

The Marquis of Hartington said, that the object of the Government in introducing the cinchona plant into India was to provide an abundant supply of a cheap febrifuge for that country. Almost all the bark produced in the Bengal plantations is manufactured in India for use there; difficulty has been found in treating the produce of Madras plantations in the same way, and hence most of it has been sent to England. It is believed that the sale of this bark has established the reputation of Indian-grown bark to the advantage of private growers; but an experiment is now being made on a large scale with the view to the manufacture of this bark in England on Government account, and if this proves successful it is likely that sales will be discontinued.

#### Albumen in Urine.

BODECKER (*Arch. Pharm.*) has proposed the following test for albumen in urine. The urine is to be treated with slight excess of acetic acid, and then with a few drops of a solution of ferrocyanide of potassium. The mixture is then to be warmed. If albumen be present, even in the smallest quantities, a turbidity is at once produced. On standing for a short time flocculent precipitate appears.

#### Enforcement of Vaccination in Ireland.

THE Local Government Board for Ireland has recently addressed to the Limerick Guardians a timely letter on this subject. The board points out that the sequence of duties necessary to be performed by the various officers in order that defaulters may be punished are commonly discharged so loosely that the law is, in fact, seldom enforced. This is quite true, and the Irish Local Government Board has done well in remonstrating with the Limerick Guardians. But why stop there? Does not the board know that *mutato nomine* the same story might be told of almost every union in Ireland in a greater or less degree.

The defaulters' lists made out by ardent medical officers are habitually ignored by most of the boards of guardians, or the proceedings to enforce the law die of inanition in their passage through many official hands before they can come to maturity.

We observe with satisfaction that the Local Government Board is fully aware of the noxious effects of this method of doing business, and we trust that the board will follow

up its remonstrance with such action as will make people and officers feel that law and regulation must be obeyed.

#### Poor-Law Medical Pensions in Ireland.

ON Monday week last a deputation from the Executive Committee of the Irish Medical Association waited on the Chief Secretary for Ireland at Dublin Castle, by appointment, for the purpose of submitting to him the principles of a proposed Bill to amend the Medical Superannuation Law of Ireland. The deputation consisted of Dr. Chapman, the President of the Association, Dr. J. W. Moore, Chairman of Council, Dr. Speedy, Hon. Sec., and Dr. Jacob, and it was introduced by Mr. Meldon, M.P. The conference was a private one, and the details of the proposed Bill were fully discussed, facts in support of the necessity for a change of law being submitted to the Chief Secretary, who informed the deputation that, while he felt that a strong case had been made for the reforms which they proposed, he could not commit the Government to approval of a Bill until he had conferred with the heads of departments interested in the matter. He suggested that a Bill should be prepared and introduced by a private member, and he promised the favourable consideration of Government for its provisions.

#### The Empress of Germany's Diphtheria Prize.

THE adjudicators appointed to examine the essays in competition for the prize offered by the Empress of Germany to the author of the best work on Diphtheria, have delivered the result of their labours. Nine essays were sent in, not one was deemed worthy the prize. With the concurrence of Her Imperial Majesty, the prize is again offered for competition, the subject being "The Determination of the Causes of Diphtheria, and the Practical Results to be derived therefrom." The last day for sending in essays will be March 31st, 1882, and the decision of the adjudicators will be made known on September 30th. The prize is of the value of 2,000 marks (£100). Essays may be written in German, French, or English, and are to be sent to Professor von Langenbeck, Berlin.

#### Conjunctivitis in the Street.

THE possibility that serious inflammatory consequences may follow exposure to the flying dust-clouds in the streets of towns is proved by the observations of Dr. E. G. Loring, who communicates an article on the subject to the *New York Medical Record*. This gentleman records several cases in which severe conjunctival inflammation has been set up by the filthy dust of the New York streets, the condition of which he describes as worse than that of any other city in the world. His patients complain of, at first, a slight lachrymation, or smarting sensation, or both; soon artificial light seriously disturbs the organ, giving rise to an intolerable burning, pricking sensation, to escape which even bed is sought at the earliest possible hour. The electric light affords the least annoyance to these patients of any artificial illumination; daylight none at all. Hyperæmia of the conjunctiva is the condition present, and it is also almost intractable. Dr. Loring has found the greatest benefit in these cases from a lotion of nitrate of

silver, five grains to the ounce. We here, in London, especially of late, can sympathise with those who suffer in consequence of filthy streets, and there are not a few people, too, who have experienced the evil familiar to New York pedestrians.

### The Small-pox Epidemic.

THERE can be but little question that what looks very like an epidemic of small-pox is, at present, raging in London. In some quarters of the metropolis the number of cases is very large indeed, and already the applications at the various hospitals are in excess of the accommodation available. At Fulham, for instance, there are over 300 patients under treatment, and on some days during last week more than forty applications for admission were received at this institution. In the Holborn districts of London, the disease is very rife, and it has been decided to build a hospital to meet the necessities of this quarter, at Finchley. As might be anticipated, the localities most infested are those such, as Guilford Street, where close and ill-ventilated stables and cottages block every breath of air from the backs of the more pretentious houses. So long as these hot-beds of sickness are permitted to flourish at every possible corner, there will continue the periodical increased mortality from contagious disease; and the pity of it is that each fresh infliction leaves the authorities as apparently obstinately determined to wait its next return with as great apathy as ever. Sanitary inspection is a mere farce as it is now conducted, and will be so until inspectors are appointed with the ability to inspect, and the courage to carry out the task falling to them. As a rule, these men are simply bullies who flee at the mention of infection, and who, as sanitary inspectors, are little better than useless. Small-pox is a present evil with us, and must be met with bold and effectual measures.

THE annual meeting of the General Medical Council commenced yesterday at 2 o'clock. It has been called thus early in the year, in consequence of expected legislation on the Medical Reform Bill. We shall duly chronicle its proceedings in our next.

DR. MACDOWELL, medical officer of Baltinglass Workhouse, co. Wicklow, has been boycotted because he refuses to grant a certificate stating that a man, who was assaulted and wounded the other day, is out of danger.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**MEDICAL CHARITIES AND PRIVATE PRACTICE IN GLASGOW.**—Under this heading, our contemporary, the *Lancet*, recently contained a letter, signed "R. W. E." We are not much surprised that this letter evoked no reply, for its arguments are unanswerable; and the game of beggar-my-neighbour is so universally indulged in, that it seems good policy to let sleeping dogs lie. It is painfully patent to all sensible people that gratuitous treatment may be overdone; that it is over-

dous in Glasgow; and equally so that it pauperises the profession, and demoralises the public to a melancholy extent. We would advise "R. W. E.," if he desire experience—as he has an equal right to do with the staff of our hospitals—to associate himself with one or two friends and start a *Provident Dispensary*. His professional aim would thus be accomplished without injury to the profession, and benefit to himself and the poorer section of locality in which he practises. The *Provident Dispensary* system has wrought admirably in England; it has fostered and encouraged thrift and independence among the artisan class, and thus weaned them from the demoralisation of unstinted eleemosynary aid at the large hospitals. A *provident dispensary* has been a success in Edinburgh; and medical instruction is associated with it. A similar institution exists in Dundas Street, Glasgow; in connection with its obstetric department, nurses are taught and poor women are attended at their homes, under the supervision of the obstetric physician. The teaching department it is contemplated further to develop. The dispensary has been quietly doing an immense amount of good, which, we regret to say, is only crippled by the inadequate support which it receives from the public. We cannot doubt that if properly represented, a more generous encouragement of this institution would soon be forthcoming.

**THE ABERDEEN EPIDEMIC.**—We understand that the Board of Supervision, with the concurrence of the Lord Advocate, has appointed Mr. Andrew Rutherford, Advocate, and Dr. Littlejohn, Edinburgh, as commissioners for the purpose of conducting special inquiry, under the Public Health Act, into the cause of the epidemic recently prevailing in Aberdeen, and that the commissioners commenced their investigations on Monday last, the 24th inst. The latest reports regarding the throat affection believed to have been caused by contaminated milk are of the most reassuring nature, and it is extremely probable that in the course of a few days the patients now suffering from its effects will have fully recovered. The prompt stoppage of the milk supply has no doubt restricted the area of the epidemic, and the public have the satisfaction of knowing that the directors of the Oldmill Reformatory are making every effort to discover the source of the contamination. The cattle have been found to be in good health, and in excellent condition; the milk is certified as being quite pure, and the water used is the ordinary town's supply. Last week a post-mortem examination was made on the body of the late Mr. John Watt, Advocate, whose death is attributed to the fever. The examination was made on the order of the Sheriff, with the sanction of the Lord Advocate.

**MEDICAL OFFICER OF HEALTH FOR ABERDEEN.**—As the time approaches for the appointment of Health Officer for the city of Aberdeen interest increases and speculation is rife as to the probable result. Eight candidates have presented themselves, of whom one or two are well known in the sanitary world. From reliable information we understand that the real competition will be between three only of the candidates—viz., Dr. Aubrey Husband, Lecturer on Medical Jurisprudence and Public Health in the University of Edinburgh; Dr. Francis Ogston, jun., Assistant Professor of Jurisprudence in the University of Aberdeen; and Dr. Cornelius Fox, Medical Officer of Health for Ilfracombe, Devon.

**DEATH-RATE OF GLASGOW.**—For the week ending with Saturday, the 16th inst., the death-rate of Glasgow was 22 per 1,000 of the population, compared with 24 per 1,000 for the previous week. The deaths registered for the corresponding week in 1880 were at the rate of 24 per 1,000; and in 1879 and 1878 the returns were 25 and 29 respectively.

**OFFICIAL OFFICIOUSNESS IN GLASGOW.**—Dr. James Downie was charged, in Chambers, on the 19th inst., at Glasgow, before Sheriff Balfour, at the instance of the local authority, with a contravention of the Food and Drugs' Act, by selling a bottle of "chemical food" which did not contain the requisite percentage of ingredients. The bottle was purchased in the forenoon of the 3rd of March last at the drug shop at 4 Abercomby Street by Mr. Robert Inglis, ordinary sanitary inspector, for purposes of analysis, and he paid 2s. for the bottle. It was supplied by a girl, who told Mr. Inglis that if he waited till 6 o'clock he might see Dr. Downie. On being analysed by the public analyst the drug was found to contain .47 of a grain of phosphate of iron, and .38 of a grain of phosphate of lime, whereas it should have contained 2½ grains of phosphate of iron and 1 grain of phosphate of lime. For the defence it was contended that Dr. Downie, who had been in partnership with a medical student, had had nothing to do with the shop for the past 18 months, but only used a room off the shop for the purpose of consulting with patients, although the business was carried on in Dr. Downie's name, and with his consent. The Sheriff found the charge proven, and imposed a fine of £3. Now, there are not a few official proclivities which are difficult of comprehension; but the official passion for persecuting qualified medical practitioners is one of the most incomprehensible of the many afflictions of the official mind. It need hardly be insisted on that the circumstances do not bear the slightest intention on the part of Dr. Downie to benefit pecuniarily by cheating the public. The value of the articles in which the syrup was found to have been defective, is almost *nil*; and the strong probability is that the preparation was bought by Dr. Downie, or the shopkeeper, wholesale. Under the circumstances we cannot help regarding the conviction as most grievous, and one in which Dr. Downie has our sympathy. In this good city of sensitive official protection, numerous quacks drive a flourishing trade, ruin in mind and body thousands of young men, unblushingly assume medical titles, and under the very noses of the authorities distribute their pestiferous bills. Would this gushing zeal of the local authority not be more justly and beneficially employed in restraining the raids of the harpies in question, than in the direction commented on above, which every just person must cordially condemn.

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, the 16th inst., the deaths in Edinburgh amounted to 85, and the death-rate was 20 per 1,000. There was no mortality from fever reported, and that from other infectious diseases was low.

**GLASGOW MEDICO-CHIRURGICAL SOCIETY.**—At a meeting of this Society, held on the 15th inst., Dr. Murdoch Cameron read a paper "On Uterine Displacements." An amusing and unconstructive discussion followed, the sole benefit likely to result from which was the astounding amount of uterine derangement which some members of the profession fail to notice. The uterine ellipsis is a veritable puzzle to not a few of us.

## Correspondence.

### DEBATED POINTS IN SYPHILITIC PATHOLOGY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If the views of any physician are muddled upon any question in pathology it seems to me that this physician is Dr. Drysdale in reference to syphilis. The truly wizard-like vagaries of syphilis will not, in our present state of pathological knowledge, permit even a logical, and I might almost say, statistical mind, like that of Dr. Drysdale to grasp with preci-

sion and accuracy its mysterious workings, and could Hunter again appear upon the scene of human pathology, he might truly say—

"What fate ordained may none avoid; needs must a day befall  
Of chances unforeseen, that spite of all  
Man's scheming, part will grant and part deny!"

I am glad to find Dr. Drysdale's hitherto immutable confidence in the experience of French writers seems at last to be undergoing some change, and he now disagrees with the researches of MM. Gosselin and Desprès in reference to syphilitic ulceration of the rectum.

Dr. Drysdale seeks the experience of others upon this question, and I am most happy to furnish him with some information on syphilitic ulceration of the rectum which has been furnished to me in the course of my practice. During the years 1874-75 I had a rather unusual number of cases of syphilis of the rectum in the wards of the Sick Asylum at Highgate in females (not in males) and I published in the "Transactions" of the Pathological Society (vol. 26) the notes of two cases which I think are of interest as they present many features which have an important bearing upon the point raised by Dr. Drysdale, and which are in agreement with his own views, namely, "That ulcers of the rectum, and stricture of that part are due to tertiary syphilis or to secondary eruptions—mucous tubercles—in the neighbourhood." I find upon looking over my cases in the Pathological Society's "Transactions," just referred to, that I made the following observation:

"It has been my experience that, in connection with the history of syphilitic disease of the rectum one does not, as a rule, find chronic periosteal disease with necrosis, caries of bone, but rather a determination to the skin, connective tissue, and mucous membranes. Hæmorrhages from the lungs and albuminuria are associations by no means uncommon. Psoriasis of the tongue and of the palms of the hands and soles of the feet, condylomatoid thickenings around the anus and diffuse cicatrization of the skin from previous ulcerations.

The primary ulcers in these changes are peculiar and typical, and spread very rapidly. They resemble to some extent superficial lupus. *In all my cases there was a clear history of previous syphilisation.* Now, a word or two in reference to treatment. I always found that the administration of mercury (bichloride), with an occasional dose of iodide of potassium was necessary, and as a local application to the sores nothing answered better than calomel paste, but I would urge the early performance of colotomy in all cases where the stricture was persistent and severe.

I am, Sir, your obedient servant,

THOMAS STRETCH DOWSE.

14 Welbeck Street, Cavendish Square, W.C.

April 14, 1881.

### ALLEGED CONCEALMENT OF DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Under the above heading you publish what purports to be an accurate report of an inquiry by the Local Government Board Inspector into certain charges brought against me as Medical Officer of Health for the Bailieboro' Dispensary District. That report puts the charges in this way:—

No. 1.—"Mrs. Lancashire was charged with bringing a case of typhoid fever into the district."

No. 2.—"Dr. Clarke stood charged with co-operating with Mrs. Lancashire."

With regard to No. 1, I think it only right to state there was no such, nor any, charge. No. 2 more nearly concerns myself, and with regard to it I desire to submit an extract from a letter addressed by the L. G. Board to the Bailieboro' Board of Guardians, and bearing date 2nd April, 1881.

After setting forth the evidence taken at the inquiry, the letter goes on to state, with reference to the examination of Mrs. Lancashire, "Her evidence generally, therefore, corroborated as it is by that of Dr. Clarke, is, in the opinion of the Local Government Board, sufficient to prove that the latter did not, as alleged, co-operate with Mrs. Lancashire in placing her son when suffering from fever in a house occupied at the time by other persons, and Dr. Clarke must, therefore, be held exonerated from culpability in regard to his action in the matter as Medical Officer of Health.

With reference to the *ex parte* statement of the facts admitted to your columns last week I will say nothing; your own judgment will tell you whether such an admission was



justifiable or not, and I may further add concerning the charges preferred against myself, I think the extract given above is quite a sufficient answer.

I am, Sir, yours, &c.,

JOSEPH CLARKE,  
Medical Officer of Health, Bailieboro'  
Dispensary District.

April 15, 1881.

[The notice to which our correspondent refers was taken *verbatim* from the local paper. We have pleasure in publishing Dr. Clarke's letter, and intended to have made equally public the decision of the Local Government Board which the letter records. Dr. Clarke is fully acquitted of the charges made against him.—ED. M. P. & C.]

## Literature.

### AIDS TO DIAGNOSIS. (a)

THE acquisition and cultivation of diagnostic power is of the first importance to the future practitioner; his success will depend primarily on the degree to which he is a diagnostician, and in comparison with this his skill in treatment is unimportant, because, without it, he is a mere empiricist who prescribes without aim, and who relieves by good luck or kills through misapprehension. It is, therefore, eminently desirable that the means whereby students may be enabled to develop into creatures of observation in the highest sense; whereby they may become acutely sensitive to physical and pathological conditions that influence the progress of disease; and further, whereby they may rationalise and deduce aright from the facts they have been trained to note, shall be accessible and sufficient. That these have been present in the past can hardly be said in truth, but that daily increasing attention is being paid in our schools to the imperative duty of educating medical students in the elements of accurate diagnosis, is fortunately clearly evident. In this connection the most recent additions to the "Students Aid" series of manuals acquire particular value, and it is matter for congratulation that two teachers of such proved ability as Drs. Fothergill and Thorowgood, have been induced to write the volumes on diagnosis under review. Dr. Fothergill explains in a short preface that "semeiology" is that by the aid of which an experienced practitioner is enabled to obtain such verbal information from his patient as leads him to neglect the use of his instruments of precision. It is in effect the science of signs that are apparent to the unaided senses. The nature of the work, which is peculiarly original, is explained in this description, and it need only be said that the manner of its execution is worthy of its author's reputation. Dr. Thorowgood's contribution to the subject of diagnosis includes a discussion of the conclusions deducible from information gathered with the aid of "instruments of precision." The stethoscope, laryngoscope, sphygmograph, &c., are briefly noticed, and the symptoms revealed through their employment described. On cardiac diseases Dr. Thorowgood is especially clear and precise, the descriptions of the appearance seen in connection with it being most admirably drawn. We cannot too strongly express approval of these two small volumes. Circumscribed as they are, they contain an amount of information and suggestion invaluable to every student of medicine, and of a kind, too, that has been seriously wanting in the past. The "Aids to Diagnosis" are among the most serviceable students' guides published in recent times.

### RELAPSE OF TYPHOID FEVER, ESPECIALLY WITH REGARD TO TEMPERATURE. (b)

This work was only seen in its finished state by its lamented author shortly before his eyes closed in death. The main object in view is to distinguish the *relapses* which happen

(a) "Aids to Diagnosis." Part I. "Semeiology." By J. Milner Fothergill, M.D. Part II. "Physical Diagnosis." By John C. Thorowgood, M.D., &c. London: Baillière, Tindall, and Cox. 1881.

(b) "Relapse of Typhoid Fever, especially with regard to Temperature." By J. Pearson Irvine, M.B., B.Sc., F.R.C.P. London: J. and A. Churchill. 1880.

in the course of typhoid fever, such as occur in other diseases, especially pneumonia, typhus (on rare occasions), and relapsing fever. This the author illustrated by means of a series of temperature charts, and by the record of cases. He distinguishes between relapses properly so-called, and "recurrences of the original attack with all the phenomena of that attack," and relies in his diagnosis of relapse upon the regularity of the temperature, rather than on the eruption, stools, &c., which may not be typical either in the primary disease, relapse, or recandescence (p. 3).

That difficulties exist in regard to the precise phenomena to which the term *typhoid fever* is applied is a circumstance rendered very clear by remarks interspread throughout the pages of this work. For example: "More than all other acute specific diseases typhoid fever presents itself in unwritten variety (p. 3). Complications may modify typhoid at any stage (p. 4). It has been stated that primary typhoid may run its course without the least fever (p. 7). There yet remains in all directions much uncertainty in regard to the peculiar disease called typhoid fever (p. 13). The fact is that typhoid fever remains a puzzling disease, and the more one studies its intricacies the more conscious must he become of caution at the bedside (p. 37)." From all this, and more that might be quoted, does not this work afford confirmation of the existing urgency that a definite decision should be authoritatively given, as already indicated; that is, as to whether typhoid fever is distinct and specific in its nature, a condition, or series of conditions, occurring in the course of a variety of diseases. In fact, that a distinct reply should be given to the query, *What is it?*

### CLELAND'S DISSECTOR'S GUIDE. (a)

DR. CLELAND'S little manual of dissections, now in its second edition, contains plain and easily followed directions for enabling the student to display in the best manner the parts of the subject he is at work on. The plans suggested are not always in accordance with the common usage, but when trial is made of the altered methods, they will be found of practical value, from the increased facilities they afford for viewing the structures exposed by them. The work makes no pretence at descriptive anatomy, it is, in effect, what it pretends to be, viz., a dissector's guide; and this position it fills most admirably.

### MANUAL OF THE PHYSICAL DIAGNOSIS OF DISEASES OF THE HEART, INCLUDING THE USE OF THE SPHYGMOGRAPH AND CARDIOGRAPH. (b)

It is gratifying to us to welcome the appearance of the third edition of Dr. Sansom's small but comprehensive and practical book on the Physical Diagnosis of Diseases of the Heart. The reader of these remarks scarcely needs reminding of the enormous mass of extant literature on the heart and its diseases, and from this Dr. Sansom has gathered much that is on record and of proved utility, while he has compared the statements of authors with his own extensive clinical observation and experience. Lecture III. on palpation and the pulse is worth careful study. That a rigid, unyielding pulse indicates atheroma of the blood-vessel is doubtless true, and probably when the atheromatous change has extended so far as the radial artery the patient will be past the prime of life, but we have seen a very atheromatous condition of the aorta in a man very little over forty, and in those who had lived in towns, and had taken wine and spirits freely, the atheromatous change in the vessels may be found even at an earlier stage than that named. Slowness of pulse as a sign of atheroma of the aorta is attributed probably to mechanical irritation of the branches of the vagus nerve. The observations (p. 21) on pericardial friction are good and well worthy of perusal. We believe their correctness will stand the test of bedside practice well.

(a) "A Directory for the Dissection of the Human Body." By John Cleland, M.D., F.R.S. Second Edition. Smith, Elder, and Co. 1881.

(b) "Manual of the Physical Diagnosis of Diseases of the Heart, including the use of the Sphygmograph and Cardiograph." By Arthur Ernest Sansom, M.D., F.R.C.P., Assistant-Physician to the London Hospital, Physician to the North-Eastern Hospital for Children, and late Physician to the Royal Hospital for Diseases of the Chest. Third Edition. Pp. 300. London: J. & A. Churchill.

To Part II. we would call especial attention. This part treats of the use of the sphygmograph and cardiograph in the diagnosis of heart diseases. Much information is given in small space, and though we do not ourselves attach much importance clinically to the teachings of either sphygmographs or cardiographs, yet there is no question that these instruments are not without interest and some amount of practical value in both physiological and pathological research. The practical bedside physician will soon judge which part of this useful book is the one to help him to form his opinions and direct his treatment in a case of heart disease.

### CRAWFORD v. THE BRITISH MEDICAL ASSOCIATION.

THE following is an abstract of the medical evidence for the defence given by Dr. F. B. Quinlan, Professor of Materia Medica in the Catholic University, in the recent trial at Cork, to which we referred in our issue for April 13th:—

Dr. Quinlan said he had been twenty-five years in practice in Dublin. Knew of pilocarpine about four years. Had used it in hospital and with private patients. Was one of the first physicians in this country that investigated the properties of pilocarpine. Witness then explained the properties of pilocarpine. He first tried it on himself, as he always did with new medicines. He had formed a very favourable opinion of it. It was a most exact and uniform medicine in its action when injected hypodermically.—To a juror: There is no difficulty about variation in the action of pilocarpine; it is much more uniform in its action than Epsom salts. Two grains of nitrate of pilocarpine in sixty minims of laurel water was the solution which he generally employed; his usual dose was from one-fourth to one-third of a grain. Pilocarpine acted in about five minutes, throwing the patient into a profuse perspiration. Hypodermic injection was becoming every day a more favourite method of medication. Morphia was much more dangerous as an injection than pilocarpine was. As to pilocarpine being an active poison, he had most serious doubts about it. It was absurd to describe the injection of pilocarpine as an operation at all. He had used pilocarpine in various diseases: malignant measles, scarlatina, and above all in Bright's disease, in scarlatinal dropsy, and in acute nephritis; it did not act on the kidneys. Its use was become a matter of ordinary routine. He constantly allowed house-surgeons, and even intelligent nurses, to administer morphia, which was much more dangerous than pilocarpine. Having heard the evidence as to the condition of the child, he believed it was moribund when the pilocarpine was administered, and that the system was incapable of absorbing it. He never knew a case of ordinary scarlatina in which the eruptions were delayed for four days; two days were the outside limit according to his experience. Witness concluded by expressing his firm conviction that the child died of malignant scarlatina; and that the pilocarpine had nothing to do with its death.—Cross-examined by Mr. Atkinson, Q.C.: I have read the work of Dr. Tanner; I do not agree with him that the rash is sometimes delayed three or four days; pilocarpine is a very effective and a very safe remedy; I would not say it was wrong to administer a dose of pilocarpine in three hours after the first dose had been given, but I think it would be unnecessary. I do not think wet packing is necessary in such cases, but different doctors have different modes of treatment. I don't know that it is an active poison at all. Professor Fronmüller, of Fürth, says, in last month's number of the *Specialist*, that pilocarpine is at once powerful and innocent. My usual dose is a quarter of a grain, and if I find that does not do, I increase the dose.—Notwithstanding that you did not see the case, you took upon yourself to express an opinion that the child died of suppressed scarlatina? I was obliged to answer the question put to me.—Was it wrong, in this particular case, to direct the operation to be repeated every three hours? I

don't think it was.—You thought it right, you say, to experiment upon yourself when you got pilocarpine first? Yes, but I would like to explain. That was four years ago, and the medicine was a new one. I had no exact information as to what it would do, and tried it upon myself. I did the same with hydrate of chloral. Last year pilocarpine was in every text-book; every student knew all about it, and what it would do; so that Dr. Jones need not have tried it upon himself.—Did you see Dr. Adderley's evidence to the effect that ten minutes after the administration of the drug the condition of the patient changed altogether and vomiting commenced? I saw that; and I may mention that vomiting is a constant accompaniment of the closing scene in malignant scarlatina. There has been an opinion among the profession, and I had it myself, that pilocarpine was an active poison, and it was quite right.—Have you read the evidence that up to this occasion in September, 1880, the most distinguished medical men here have never used this drug? I have, and I am not at all surprised. The state of medicine in various parts of Ireland would astonish you still more.—And you describe injecting this drug hypodermically as an ordinary practice? As my ordinary routine practice. If anyone said that I had made a dangerous experiment by injecting pilocarpine, I would either demand an apology or place the matter in the hands of my solicitor. When people talk about putting men in the dock, and things of that kind, they must not be too thin-skinned. The attack made on Dr. Jones was ignorant, violent, unscrupulous, and malignant.—His lordship said that Dr. Quinlan had given most interesting evidence.—The Foreman said that the jury were unanimously of opinion that further medical evidence in the case was not needed. Mr. Porter, Q.C., said the other medical evidence they had to give was of the same nature as that of Mr. Hart and Dr. Quinlan, and the intimation from the jury would materially shorten the case. Foreman: We are unanimous, my lord. Mr. Porter.—Then I close.

Royal College of Surgeons of England.—The following candidates having passed the necessary examination for the diploma were duly admitted members of the College at a meeting of the Court of Examiners on Tuesday, April 19th:—

Awdry, Walter Robert	Platt, W. Brewster, M.D.
Beyer, H. G., M.D. New York	Pomfret, Henry Waytes, L.S.A.
Black, William Gladholm	Potter, Edward Furness
Cox, James, M.D. Melbourne	Shelwell, O. B., L.R.C.P. Lond.
Eames, William, L.R.C.P. Ed.	Stokes, Leonard
Holberton, H. N., L.R.C.P. Lond.	Thornton, Wilfred Burrell
Howe, J. Ernest, B.A. Cantab.	Trotter, Walter Octavius
Jennings, J., L.S.A.	Walsh, J. H. Tull
Kaesser, Jean, M.D. Bale	Wells, Alfred Ernest
Kelly, Th., M.D. McGill Univ.	West, John Arthur
Oswald, R. J. W., L.R.C.P. Ed.	Wight, Ernest Octavius
Palmer, Eli Talbot, L.S.A.	

The following were admitted members of the College on Wednesday, April 20:—

Brathwaite, R. Welsh, L.S.A.	Makeham, H. W. Payne, L.S.A.
Browne, O. A., M.A. Cantab.	O'borne, H. Rochester, L.S.A.
Cory, William Howard	Pearse, Walter, L.R.C.P. Lond.
Downing, Charles	Row, Frederick Everard
Hallowes, Herbert Chaworth	Shaw, Frank Herbert
Hatton, Edward F., M.D. Toronto	Stephens, Guy Neville
Knowing, Ernest M., B.A. Cantab.	Strutts, Peter Frederick
Luscombe, Thomas B., L.S.A.	White, Percy Harry, M.B. Edin.
Maddison, William Thomas	

University of St. Andrews.—The following gentlemen, having passed the required examinations, had the Degree of Doctor of Medicine conferred upon them on April 21:—

Call, Thomas James, M.R.C.P. Ed., L.F.P.S. Glasg., Ilkley, Yorks.
Chaple, Charles, L.S.A. Lond.
Finucane, Thomas Dawson, L.F.P.S. Glasg., L.M., Black Rock, Dub.
Lycett, John Allan, M.R.C.S. Eng., L.R.C.P. Lond., L.M., W'hampton.
Murray, William Fettes, F. & L.R.C.S. Edin., Forfar.
Oxley, M. G. B., M.R.C.S. Eng., L. & M.K.Q.C.P. Irel., Liverpool.
Spooner, Edward Munro, M.R.C.S. Eng., Blandford.
Tibbitts, H., M. & F.R.C.P. Edin., L.R.C.P. Lond., M.R.C.S. Eng., Lond.
Tily, James, L.R.C.P. Edin., M.R.C.S. Eng., L.M., Richmond.
Trend, T. W., M.R.C.P. Ed., M.R.C.S. Eng., L.R.C.P.I., Southampton.
Mackey, J. S., M.A. Ed., M.B. & C.M., St. And., Huerva, Spain.— <i>In absentia.</i>

At the same time the following gentlemen had the Degree

of Bachelor of Medicine and Master in Surgery conferred upon them, after examination:—

Hanson, John Edward, L.R.C.S. Edin., London. Lowe, George, L.R.C.P. Edin., Darlington. M'Nunn, John Alexander, L.R.C.S. Edin., B. Ifast.

The following passed the first M.B. examination:—  
Bowie, Alexander, Edinburgh. Redpath, Robert Knox Wighton, Edin.

## 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.

J. M. W.—There can be no question as to the desirableness of health officers possessing information of cases within their district, but we are uncertain as to the powers for compelling such returns; we will, however, look up the matter and report in our next.

**ACCIDENT INSURANCE.**—From a return for the last twelve months compiled by the Accident Insurance Company, it would seem that so high a percentage as one person in every twelve insured, claimed and were paid, for injuries received during the year. Of the 1,464 claims, 19 only were for fatal accidents.

**SUPERANNUATION ASSESSMENT.**—Please state in your next issue of the *Medical Press* if, in seeking superannuation, a medical man will be allowed to count his appointment as "consulting sanitary officer." He is aware the sanitary officer does not count, but it is supposed the other does.

[The L. G. B. has decided that no sanitary salary can enter into the computation, inasmuch as the Public Health Act was passed subsequently to the Superannuation Act.—*ET.*]

**MEDICAL OPENINGS IN THE COLONIES.**—What are a medical man's chances of getting on either in Australia or New Zealand? I have nothing to depend on for a living but my profession, and I am not suited for dispensary work especially night-work in the winter time in this country on account of having a delicate chest.

[Some years ago there was a good opening for medical men in Australia and New Zealand, but latterly the supply has been quite equal to the demand, and unless a man has enough to support himself for a year or so, or has a certainty of an appointment, it is hardly advisable to go out *merely on spec.* You might, however, get employed by some of the steamship or shipping companies trading to the colonies, and by taking a few voyages, and seeing the large seaport towns, thus make yourself acquainted as to the best places to settle in, or as to the probable chances of advancement. The South African Colonies are also suitable with regard to climate, and offer, perhaps, as good a chance of getting on.—*ED.*]

**VACCINATION.**—Are private practitioners paid by the Local Government Board for successful cases of vaccination?

[No, only dispensary medical officers. See Vaccination Amend. Act, sec. 6, page 618, "Irish Med. Directory."—*ED.*]

**LOST DIPLOMAS.**—A year ago, when getting a dispensary appointment for first time, I had my diplomas with me and left them at board-room with clerk of union; I called for them afterwards and was told they were all right in desk. Again I called, and found my three diplomas missing (two from King and Queen's College of Physicians, and one from Coombe), and only one to be had (L.R.C.S.I.).

[If the clerk cannot, or will not, produce them, write to the L. G. B. Your appearance in the Medical Register will be sufficient legal proof of your qualification for most purposes, but for some appointments the diplomas themselves are necessary, and also are almost essential for foreign practice.—*ED.*]

### JENA DEGREES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I read with astonishment and regret the announcement in your last number of the death of Dr. Hardwicke, Coroner for Central Middlesex. It seems to me to be hardly fair, or in good taste, to speak thus of a public man who has left behind him a somewhat famous name. You say "Mr. Hardwicke, the well-known Coroner for Central Middlesex, and familiar to newspaper readers as Dr. Hardwicke, died," &c., &c., clearly insinuating that that gentleman had passed before the public falsely as a graduate in medicine when he had no right to do so, when, in fact, he was a graduate in medicine, after regular examination, of the University of Jena, and had been so for many years, and always had been known by his brethren as such. I hope, Sir, the paragraph in your paper was thoughtlessly inserted without your knowledge, for were it otherwise, your Journal would not find such high favour as it has hitherto done with

Yours obediently,  
Sheffield, April 20, 1881. "AN OLD READER AND ADMIRER."

[\* Our correspondent's zeal has somewhat outrun his discretion. We fail to see the unfairness or bad taste in speaking of a man under his proper and legal title. It is quite true the deceased coroner, for whom personally we entertained the highest respect, was popularly known as Dr. Hardwicke, but we do not write for the populace, and our correspondent will find, on reference to the official Register or the *Medical Directory*, that this gentleman's only diplomas are M.R.C.S. and L.S.A., therefore, to describe him as Dr. Hardwicke would have

been manifestly incorrect. We were unaware that the deceased possessed a Jena degree; if he had one he sedulously kept it in the background, being probably, not proud of a distinction which could be purchased and flaunted before the public by quacks of the type of the notorious Dr. Smith, of Burton Crescent.—*ED.*]

**CARMICHAEL COLLEGE, DUBLIN.**—At the last meeting of the private teachers attached to the Carmichael College, Dr. Loftus Stoney in the chair, the following resolution was unanimously passed: Resolved—"That we cannot allow Mr. Lambert H. Ormsby, F.R.C.S.I., Surgeon to the Meath Hospital and Co. Dublin Infirmary, to retire from the Carmichael College Grand Term without placing on record our sense of the courtesy, ability, and efficiency with which he at all times discharged his duties as surgical teacher, and which we feel to have largely contributed to the successful undertaking of the Term."

**ERRATA.**—In our abstract of Dr. Guy's paper on "Temperature and its Relation to Mortality," published in our last two numbers, two misprints occur which require correction. At page 311, second paragraph, second column, line 9, read 81; and in the table at the foot of page 312, at the head of the first column under "Difference of Temperature," for noon read *morn.*

### VACANCIES.

Birmingham Children's Hospital.—Resident Medical Officer. Salary, £80. And an Assistant Resident. Salary, £40. Both with board, washing, &c. Applications to the Secretary on or before May 4.  
Hereford General Infirmary. House Surgeon. Salary commencing at £100, with board. Applications to the Secretary before April 30.  
Bathdown Union, Bray and Rathmichael Dispensary.—Medical Officer. Salary, £110, and £27 10s. as Public Officer of Health. Election, May 2 (See Advt.).  
Sherburn Hospital, Durham.—Resident Medical Officer. Salary, £250. Applications to the Rev. the Master, Sherburn House, Durham, before May 20.  
Torbay Hospital and Provident Dispensary, Torquay.—Senior House Surgeon and Provident Medical Officer. Salary, £100, &c. Applications to the Hon. Sec., not later than May 30.

### APPOINTMENTS.

CARTER, R. W. F., L.R.C.P. Ed., L.F.P.S.G., Medical Officer for the Workhouse of the Dulverton Union.  
CHADWICK, W. F., M.R.C.S.E., Medical Officer for the Second District of the Oldham Union.  
DOBBYN, W. A., M.R.C.S.E., Resident Surgeon to the Beechworth Hospital.  
DOYLE, C. W., M.B., C.M., Medical Officer for the Sixth District of the Norwich Union.  
HARRIS, A., M.B., C.M., Medical Officer for the Dalston District of the Carlisle Union.  
KIERNAN, L., M.R.C.S.E., Medical Officer for the Harrow District of the Hendon Union.  
MALONE, M. J., M.D., F.R.C.S.I., Consulting Physician to Barrington's Hospital, Limerick.  
MASON, S. B., L.R.C.P., L.F.P.S.G., Medical Officer and Public Vaccinator to the Pontypool District of the Pontypool Union.  
MURRELL, W. M. D., M.R.C.P.L., M.R.C.S.E., Lecturer on Materia Medica and Therapeutics at the Westminster Hospital.  
O'CONNOR, M. R., M.D., M.Ch., Visiting Physician to Barrington's Hospital, Limerick.  
O'GILVIE, L., M.B., C.M., Lecturer on Zoology and Comparative Anatomy at the Westminster Hospital.  
PRATT, B., M.R.C.S.E., Resident Medical Officer to the Royal United Hospital, Bath.

### Births.

BAINES.—April 19, at Birkdale, Southport, Lanca., the wife of A. H. Baines, L.R.C.P.L., of a daughter.  
BURNBY.—April 21, at the Greenwick Infirmary, the wife of W. C. Skardon Burney, M.D., of a son.

### Marriages.

BALFOUR—USHER.—April 21, at 1 Eton Terrace, Edinburgh, G. W. Balfour, M.D., F.R.C.P.E., to Henrietta, eldest daughter of the late James Usher, Esq.

### Deaths.

CHADWICK.—April 7, at Butterworth Hall, Milnrow, Lancashire, John Chadwick, M.D., L.R.C.S. Ed., aged 66.  
CHARLESLEY.—April 17, at Graham's Town, South Africa, W. P. Charlesley, M.D., late Principal Medical Officer, Ceylon, aged 56.  
DAFF.—April 23, at 21 Queen Anne Street, Cavendish Square, London, Helen, youngest daughter of George Duff, M.D., of Eglis, N.B.  
JARVIS.—April 3, at Lea Side, Harrow, George Harvey Thompson Jarvis, M.R.C.S.E., aged 58.  
KIRKMAN.—April 11, at Courtraud Terrace, Kensington, J. M. Kirkman, M.R.C.S.E., late of Manchester, aged 49.  
KNIGHT.—April 20, at Bournemouth, Eliza, wife of Alexander H. Knight, M.D., of Keswick, Cumberland.  
PHILP.—April 2, at Brighton, Francis Richard Philp, M.D., in his 82nd year.  
SHEWAN.—April 16, at Princes Square, Baywater, Deputy Inspector-General A. Shewan, Indian Medical Service (Retired List).  
STEPHENS.—April 12, at Warwick Villa, Abbotsford Road, Redland, H. Oxley Stephens, M.D., M.R.C.P., aged 75.  
WALLER.—April 14, at Gipsy Hill, S.E., T. Waller, M.R.C.S., Surgeon-Major, Bombay Medical Service (Retired), aged 70.  
WAYLEN.—April 10, at Culver Street, Colchester, Ed. Wayley, for twenty-nine years Surgeon to the Essex Rifles Militia.  
WILLIS.—April 17, at 2 Waverley Terrace, Bray, Dr. Thomas Willis, sen., in the 91st year of his age.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 4, 1881.

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## General Medical Council.

TUESDAY, APRIL 26TH, 1881.—FIRST DAY.

DR. ALFRED HENRY MCCLINTOCK and Mr. James Spence, F.R.C.S., were admitted members of Council, in the room, respectively, of Dr. Hudson and Dr. Andrew Wood, deceased.

### PRESIDENT'S ADDRESS.

The President, Dr. ACLAND, delivered an address of some length, explaining why the Council had been convened, and referring to the work before it. He feelingly spoke of the death of Lord Beaconsfield, and of his funeral being then in progress.

### PHARMACOPEIA COMMITTEE.

Dr. PITMAN, in moving the appointment of a Pharmacopœia Committee, deprecated any intention of issuing a new pharmacopœia, four thousand copies of the old one being still on hand. He urged the appointment as being desirable for reporting annually to the Council.

Sir WM. GULL, seconding the motion, thought the committee ought to prepare an annual addendum. He owed nothing to the official book, but was much indebted to Mr. Squire's volume. A book fourteen years old was useless as a pharmacopœia.

Dr. A. SMITH supported this proposition. Last year seven hundred copies of the pharmacopœia were sold, so that a new edition would be required in three years. He hoped the committee might do something in three months.

Mr. MACNAMARA thought it useless to re-appoint a committee to do nothing, and strongly endorsed Sir W. Gull's suggestion. Revision would be a lengthy and heavy work, and would scarcely be ended till the new edition was needed.

Mr. SIMON suggested that frequent changes in the pharmacopœia would do harm. He thought, however, the Council should supervise the work constantly, and would support the motion. He hoped serious changes would not be often made in the work.

Dr. PITMAN expressed gratification at the way in which the motion was received.

The motion was then carried.

Sir WM. GULL proposed that yearly reports be made to the Council by this Committee, as to addenda to the pharmacopœia.

Dr. PYLE seconded the motion, which was carried.

### PROFESSIONAL EXAMINATIONS IN 1880.

A series of tables showing the results of professional examinations in 1880 were presented from the various examining bodies.

Mr. SIMON wanted to know if it might not be desirable to have tables of "pluck and pass" from preliminary examining bodies.

Mr. TURNER pointed out the impossibility of this, since it was unknown what candidates at these examinations were or were not intended for the study of medicine.

Mr. THALE thought such returns might be had concerning the rejected candidates at final professional examinations.

Dr. STORRAR said that the ultimate intention of the candidates at London University matriculation examination could not be determined.

### ARMY AND NAVY MEDICAL DEPARTMENTS.

Tables of returns were presented from the army and navy medical departments, showing the diplomas, &c., possessed by candidates at the examinations held by these departments, and the thanks of the Council were directed to be tendered for them to the Directors-general of the respective departments.

### PRELIMINARY EXAMINATIONS.

Letters from the Royal College of Surgeons of England, the University of Dublin, and other bodies were read, in which reference to the Council's requirement as to preliminary examination was made. The College of Surgeons desired to intimate that "the giving up of the College preliminary examinations renders it in the highest degree desirable that the General Medical Council should, so far as may be possible, require that examinations recognised in lieu of the College examinations should be held at such times and places as may best suit the convenience

of candidates who desire to enter the medical profession." The University of Dublin approved the course pursued by the English Royal College, and the general tenour of the replies was to the effect that the existing examinations were adequate to all important needs. The Registrar having read reports of the Executive Committee concerning the replies,

Dr. STORRAR indignantly drew attention to the course of the Executive Committee in acting as it had done in reporting on matters which could properly only be discussed in full Council.

Dr. PYLE put forth a question on the same subject.

Mr. MACNAMARA said it was to be regretted the Executive Committee did not bring before the Council the scheme of which a draft had been prepared. He thought every member of the Council ought to be supplied with the programme of examinations, &c. He distinctly objected to the Report of the Executive Committee being read.

On the suggestion of the President, Prof. HUMPHRY read the Report of the Executive Committee on the question of preliminary examinations. He said that following the action of the Council last year, the Royal College of Surgeons resigned their preliminary examination, and the College of Preceptors proposed to hold an examination in place of it, and asked the Council to recognise it as an efficient test of preliminary education. He considered, under these circumstances, that the Executive Committee were compelled to present a Report, of which he moved the Council's acceptance.

Mr. TEALE seconded the motion.

Dr. STORRAR persisted there was no necessity for this action by the Executive Committee. The Committee, since he became a member of the Council, had usurped the functions pertaining to the Council, and he could not consider it right for it to do so.

Dr. PITMAN defended the action of the Committee.

Dr. A. SMITH said the constitution of the Executive Committee had changed since Dr. Storrar was a member of it. It then consisted only of members of the English Branch Council. In 1867 members were added from Ireland and Scotland. He thought the Committee acted within its proper sphere.

Dr. PITMAN thought discussion of the Report should be deferred, in common courtesy, till after it had been read, and by consent of the Council the Registrar then read the following report:—

"The examinations in general preliminary education under the authority of the Royal College of Surgeons previously to 1875 were held in June and December. Since that time they have been held in March and September, because those months were found to be more suitable to the medical student, as they immediately precede the summer and winter sessions; and the convenience of this arrangement has been proved by the great number of candidates who have resorted to them. It is therefore important that preliminary examinations, suitable and accessible to intending medical students, should be held in those months. After the present year, the 'registration examination of medical students' by the University of Durham, and the 'examination in arts' by the Apothecaries Society of London, will be the only examinations in England which take place in those months. If the often repeated recommendation of the Medical Council, that the preliminary examination of medical students should be conducted by the National Educational and Examining Bodies, is to be carried out in England, it is essential that examinations suitable for intending medical students should be conducted at times convenient to them. The Committee would gladly have been able to report that the University Local Examinations and the Oxford and Cambridge School Boards Examinations are able to supply the deficiency. Those examinations are held in May, June, July, and December, which are the months most suitable to the several schools; and they will probably be more and more resorted to as avenues to registration by medical students; but the times at which

they are at present held are inconvenient to many medical students. The letter from the secretary to the College of Preceptors indicates that that body is willing to institute an examination similar to that which it has conducted under the authority of the College of Surgeons, and by means of local centres to render it more accessible to most medical students. The Committee therefore recommends that the Council should delegate to the Executive Committee to make arrangements with bodies willing to institute preliminary examinations suitable for medical students."

Dr. PITMAN moved, and Dr. HUMPHRY seconded, that the report be received and entered on the minutes.

Mr. TURNER thought the scheme referred to should be read and entered on the minutes also. This was agreed to.

#### INFAMOUS PRACTICE.

The case of Samuel Levenston, M.D., who was summoned before the Council, was fully discussed, counsel appearing on behalf of Dr. Levenston. The President explained that the Council's solicitor had considered the case, and had recommended the presence of an assessor to assist the Council. Mr. Ouvry read the summons to Dr. Levenston, charging him with unprofessional and infamous conduct in publishing certain disgusting advertisements. In explanation of the charge, Mr. Ouvry read two depositions, one testifying to the widespread distribution of filthy handbills, the other showing how poor people were mulcted of considerable sums of money for medicine declared to be worthless. For the defence, Dr. Levenston was examined as a witness, and declared the book had been out of print for twelve years. The handbill had been freely circulated for twenty years, and had never been checked. The work on debility was circulated by men aged 40-50, in the country only, and were ordered to be given to adult men only. The elixir was a strong tonic sold in bottles, for which a specific charge was made. He did not recollect supplying a parcel of medicine for £5 5s., but might have done so. He charged from 35s. upwards for parcels. The fee included medicine, consultation, and attendance. The medicine has been largely supplied, and with much benefit, as he could have proved had he been aware of the nature of the charge he was to meet. His counsel addressed the Council at great length, urging them to give the matter fair and impartial examination, and contending that Levenston's conduct was unprofessional perhaps, but not immoral. Mr. Ouvry addressed a few words to the Council in support of the charge, and strangers having been requested to withdraw, the Council proceeded to deliberate on the case. On the proposal of Mr. Simon, however, seconded by Dr. Pettigrew, the further consideration of the case was deferred to the following day.

Communications were then read showing the times at which the various preliminary examinations are held, and from the Privy Council Office concerning the regulations under which the several medical examinations are conducted. These were ordered to be entered on the minutes, and the Council adjourned.

#### SECOND DAY.—WEDNESDAY, APRIL 27.

The minutes of the preceding day were read, and with some slight alterations, were confirmed.

#### DR. LEVENSTON'S CASE.

Strangers having been requested to withdraw, the Council proceeded to consider the case of Dr. Levenston brought before it yesterday. The result was to convict the defendant, whose name was ordered to be removed from the Register.

#### PRELIMINARY EDUCATION.

Prof. HUMPHRY again read the Report of the Executive Committee on the preliminary examinations, and moved its reception. He proceeded to urge the importance of the question dealt with in the Report, since of nearly 1,000 students annually examined in England, more

than half were examined at the College of Surgeons. This showed how necessary it was to replace this examination with one equally convenient to students. Prof. Humphry pointed out that in pursuing this step, it had, at great pecuniary and other sacrifice, acceded to the Medical Council's recommendations. It was, therefore, important to yield considerations to the suggestions of the College contained in its letter to the Council. The Oxford and Cambridge School Board examination might be modified to bring it down to the standard of medical students; but this was uncertain, and hence the desirability of encouraging the College of Preceptors to institute a special preliminary examination for medical students. The Executive Committee thought it would be desirable to discuss whether the Council should retain some power over the proposed new examinations.

Sir WM. GULL seconded the motion. He thought the present evil of the profession was in its being stocked with inappropriate material. He insisted on a test which should exclude 33 per cent. of candidates. He thought the Council should exercise some supervision over the examinations it accepted for admission into the profession.

Mr. SIMON objected to assigning *carte blanche* to the Executive Committee on this or any question. The Council should reserve the full control of every matter coming properly within its functions. They should beware of seeking for a special preliminary examination for medical men; education and culture were common to all the educated classes. To approve a special examination of the College of Preceptors would be to perpetuate a vicious system, condemned by the action of the College of Surgeons in abolishing a special preliminary test of its own.

Dr. QUAIN observed that the Council seemed always working in a circle. They had again and again begged the corporations to give up their examinations. It would be monstrous to create a special examination of the College of Preceptors.

Dr. STORRAR recalled the fact that years ago a committee had sat to consider the question of preliminary education. It had been a severe struggle to secure that there should be a preliminary test at all. It was contended that medical students should not be required to show evidence of knowledge other than any schoolboy of ordinary ability might be expected to possess, that their examinations should be such as that demanded of any boy entering on the study of a learned profession. He desired to see accepted the national examinations, including that of the College of Preceptors; and not any special examination for medical students.

Sir JAMES PAGET explained there was no intention by the College to hold a special examination for medical students; but only such tests as are in conformity with the Council's requirements, to be held at convenient times.

Dr. STORRAR regretted that last year the Council had enlarged the list of subjects of preliminary examination. He respected the College of Surgeons, but beheld with dismay the extent of the examinations it held. He thought it would be advantageous to students, and again to the profession, to divide the preliminary examination into two parts. He hoped it would not be too late to go back a step, and do so. He asked if, in abolishing their examination, the College of Surgeons intended to ignore the other certificates now recognised.

Sir JAMES PAGET said the College would not accept these examinations; nothing, in fact, but registration by the Council. They reserved the right to act differently in exceptional cases, on their own authority entirely.

Dr. STORRAR continued, urging the adoption of a single standard, and the sweeping away of a large number of the 73 preliminary examining bodies recognised by the Council. He wished the Council would divide itself into two Committees, and for one day consider the requirements it wished to exact on account of preliminary education. The result would be beneficial in every way.

Prof. HUMPHRY asked permission, through the President, to amend his original motion to some extent.

Mr. MACNAMARA hoped the Executive Committee would observe the conduct of the examinations accepted by the Council. A *visa voce* test was essential to securing a good result; a wholly written examination being in no way satisfactory. The two combined gave the best result. He could say for the College of Surgeons of Ireland that that corporation would regard with the utmost jealousy any proposal to open the lists of accepted examinations. They had their own preliminary examination, which they were anxious to resign; but to do so was a difficult matter. At present Greek was a compulsory subject. He quoted from a letter from the Secretary of the Irish National Board of Education, in which it was declared that many subjects included as a *sine qua non* by the Council, are not, as a rule, included in the general preliminary examinations. For this reason the College of Surgeons resolve to retain its own examinations. A *visa voce* examination should be insisted on by the Executive Committee. No student had ever received a diploma from the Irish College of Surgeons who had not given proof of having passed an arts examination. It was true that this examination could be passed at any period of the curriculum.

Dr. PITMAN thought this question ought to be deferred till the discussion of the next motion.

Mr. MACNAMARA urged that he was in order, and again insisted on the necessity of *visa voce* examination.

On a division, Prof. Humphry's amended motion was carried.

#### UNIVERSITY CERTIFICATES.

The Executive Committee presented, through Dr. Haldane, the following report on the subject of communications which had passed between the Council and the two Universities of Oxford and Cambridge.

The Executive Committee having considered the foregoing letters, on the subject of preliminary examination, received from the secretary to the Oxford and Cambridge Schools Examination Board, the Secretary to the Cambridge University Local Examinations Board, and the chairman of the Board of Medical Studies of the University of Cambridge, as well as the communication from the vice-chancellor of the University of Oxford, on behalf of the medical committee of the hebdomadal council of the University, reports to the General Council:—

"It appears that if the new regulations with regard to preliminary examination passed during the last year's session of the Council be strictly enforced, none of the examinations conducted by the University of Cambridge, and the same may be said of those conducted by the University of Oxford, will fulfil the required conditions. It is not probable that those examinations could be altered into conformity with the new regulations; the Executive Committee therefore, bearing also in mind the recommendation of the Council, that 'it is desirable that the examination in general education should be left to the universities, and to such other bodies engaged in general education and examination as may from time to time be approved by this Council,' recommends that the examinations in general education conducted by universities should be accepted as heretofore."

Mr. TEALE seconded the motion.

Dr. STORRAR heartily approved the principle of the motion, but again protested against the Executive Committee considering important questions which by strict right should form subject of discussion in full Council.

Dr. HALDANE could not accept Dr. Storrar's proposal to amend the motion, as to do so might imply the acceptance of a censure, which he would not admit the Executive Committee merited.

Dr. STORRAR then moved as an amendment that "The university examinations be received as heretofore."

After a further discussion on the action of the committee,

Prof. HUMPHRY urged that the committee had done



no more than belonged to it to do; and that the fact of the Council having some time ago increased the remuneration of the committee, proved its intention of laying more work on its shoulders.

The PRESIDENT asked the Council not to forget the importance of the motion in the discussion as to its form. He thought the action of the Executive Committee tended to facilitate the Council's labours by preparing the work that lay before it, in accordance with a standing order dealing with the functions of the committee.

With Dr. Haldane's consent the amended motion was read from the chair.

Mr. MACNAMARA reminded the Council that last year certain subjects had been added to the list of those demanded; this motion undid all that was then done, for many university arts degrees included no word of mechanics and natural philosophy. Was the Council resolved to go back on its decision? And the same might be said of other subjects with equal truth.

Mr. TURNER said the point raised by Mr. Macnamara was a very important one, which he should have spoken of if it had not been broached. The motion, he thought, should be enlarged to express the opinion of the Council that in the cases where mechanical philosophy formed no part of the examination of university graduates, they should form the subject of a separate examination before registration.

Dr. STORRAR proposed the addition of a rider to this effect to the motion.

Dr. QUAIN wished to know who would ascertain the proficiency of students? He did not think the regulation could be carried out.

The PRESIDENT thought the assistance of examining bodies might be counted on to render the matter an easy one.

The motion as improved, was carried.

On the motion of Prof. HUMPHRY it was decided to forward a copy of the resolution to each body.

#### FOREIGN STUDENTS.

A report from the Executive Committee was read, in which it was pointed out that students from India sought to substitute Sanscrit for latin, &c., and which recommended the exemption of such candidates from further examination.

At Dr. Storrar's request, Prof. HUMPHRY explained that the Committee took the course it had to reduce the work by the Branch Council in adjudicating on every individual case of the kind.

Prof. TURNER pointed out that the passing of the motion would put the Scotch schools into a dilemma; it has been the invariable rule in Scotland to refuse applicants for registration from abroad, who have not complied with all the requirements. He ventured to think the nature of the Executive Committee's action should be discussed, and he proposed adjourning it till to-morrow.

Dr. STORRAR proposed that the standing orders respecting the business of committees be revised.

The PRESIDENT said such a motion had already been lodged by Dr. Pitman.

Dr. STORRAR wished to disclaim any desire to reflect on the members of the Committee individually.

#### THIRD DAY.—THURSDAY, APRIL 28.

The minutes of the second day's proceedings were read and confirmed.

#### FOREIGN STUDENTS.

Mr. TURNER continued his remarks on the importance of the matter dealt with in the report of the Executive Committee. Two considerations arose. (1) Is Latin to be a *sine qua non* of registration; and (2) Are licensing bodies to be allowed to pass unregistered students. The question recently came before the Executive Committee in connection with the application of two Indian students from Bombay, who sought to be admitted to the Edin-

burgh examinations on a certificate from which Latin was omitted. The Executive Committee acceded to the application, but subsequently referred the matter to the Council. Prof. Turner then cited numerous instances from the past minutes of the Scottish Branch Council, in which applications for admission as medical students were refused in those cases where Latin had not formed part of an elementary examination. English students had complained that the Apothecaries' Hall of London admitted Parsees to examination without showing evidence of proficiency in Latin. The complaint came from a student who dwelt on the injustice done to English students by passing Indians under such circumstances.

Mr. BRADFORD said no candidate was admitted to examination at Blackfriars who had not passed a preliminary examination in Latin.

Mr. TURNER said these letters had been submitted from the Edinburgh Royal College of Surgeons to the Apothecaries' Hall, and no reply had been received. The facts already presented, he urged, showed a want of uniformity regarding the requirements of different bodies in relation to Latin. He then pointed out correspondence from the Apothecaries' Society to the Executive Committee, in which it was said that in exceptional cases certain Latin authors are set to Parsee candidates, thus showing consideration had been given to special Indian candidates. The admission of unregistered candidates was a most important subject. Sir James Paget had said the College of Surgeons of England reserved the right of admitting specially exempted individuals for final examination. The Scottish Branch Council had resolved that registration should always precede admission to an examination, thus acting in direct disagreement with the Royal College of Surgeons. The decision of this question should be arrived at by the Council, but he thought a rigid rule, from which no deflection was possible, was unwise. No rule should be laid down which would exclude colonial and foreign students from qualifying in British schools. It would be fair to accept a test of general proficiency, and not to insist on any particular subjects, such as Latin, from those who had not studied it. Who, however, should have the power to relax the rules; the licensing bodies or the Council? He thought the power should be retained by the Council, or a committee of its body.

The PRESIDENT felt the Executive Committee would thank Prof. Turner for stating this difficult question so clearly. He thought it would be well to have frequent meetings of some committee, such as the Executive Committee, or a permanent committee, to which all such matters could be referred.

Dr. AQUILLA SMITH pointed out that Prof. Turner had dealt with two groups of students.

Dr. PITMAN moved, "That the General Council delegate to the Executive Committee, or to Branch Councils, power to make exception to the recommendations on education and examinations, in cases in which such exception shall seem to them to be reasonable."

Dr. QUAIN seconded this, and pointed out that to many foreign students (from Constantinople and the East), Latin is of no use, and it would be unfair to torture them with it.

Sir WM. GULL thought no corporation would admit students to examination without registration.

Sir JAS. PAGET assured Sir Wm. Gull that any continental practitioner already qualified could present himself before any licensing body. He thought the Council ought to retain the right of making exceptions, but not use it further than asking all corporations to report the exceptions they admit.

Sir WM. GULL having repeated his objections,

Mr. MACNAMARA pointed out that any qualified practitioner whose qualification is one of those accepted by the Council, can *demand* to be registered, and the Branch Registrar cannot, by the terms of the Act, refuse. It was competent to the Council to recommend examining bodies to admit only duly registered students, but it could do no

more. He added that in future the Royal College of Surgeons of Ireland determined to send every claim, for exception, on to the Branch Council for its consideration.

Mr. SPENCE thought the Branch Council ought to determine every such case, as was done in Scotland, the Royal College of Surgeons of Edinburgh invariably sending every case of the kind for its consideration.

The PRESIDENT read Mr. Turner's amendment, "That in cases where, for special reasons, candidates have not complied with all conditions of examination, exceptions be allowed on principles to be fixed by the General Medical Council."

The discussion was continued by Prof. TURNER and Mr. SIMON, the latter suggesting that a rider be added to existing recommendations, declaring them both intended for application to named exceptions. He thought all exceptions admitted should be reported to Branch Councils. Individual exceptions of home students should be most jealously regarded.

Dr. STORRAR could not remember any occasion on which the Branch Councils had found difficulty in dealing with such cases. He, like Mr. Simon, regarded exemptions with jealousy, even in the case of Indian students. These can reasonably be expected to pass abroad an equivalent examination, for in every colony, examinations, including Latin, were held. There is a risk of the examination system breaking down, if the Council pursued its present course. Exceptions might possibly arise, but every such case might fairly be relegated to the Branch Council for settlement.

Sir JAS. PAGET seconded Mr. Turner's amendment, which, being carried, was put as a substantive motion, and was also carried.

Mr. SIMON moved that the Executive Committee be requested to form rules under which exceptions be allowed. This was carried with the alteration that the name of Prof. Turner be added to the Executive Committee.

#### PRELIMINARY EXAMINATION.

Mr. SIMON moved: "The passing the second-class examination of the College of Preceptors, provided the candidate passes in the first division, may be taken to satisfy the requirements of the Council for preliminary general education." He pointed out that this examination is nearly as good as that required by the Council. Slight alterations only in the scheme would be needed. At present, algebra or geometry is required, and Latin is not obligatory. He would make both these subjects obligatory, and demand success in the first division, to qualify for registration. Mr. Simon then proposed a motion embodying these conditions, and Prof. Turner seconded it.

Mr. MACNAMARA feared that 70 per cent. was a very high standard to require; he would prefer accepting 50 per cent.

Dr. STORRAR said the Council had been in the habit of admitting the first certificate of the College of Preceptors, and it was fair to require a candidate from whom a second certificate is demanded, should present this in a high class.

Mr. SIMON admitted Mr. Macnamara's objection, and would be willing to accept the 1st or 2nd class certificate, i.e., 50 per cent.

In this amended form the motion was put from the chair, and carried.

#### DENTAL BUSINESS.

Dr. Haldane was elected a member of the Dental Committee in place of Dr. Andrew Wood, deceased. Communications were read from the British Dental Association, thanking the Council for its attention to the provisions of the Act. Letters were then read from qualified dentists requesting the Council to direct the insertion of surgical qualifications, in addition to the dental, in the Dentists' Register.

Dr. STORRAR moved: "That every registered dentist holding any of the surgical qualifications recited in

Schedule A of the Medical Act shall be entitled to have such qualification or qualifications recorded on the Dentists' Register as evidence of the possession of a higher degree of knowledge." He thought the Council, in honour, bound to defend the interests of the dentists, and also of the public, and it would be doing so by pursuing the course he suggested. He would not discuss the question of comparative dental qualifications, but he thought the possession of a surgical qualification proved a man's superiority as a dentist.

Mr. TURNER seconding the motion, proceeded to explain away an objection raised by Dr. Quain, to the effect that the question had been previously dealt with when a motion was passed to omit the columns for additional qualifications from the Dental Register. The possession of a surgical qualification, in addition to a special dental qualification, indicated a higher degree of excellence as a dentist, he thought, and it was unjust to those who were more than dentists, to deprive them of the degrees they had.

Dr. QUAIN saw no reason for omitting *medical* qualifications also. The Council had formerly resolved to add all higher qualifications in a separate column, but after obtaining Counsel's opinions on their power to act so, the column was decided to be omitted from the Register. There could be no reason for re-opening the subject.

Mr. SIMON thought it would be inconvenient and unjustifiable to add these higher titles. There was no reason to assume that a man, *quid* surgery, was a better dentist.

Dr. AQUILLA SMITH begged the Council to be cautious in coming to a decision on this question. The Register was especially intended for dentists; he found over 500 licentiates of dental surgery on the list, and the memorial addressed to them was signed by 30 only of these. He feared to grant their request would excite high feeling between the two classes who would then be on the Register.

Dr. BANKS agreed that it was a hardship that highly qualified dental practitioners should be denied the distinction contained in publication of their titles. He could not agree that surgery did not help in dentistry.

Dr. PITMAN said the Council had to determine what formed higher qualification in dentistry, not the law. It had then to determine whether the M.R.C.S. was such a qualification. Mr. Simon said no. It would be serviceable to know the opinions held on the subject by the surgical members of the Council.

Dr. SCOTT-ORR considered it a hardship to men to refuse them the registration of their higher qualifications immediately after their names.

Mr. TEALE agreed with Dr. Pitman that the Council must decide what was a higher qualification in dentistry, and that membership of a College of Surgeons was such a higher qualification.

Mr. SPENCE felt certain a qualified surgeon was far more fitted to practise dentistry than one with a dental qualification only.

Sir JAS. PAGET considered there could be no doubt that surgical qualification added materially to the fitness of a dentist to practise his profession. He thought dentists should be induced to qualify as surgeons, and would be so by seeing associated with themselves gentlemen possessing higher qualifications than they.

Dr. McCLINTOCK insisted that the wider and more comprehensive his education, the better qualified a specialist must be. He defended the proposition to add higher qualifications, and said it would be unjust to do otherwise.

Prof. HUMPHRY did not think the diploma of the Royal College of Surgeons a higher qualification in dentistry. The Council should be careful, lest it once more did that which it would have to undo again under Counsel's direction.

Dr. HALDANE, while sympathising with all said in favour of registering higher qualifications, could not vote for the motion.

Sir Wm. GULL thought medical, as well as surgical qualifications, should be registered. Surely, however, the L.D.S. was a higher *dental* qualification than M.R.C.S.

He felt that in a millennial period the dentists would be absorbed in the general register.

Dr. QUAIN moved that Mr. Ouvry be consulted.

Prof. TURNER thought the Council should have before it the case on which Counsel's opinion was framed.

Dr. STORRAR having replied to the argument against his motion,

Mr. OUVRY (solicitor) pointed out to the Council that by its own action it had erased all qualifications not dental from the Dentists' Register. The Act only admitted of licentiateships in dental surgery being registered, and precluded the admission on the register of any but dental qualifications in a separate column. The Council must determine what if any but dental diplomas conferred a higher dental qualification.

On a vote being taken on the motion, it was declared carried; 13 for, 5 against.

A motion that the additional qualifications be registered with the dental qualification in the same column, was then carried.

#### FOURTH DAY.—FRIDAY, APRIL 29.

Before proceeding to confirm the minutes, Mr. SIMON entered a protest against the decision arrived at the preceding meeting, to register additional qualifications on the Dentists' Register, this being illegal.

Dr. QUAIN said the former resolution on the point ought to have been rescinded by the Council before passing a new and opposite one.

The PRESIDENT recommended a motion to this effect for future consideration. He pointed out that whoever agreed with Mr. Simon could show they did so by voting against the confirmation of the minutes.

Mr. SIMON urged that Mr. Ouvry's opinion ought to be inserted in the minutes, and proposed a motion to that effect.

After further discussion,

Dr. QUAIN seconded the motion of Mr. Simon, which, being put to the vote, was lost, the numbers being 5 for, 10 against, 3 abstaining from voting.

Mr. MACNAMARA then proposed to add a paragraph to the effect simply that Mr. Ouvry was consulted. This was seconded by Dr. MCCLINTOCK, and after some discussion, was put and carried.

The minutes were then confirmed.

#### FINANCE.

The Finance Committee reported that the income of the General and Branch Councils for the year 1880 (ending January 1, 1881) has been £6,871 19s., an amount which exceeds the income of the year 1879 by £702 5s. The expenditure during the year 1880 has been £5,303 18s., which is less than the expenditure of 1879 by £116 9s. 9d. The income during the year 1880 has exceeded the expenditure by the sum of £1,568 1s.

The Dental Finance estimates show a probable future excess of expenditure over income amounting to £880, which must be met by drafts on invested capital.

Dr. QUAIN moved, Dr. AQUILLA SMITH seconded, the adoption of the report.

Mr. TURNER called attention to the serious outlook of the dental finances, and hoped that some means of meeting the difficulty would be arranged. The expenses seemed very large.

Dr. QUAIN said the Council was a very expensive piece of machinery, and the dentists must submit to the outlay, since they refused to accept the advice given them to manage their own affairs.

After some further discussion the report was adopted.

#### ANNUAL MEETING.

Mr. MACNAMARA moved, "That it is desirable to hold a stated meeting of the General Medical Council once in each year."

The desirability of this change, he thought, had been

indicated by the events of the present meeting. He did not in any way wish to curtail the power of the President as to convoking the Council, which, however, was clearly empowered to act as he suggested. The adoption of his plan would not affect the President's power at all. It was most desirable that the meeting should be held early in the year, for the consideration of any important Parliamentary questions as they arose. At that time an important occurrence (the appointment of a Royal Commission) had been announced; and this it might be desirable to consider. Mr. Macnamara deplored the inability of Dr. Houghton to attend the meeting in consequence of its being convened at so unsuitable a period, a time highly inconvenient for several members of the Council. If the meetings were held at stated times it would admit of arrangements being made in respect of it some time ahead. The earliest period of the year convenient he deemed the most suitable.

Dr. LEET seconded the motion.

Dr. BANKS said he had been requested by Dr. Houghton to express his extreme regret at being unable to attend the meeting by reason of his important engagements at the period its sittings extended over. For himself, too,

Dr. BANKS continued, it was a highly inconvenient time of meeting. He thought the proposal a desirable one.

Dr. STORRAR thought, in spite of the difficulties surrounding the subject, the selection of the times of meeting ought to remain with the President.

Dr. AQUILLA SMITH thought the motion quite unnecessary.

The PRESIDENT having spoken as to the difficulty of arranging a convenient time of meeting, the motion was, by permission, withdrawn.

Mr. MACNAMARA then moved: "That it be recommended to the several licensing bodies to institute examinations at the end of each year of professional study, which the student should pass before being permitted to enter on the subsequent year's course of study." The importance of this, he urged, could not be over-estimated. The principle had been admitted by the regulations of the Royal College of Surgeons in Ireland and other bodies, and by the recommendations of the Council, advocating the study of subjects at definite times. It was a common experience with teachers that students were diligent in the first, careless in the second and third, and hard-working again, to make up for lost time, in the fourth years. The hard and fast insistence on definite lines of study, as in France, was to be condemned, but it could not but be advantageous to gauge the annual progress of the medical student. The principle of the resolution had been always recognised by the Council, but the insistence on the final clause was that he especially called for. Without this test students pass on to further studies, without proving they have mastered the prior ones, thus necessarily multiplying the work remaining to be accomplished. Universal adoption of the motion would tend to make education thorough, and would be a great public gain, as it would tend to filter the student ranks, and throw out, at an early date, those unfitted to go on with a medical curriculum. Experience, Mr. Macnamara said, had taught him that numbers of men came to the study of medicine, who soon found themselves unfitted for it, and thus their parents were submitted to useless expense. Such men could not possibly be creditable acquisitions to the profession of medicine, which would be well purged of them, and would be thereby gradually raised in status.

Dr. MCCLINTOCK seconded the motion.

Mr. TRALE said the proposal could not be followed by many licensing bodies, because many of the candidates who come to them were already either qualified practitioners, or, at least, senior students.

Mr. SIMON would recall to the Council that in 1877 he proposed a recommendation bearing on the same subject. He approved the principle of the motion, believing that students should be examined at the end of each period of study. He hoped the Council would some time refuse to

allow time passed in higher studies to count until the preliminary tests had been complied with.

Mr. MACNAMARA thought the time opportune for such action as he proposed, especially as a Royal Commission was about to commence its sittings. He referred to Dr. Smith's expressions as to the impossibility of pursuing the plan at the College of Physicians in Ireland. He claimed an expression of opinion from the Council on the principle of the motion.

Prof. HUMPHRY approved the principle, but could not vote for the motion as it was framed by its proposer.

The motion being put to the vote, there were for it 2; against, 14.

#### PRELIMINARY SCIENTIFIC EXAMINATION.

A Committee, consisting of Dr. Haldane (chairman), Dr. Rolleston, Dr. Storrar, Mr. Turner, Dr. Hudson, and Dr. Humphry, appointed on the 11th of November, 1880, issued a letter to the various licensing bodies, requesting answers to the following questions:—

1. What amount of knowledge of the rudiments of natural science might be fairly required from intending candidates for the medical profession?

2. Should candidates, before being admitted to examination, be required to adduce evidence of having been specially instructed in natural science; or should proficiency, as ascertained by examination, be considered sufficient?

3. At what period should the preliminary scientific examination be passed? Should it take place before the commencement of the purely medical curriculum, or before the end of the first year thereof?

4. If a candidate have taken up a department of natural science, as an optional subject, at the preliminary general examination, should the fact of his having passed in it satisfactorily exempt him from appearing for examination on the same subject at the preliminary scientific examination?

5. In the case of candidates who have passed the preliminary scientific examination, what modifications could be made in the present medical curriculum and present professional examination?

The following report was presented by this committee:—  
Answers have been sent in by sixteen of the licensing bodies. The University of Dublin does not approve of the resolutions, "their principle being contrary to that of the present system of Trinity College, which they consider superior;" and the University of London enters into no details, but merely refers to its own regulations, as published in the Calendar of the University.

The other fifteen bodies have answered more or less in detail.

The following digest expresses generally the opinion entertained by these bodies with regard to the questions submitted to them.

#### 1. Subjects of Examination.

On this point the Universities adhere to their own practice, and express no opinion as to what should be required as a minimum qualification. There is more diversity of opinion on the part of the corporations. The College of Physicians of Edinburgh considers the present preliminary examination sufficiently extensive, but would make natural philosophy a compulsory subject; the College of Physicians in Ireland recommends an examination in the elements of mechanics, hydrostatics, physics, and chemistry; the College of Surgeons of England would encourage study in one or more branches of natural science; the College of Surgeons in Edinburgh recommends mathematics, as at present, elementary physics, and chemistry; the College of Surgeons in Ireland recommends physics, elements of chemistry, and botany; the Glasgow Faculty, physics, chemistry, and "perhaps an elementary knowledge of general biology;" the Apothecaries' Hall in Ireland recommends elementary mechanics, chemical physics, and the elements of zoology and botany.

2. *Should Proficiency, as ascertained by Examination, be sufficient? Or should Proof of Special Instruction be required?*

The Universities for the most part require proof of systematic instruction. The Corporations are generally in favour of the examination test alone. The Apothecaries' Society of London is of opinion that evidence of special in-

struction should be required. The Glasgow Faculty would recommend, but not require, it.

#### 3. Time of passing Examination.

The University of St. Andrew's, the College of Physicians Edinburgh, the Colleges of Physicians and Surgeons of Edinburgh, the Glasgow Faculty, and the Apothecaries' Halls in England and Ireland, recommend that the examination be passed before the commencement of the medical curriculum; the Colleges of Physicians and Surgeons in Ireland, during or at the end of the first year of the medical curriculum; the Universities of Edinburgh and Glasgow, not earlier than the end of the first year of the medical curriculum; the University of Cambridge, as soon as the student pleases, provided not less than three full years intervene between it and obtaining a degree or diploma.

4. *Should passing in a subject at the General Preliminary exempt from re-examination in the same subject at the Scientific Preliminary Examination?*

On this point the Universities would adhere to their present practice, which, in most instances, admits no exception, but the University of Edinburgh suggests: "If a candidate has already passed an examination in chemistry, botany, or geology, such as that required for a degree in science, this should *pro tacito* exempt him from further examination." The College of Physicians in Ireland would require the full scientific preliminary to be passed; the three Colleges of Surgeons would exempt (the College of Surgeons of England partially); the Glasgow Faculty, provided there are to be two examinations, would make the first literary, the second scientific; the Apothecaries' Society of London would require the examination in natural science subject to be compulsory, either at the preliminary general examination, or at a second or preliminary scientific examination.

5. *Modifications in the Medical Curriculum consequent on establishment of a Preliminary Scientific Examination.*

The Universities of Edinburgh and Glasgow and the Colleges of Physicians and Surgeons in Ireland would make no modification; the College of Surgeons of Edinburgh and the Glasgow Faculty would exclude chemistry, if passed at the preliminary examination, from the medical curriculum; the Universities of Cambridge and St. Andrew's, and other bodies, cannot reply without knowing what is to be the nature of the preliminary scientific examination.

From a consideration of the answers, of which an abstract has been given, it will be seen that there is a considerable difference between the views of the Universities, on the one hand, and of the Corporations on the other; the former adhering to their present standard, the latter keeping in view the danger of raising the standard too high. It may be expected that there will be a decided difference in the requirements for a degree and a mere licence to practise; and that the difference would consist, not merely in professional education and examination, but also in the standard of literary and scientific acquirements. Thus, while it is right that candidates for a degree should be required to possess a good general knowledge of biology, it does not seem desirable that knowledge in so wide a range should be required from every medical student. The Committee are of opinion that in the case of non-university students, instead of a special preliminary scientific examination, it would be better to carry out a Recommendation (31) of the Medical Council respecting a first examination, to be passed at any time before the end of the first year of medical study, and to include elementary mechanics (if not previously passed), chemistry and chemical physics, and elementary human anatomy or elementary biology. There is reason to believe that the first year, at least, of medical study is too often wasted, in consequence of the first examination, which, in many instances, does not take place till the end of the second year, being looked upon as something in the remote future; whereas the institution of an examination to be passed at an earlier period would necessarily give a stimulus to early exertion.

In conclusion, your committee would beg to recommend:

Firstly—That the natural science subjects remain, as at present, optional subjects at the preliminary examination in general education; forty-five months to elapse between that examination and the final examination, as at present.

Secondly, that the attention of those licensing bodies

which have not complied with Recommendation 31 (a) of the Medical Council be directed to that Recommendation; and that it be further recommended that the subjects of this first professional examination be:—

1. Elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics (unless an examination in that subject shall have been passed at the preliminary examination).

2. Chemistry and chemical physics (meaning thereby heat, light, and electricity).

3. One or more subjects of elementary biology, which may be elements of human anatomy, or of human anatomy and physiology, or of botany, or of zoology and comparative anatomy.

The Committee are of opinion that it is desirable that evidence of attendance on lectures and practical instruction in anatomy and chemistry should be required; but they do not think that this is necessary in the case of elementary mechanics. They would observe, however, that the Council have not hitherto issued recommendations relating to requirements of attendance on lectures.

D. R. HALDANE, Chairman.

Dr. HALDANE moving the adoption of this Report, explained the circumstances under which the answers from the licensing bodies were sought and obtained. He had feared that the addition of new subjects to the examination requirements would seriously embarrass already over-burdened students. He quoted some statistics dealing with examinations in Scotland in preliminary knowledge, from which it appeared that the greater number of failures were in subjects of which it was sought to raise the standard. He had felt it almost a hopeless task to do this by increasing the difficulties surrounding the student already. The Committee thought there should be a difference in the amount of knowledge required from candidates for a degree and candidates for a diploma. This difference should be in the way of general scientific education, however; the professional attainments ought to be no lower in the one case than in the other.

Mr. TEALE seconded the adoption of the Report, and thought it desirable that evidence of a training in physical science should be demanded from medical students. Still it should be carefully considered how far it would be wise to institute what really was a new examination. It was possible that examinations when multiplied did harm, the strain they entailed on students and schools withdrawing the energy of teacher and student alike from essential studies. The plan proposed by Mr. Macnamara for requiring students to present themselves again and again at much expense and toil would be an unwise proceeding, especially since the danger of unduly imposing on the powers of the student is a serious one.

A desultory discussion on the first recommendation took place, doubts apparently existing as to the meaning of "natural science subjects," which it was explained implied the scientific subjects optional at preliminary general examinations.

Dr. PITMAN then moved that the Report be referred back to the Committee for revision preparatory to future consideration.

Dr. FERGUS seconded the amendment.

Mr. MACNAMARA said it was most important to discuss the Report then, especially because of the recommendation deferring the new regulations till 1882, and because everything possible should be done before that time to explain what is to be done in view of that. First, this resolution should be rescinded if the report is to be *sub-judice*.

Dr. FERGUS urged there was nothing in the proposals bearing on existing regulations printed in the students' Register.

Prof. HUMPHRY said that replies had been received from all the corporations but two, in the expectation that the Report on them would be presented at that sitting of

(a) Regulation 31.—"It is desirable that an examination in the earlier subjects of professional study should take place before the end of the first year of professional study."

the Council. He thought, therefore, the Council ought to adopt the Report forthwith, and decide on its clauses.

Dr. BANKS supported Dr. Pitman's proposal.

The debate was then adjourned.

#### FIFTH DAY.—APRIL 30TH.

The minutes were read and passed.

Dr. QUAIN then asked the President, with a view to the order of business, a question founded on the following facts:—

A resolution was adopted by the General Council, on March 26, 1879, having reference to an important feature in the formation of the Dentists' Register;

A resolution entirely altering the resolution referred to was adopted by the Council on April 28, 1881;

The question is: Is it or is it not correct, as a matter of order, "that an original resolution should be rescinded before a new resolution is proposed?"

The PRESIDENT replied that it would generally be more strictly regular to follow the course of rescinding the original resolution. But the new resolution being in itself a rescinding of the original resolution, there seemed no necessity for a formal act to the same end. Dr. Acland said he had been asked by the Registrar whether diplomas not included in the dentists' register were to be admitted as "other qualifications," also what were registrable surgical qualifications, e.g., was the L.R.C.P. Lond.?

Dr. PITMAN moved that the President be authorised to answer the questions after consultation with the Council's legal adviser.

Dr. HALDANE seconded the motion.

Dr. QUAIN pointed out the absurdity of the motion, since the Council had already rejected the advice of their solicitor.

Mr. SIMON, Dr. STORRAR, and Mr. TURNER (who claimed that it was unjust to the Scotch universities to refuse their M.B. as a surgical qualification as much as the L.R.C.P. Lond.) spoke.

Sir W. GULL continued the discussion, moving that every qualification, medical or surgical, be included in the Dentists' Register.

Dr. SCOTT ORR seconded the motion.

The PRESIDENT recalled the attention of the Council to the business before it, viz., consideration of Dr. Pitman's motion to refer the matter for consultation between the President and the Council's solicitor.

Dr. STORRAR said he should vote against the motion.

Mr. TURNER thought the motion referred to matters of form and not of principle, and was in no way antagonistic to the former resolution; and the suggested conference was a proper way to end the difficulty.

Dr. QUAIN objected that to admit Sir W. Gull's motion would be destructive of all order in their proceedings, and would go to upset the previous decision.

After further discussion, which was eminently confused, and amid which it was hardly possible to make out the points on which the speakers were dwelling.

Mr. SIMON suggested that pending further proceedings the Council should defer any action in the matter. They could not define what was and what was not a surgical qualification. He had no intention of asking the Council to rescind its resolution, but pending further consideration of the subject, the Council ought to refrain from carrying action any further.

The PRESIDENT entered into an explanation of the circumstances under which the questions were proposed to him by the Registrar. The latter foresaw that difficulties must arise, and he wished for guidance in settling them.

Mr. MACNAMARA said he had pointed out, in private, that this difficulty must arise; clauses 26 and 27 of the Medical Act gave the Registrar the power to decide as to the admissibility of any diploma for registration, appeal from him to the Council being allowed. And further, the Medical Register is the only authority in proof of possession of a qualification admitted by the Act.

Mr. TURNER thought the clauses mentioned referred only to persons about to give evidence in a court of law.

Sir JAMES PAGET said the Council having decided that surgical qualifications only should be registered, the only question remaining was therefore What is a surgical qualification? This should be decided by a legal opinion.

Prof. HUMPHRY said there were no such things as surgical qualifications under the Act, which recognised only qualifications to practise.

Sir W. GULL said his motion would meet the difficulty since he proposed to admit any registrable qualification. The motion of Dr. PITMAN was then put and carried.

#### PRELIMINARY SCIENTIFIC EXAMINATION.

The adjourned debate on the following motion by Dr. Haldane, seconded by Mr. Teale, with amendment thereto, moved by Dr. Pitman, and seconded by Mr. Fergus:—

Motion:—"That the following recommendation of the Committee be adopted: 'That the recommendations of the Council at present in force in respect of the Natural Science subjects in the Preliminary Examination be not at present changed.'"

Amendment:—"That the Report be referred back to the Committee, with a request that after they have received and considered the answers from all the Medical Authorities to which certain questions have been addressed by the Committee, the Report be received and sent to each member of the Council, preparatory to its consideration at the next Session of the Council."

Dr. HUMPHRY said the Committee was prepared not to press the consideration of the Report at that meeting, but he felt very sorry that this course was necessary.

Dr. HALDANE echoed Dr. Humphry's regret that the discussion should be adjourned, and would ask to withdraw his motion.

Mr. MACNAMARA objected to the withdrawal; the reasons given were insufficient. Only two bodies had failed to reply, and both were well represented in Council.

Prof. HUMPHRY said this was not the reason, which was that the Council was unwilling to discuss the question in that stage.

Mr. MACNAMARA continued that it would be a serious matter to let the public assume the Council was unable or unwilling to terminate the great question which had been so long before it. A short time would settle it, and it would do much harm to leave it. Students were left in confusion as to that which was to be required of them, and teachers also were in doubt as to the requirements, about which there could be no certainty until the question was settled. The Royal Commission would have to be told that after many years the one great question was still unsettled, and it would do very much to damage their reputation in the public mind. In the interests of students, of the Council, and the public, a prompt settlement was demanded.

Sir W. GULL did not think the matter so easy as Mr. Macnamara supposed. The discussion must be thorough and exhaustive. It would be better to defer the matter.

Mr. SIMON was proceeding to speak when he was stopped by a discussion as to the business before the house, at the conclusion of which Mr. Simon was judged to be in order, and proceeded to express his indignation at the interruption he had been subjected to. He suggested that, the Council feeling itself unable to go into detailed discussion on the motion, the principle of it at least might be adjudicated on. This principle, that of lightening the medical curriculum of what might be disposed of before its commencement, the Council might discuss without occupying a great amount of time. He suggested that licensing bodies should be required to demand from their candidates the passing of a preliminary scientific examination before the end of the first year of purely medical studies.

Mr. TURNER asked what "medical curriculum" included?

Mr. SIMON thought each licensing body would decide for itself what was a purely medical curriculum.

Sir JAMES PAGET approved the proposal of Mr. Simon.

Dr. PITMAN begged Mr. Simon to acquit him of any intention to disturb him when he, a short time before, rose to a question of order. He would withdraw his own amendment, and support Mr. Simon's proposition, if put in the form of a motion.

The amendment of Dr. Pitman having been withdrawn by consent, Mr. Simon's proposition was put as an amendment to Dr. Haldane's motion, seconded by Sir James Paget, and carried.

#### COURSE OF BUSINESS.

Dr. STORRAR moved that the *standing orders* as regards the Executive Committee be reconsidered by the Council. The necessity for this was, he thought, proved by recent events; the Committee should act on its own responsibility only in matters of urgency. The Executive on several occasions had assumed functions not properly belonging to it.

Especially in respect of the way in which the dental question had been treated, had dissatisfaction been aroused among the educated dentists outside. The minutes of the Executive Committee, and of the General Council, were alike without record of the way in which counsel's opinion as to the manner of admitting on to the Dental Register was obtained. Moreover an entirely new counsel was engaged, and the report was sent out only twenty-four hours before the meeting of the Council. This was marked, "Private, for use by Members of the Council only;" and thus he was unable to show it to those most entitled to know the proceedings of the Council concerning dentists. The Council, when it met to discuss the Dentists Register, as coerced into action, and there was a wide-spread impression in educated circles—an impression that Sir Farrar Herschell's and Mr. Muir Mackenzie's opinions were unsound, and that there was a legal remedy against the Council's action regarding dentists, Dr. Storrar could not understand Dr. Quin's allusion to amateur legislation concerning the Dentist Bill, for all the alterations in the Dental Bill were introduced by the Government. Dr. Storrar disavowed any personal feeling in bringing forward his motion. It had been called forth by the proceedings of the past few months, against which there might be very just complaint made. He would be willing to withdraw the motion.

Dr. PYLE seconded the motion, and agreed with all that Dr. Storrar had said. He thought the Committee had usurped the functions of the Branch Council.

Dr. AQUILLA SMITH defended the action of the Executive Committee.

Dr. STORRAR asked leave to withdraw the motion, and was permitted to.

A condensed account of the requirements of the Swiss medical examinations was presented by a committee appointed to report on them, and adopted, as also certain alterations in the *standing orders* proposed by the Business Committee.

#### REGISTRATION REGULATIONS.

The Committee appointed April 28, 1881, to prepare for the consideration of the Council Draft-Rules defining the classes of cases in which exceptions may be allowed to the recommendations of the Council as regards the examination in general education and registration, reported as follows:—

"That exceptions may be made in the case of a student from any Indian, Colonial, or Foreign University or College, who shall have passed the matriculation or other equivalent examination of his University or College, provided such examination fairly represents a standard of general education to that required in this country.

"Before any such student can be registered, sanction must be given in Scotland and Ireland by the respective Branch Councils of those countries, and in England, either by the Branch Council for England, or by the Executive Committee, as may be most convenient.

"In case a Graduate in Medicine of an Indian, or Colonial, or Foreign University, or a student who, having completed the full time required by the Medical Council, and having given satisfactory evidence of general education, shall have spent the whole or three-fourths of that period at an Indian, Colonial, or Foreign University, is admitted to examination by any of the licensing bodies, the licensing body is requested to report the particulars of each such case to the General Medical Council."

Mr. MACNAMARA inquired if this covered every case in which exception should be made.

Dr. PITMAN said it referred only to Indian and Colonial students.

Mr. MACNAMARA said that it was important to know, because in Ireland occasion sometimes arose to necessitate exceptions to the usual rules.

In a slightly modified form, which in no way affected the meaning of the clauses, the report was carried.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population were—Hull 17, Portsmouth 17, Norwich 17, Salford 17, Bradford 17, Oldham 18, Brighton 19, Leicester 19, Bristol 19, Birmingham 19, Leeds 20, Sunderland 21, Manchester 21, Sheffield 21, London 22, Edinburgh 22, Nottingham 22, Glasgow 23, Wolverhampton 25, Liverpool 27, Plymouth 28, Newcastle-on-Tyne, 29 Dublin 32.



## Clinical Records.

### CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

*A Case of Cancer of the Lung.*

Under the care of Dr. BIRKETT.

Reported by SIDNEY DAVIES, B.A., Clinical Assistant.

JOSEPH P., æt. 52, traveller, was admitted into Victoria Park Chest Hospital on November 30th. The patient had a careworn aspect, and a face well marked with furrows. He had had no previous illness of any importance, indeed, he appeared to have enjoyed good health until twelve months before admission, when he was troubled with giddiness in the head, which he attributed to hepatic disorder. His family history was not very lucid: his father and mother both reached the age of 72 before they died. He had three sisters living, in good health, one brother had died from alcoholism, and one sister from what he described as cancer.

The patient gave the following account of his illness:—About Christmas, 1879, he caught cold, and had several attacks of rigors. He was in bed for two weeks with pleurisy of the left side. He recovered sufficiently to be able to return to work, but the pain in the side continued. He had progressively wasted. He had been troubled with night perspirations; there had been no hæmoptysis. About two months before admission increasing cachexia had obliged him to leave work.

On admission the patient presented a markedly cachectic appearance; his face was anæmic; the fingers were not clubbed; tongue clean; bowels regular. Respirations 20 per minute. He had a bad cough, and copious frothy sputa. The pulse beat 115, tension low, compressible. The artery was thickened. Temperature in the evening, 101.5. The urine was acid, specific gravity 1015, and contained urates, but no albumen. The patient complained of sleeping badly, and that he was unable to lie on the right side. The veins on the left side of the neck were swollen, and the left arm and left side of the chest were œdematous, pitting on pressure.

Dr. Birkett made a physical examination of the chest the day after admission, with the following result: On the right side loud compensatory breathing; at the left apex the respiration is confined to the large tubes. In the left axilla absence of breathing and vocal resonance; tympanitic resonance over the 2nd costal cartilage, and behind along the left side of the spine down to the 6th dorsal vertebra. Some respiration heard a little below and inside the angle of the scapula. Over the rest of the left lung there was almost complete dulness, and absence of breathing sounds, and vocal vibrations. There was, however, tympanitic resonance in the left axilla, extending downwards from two inches below the horizontal line of the nipple. Over it there was absence of breathing and vocal resonance. The cardiac sounds were normal, but heard best on the right side of the sternum. The only visible cardiac pulsation was in the epigastrium. The following circumferential measurements of the chest were made:—

Left side, 2 in. below nipple	...	...	17½ in.
Right do. do	...	...	17¼ "
Left 3 in. above nipple	...	...	18¼ "
Right do. do	...	...	17¼ "

The note made of the patient's condition on December 3rd was—Poor appetite; tongue clean; bowels open: breathing a little better.

On the 7th—Cough troublesome; weakness increased; tongue very pale; bowels irregular.

With the view of clearing up the diagnosis, paracentesis thoracis was performed a few days after admission, but no fluid was obtained.

The patient died on the 13th.

A post-mortem examination was made 20 hours after death, and revealed the following condition:—Rigor mortis well marked; body much emaciated. On opening the chest about a pint of purulent grumous offensive fluid poured out from a breach on the surface of the left lung.

Dr. West examined the left lung on the following day, and described it as follows: Pericardium universally thickened. At the base one or two bosses project into its interior. All the bronchial glands of the left side are hard, white, and uniform in appearance. From the surface of the glands a creamy

juice may be scraped; all trace of distinction between the separate glands is lost; and from the mass formed by them, radiating processes entered for some distance into the upper lobe. Through this mass the vessels and bronchi pass, and have their lumen constricted; this is especially the case with the large blood vessels. Starting from this mass is traced a considerable thickening of the pleura and pericardium. This thickening is, in the neighbourhood of the tumour, evidently due to an infiltration of the same nature as the tumour. The rest of the upper lobe of the lung is riddled with cavities, most of them of large size, the trabeculae of which are deeply pigmented. The whole lower lobe appears grey on section, riddled with cavities of small size, filled with a puriform fluid, and is in such a state of disintegration that a section can hardly be made.

The other organs all appeared to be healthy, no other abnormal growths or enlarged glands being found.

*Diagnosis.*—Malignant tumour of mediastinum and lung; secondary pleurisy and pericarditis; phthisis. A microscopic examination showed that the new growth and puriform fluid consisted principally of round, granular, and multinucleated cells, varying considerably in size.

## Department of Lunacy.

### SCOTTISH NATIONAL INSTITUTION FOR THE TRAINING OF THE WEAK-MINDED.

THE Scottish National Institution for the Education of the Weak-Minded, which was founded about twenty-five years ago on the model of Earlswood, after passing through a somewhat inglorious infancy has become famous during the last ten years under the tutelage of Dr. Ireland. The opportunities which it afforded for the study of the varieties of mental imperfection were taken advantage of by Dr. Ireland immediately on his appointment to its chief charge, and the results of the researches which he conducted in its wards were soon given to the world in his book on Idiocy and Imbecility. This work, which at once became the standard English authority on the subject, and which has received gratifying recognition on the Continent of Europe, not only reflected credit on Dr. Ireland, but brought useful notoriety to the establishment over which he presided. Children of defective intellect were sent to it from England and the Colonies, and it bade fair to become the Rugby or Winchester of the weak-minded. Unhappily, however, its promising prospects were soon marred. The celebrity of Dr. Ireland has suffered no eclipse, but a notion has gone abroad that he has not received adequate support in his management of the establishment, which has become somewhat disorganised in consequence. To public institutions as to nations *prestige* is the breath of life, and any loss of confidence in their administration is sure to act prejudicially on their usefulness. It is not therefore to be wondered at that the rumours which have been in circulation for some time as to the condition of the National Training Institution at Larbert have checked its rising fortunes, and caused a falling off in subscriptions and in the admissions of pupils of the paying class. That these rumours have not been altogether idle and unfounded is now apparent, for Dr. Ireland has tendered his resignation of his office as Medical Superintendent, and the Directors have appointed as his successor the governor of a provincial poorhouse in Scotland. A board of directors that could take such a step is evidently not erring for the first time, but has become expert in blundering, and full justification is now given for the belief that the school has not been under judicious guidance, at least since the present board came into office. It would be interesting to know the constitution of the meeting of directors at which this egregious appointment was made, and the process of

reasoning by which a body of gentlemen brought themselves to believe that bumbledom affords the best training for the delicate task of teaching "the young and stunted idea how to shoot." If representative government prevailed in the Lerbart School, or if the idiots themselves had been asked to nominate their own preceptor, we could understand the selection made; but how a committee of presumably intelligent and benevolent men have come to ignore the relation of medical science to the education of the weak-minded surpasses our comprehension.

The subscribers to the Scottish National Training Institution have, it seems to us, a duty to perform, and that is, to inquire thoroughly into the working of the institution for the last two years, and into the circumstances which have eventuated in Dr. Ireland's resignation, and to undo the mischievous action of the directors, by placing at its head without delay an able and experienced medical man. It is no small misfortune to the institution to have lost the services of Dr. Ireland, when he is still vigorous and capable of doing it good services, but it will be ultimate ruination for it to be left without that medical guidance which ought to pervade and regulate its every department, and under the control of a lay governor who, however intelligent and well-disposed he may be, can know nothing of the elaborate system by which modern science strives to evolve imperfectly developed mental powers and to promote growth in stunted brains.

Dr. Ireland has been presented by the directors with an honorarium of £500 out of the funds of the institution, in recognition of his invaluable services. If his services have been invaluable, they have been so in virtue of his medical attainments, and it is a somewhat ironical proceeding after making such a grant on such a ground to appoint as his successor a person who is destitute of medical knowledge.

## Transactions of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 6, 1881.

Dr. MATTHEWS DUNCAN, President, in the Chair.

#### DERMOID CYSTS.

Mr. KNOWSLEY THORNTON showed a dermoid cyst of the left ovary which had been entirely twisted off from its pedicle, and had become attached to the right side of the omentum. The patient first came under his care seven years ago with a doubtful abdominal tumour. She had since had four children, and during the last pregnancy the tumour gave her great pain. On April 2nd Mr. Thornton removed the tumour, together with a cystic tube, the remains of the twisted pedicle on the left side, and a cystic right ovary.

Mr. ALBAN DORAN showed microscopic sections from a dermoid cyst removed by Mr. Thornton from a woman, *æt.* 41. The wall consisted mainly of patches of true skin, with sebaceous glands and hair follicles. There were tooth-like bodies which proved to consist of cartilage. Small secondary cysts projected from the inner wall. In certain long narrow cavities in the subcutaneous tissue was seen well formed mucous membrane, having a perfectly cylindrical epithelium, with numerous involutions.

#### FETAL MONSTROSITY.

Mr. DORAN showed also a female fœtus which displayed extreme arrest of development of the genito-urinary tract. It was born at the seventh month, and breathed for a quarter of an hour. There was ectopia of abdominal viscera, club-foot, and spina-bifida. The bladder consisted of two lobes, and between them superiorly the intestine opened from above. The ureters were impervious. On the right side was a Fallopian tube, and tubular thick-walled uterus,

ovary atrophied; on the left an ovary and Fallopian tube, the uterus being an impervious cord.

#### CALCULI EMBEDDED IN FEMALE URETHRA.

The PRESIDENT showed several small pelvic acid calculi which had been removed from the wall of the female urethra in which they had become imbedded.

#### FALLOPIAN GESTATION.

Dr. GODSON showed the uterus, &c., of a woman, *æt.* 25, who had died in the Dorking Infirmary. Mr. Hopcroft, who sent up the specimen, could give no history, except that the woman was believed to be unmarried, and was in a dying state when admitted. Two pints of blood were found within the peritoneum. Old adhesions attached omentum, &c., to the uterus; both Fallopian tubes were dilated and tortuous. The outer end of the right tube enclosed a fœtus, of about six weeks development, in a fleshy mass containing villi. He thought the adhesions might have been due to gonorrhœa.

#### ADJOURNED DEBATE ON DR. BARNES DEBATE ON "MISSED LABOUR."

Dr. INKSON related the case of a lady who, when three and a-half months advanced in pregnancy, underwent great fatigue in travelling in India. After this there was no increase of size, but menstruation did not recur. About the time that labour should have taken place, she took a long ride on a restive horse; expulsive pains were induced, and an oval mass, containing a very small fœtus, came away.

Dr. EDIS said that several instances had been recorded by different authors, as Simpson, Meigs, and Atlee, in which gestation had been prolonged for one, two, or three months beyond the normal time. But in many such cases there was strong presumptive evidence that they were really instances of extra-uterine gestation, the supposed cervix being really a fistulous opening. Dr. Muller, after investigating forty-five cases of alleged missed labour, concluded that "there does not exist an authentic observation of retention of the fœtus within the womb beyond the term of ordinary pregnancy. In this conclusion he fully agreed, unless Dr. Barnes' case were an exception, but even this might have been partly interstitial, and not an ordinary extra-uterine pregnancy. In some cases in which the labour was obstructed by contraction of the brim or other causes, the uterus ruptured, the fœtus passed through the rent and became encysted, and was afterwards disintegrated and expelled.

Dr. GALABIN had met with a case of supposed missed labour, which tended to confirm the view that many cases were really instances of extra-uterine foetation. There was an effort at labour at full term, and he saw the patient two months later. There was then a sanguineous somewhat offensive discharge from the vagina, and the patient's condition had become grave. A catheter passed through the cervix into a cavity resembling the uterus, and gave exit to a fluid like that which had escaped from the vagina. After dilatation of the cervix by a tent, the breech of the fœtus could be felt presenting through a round opening which seemed to be the internal os. This turned out to be an aperture in the uterine wall at the point at which it was sharply retroflexed, and the gestation proved to be abdominal, the sac lying in front of the fundus. If no autopsy had been made, all who saw the case would have continued to suppose the fœtus intra-uterine.

Dr. HAYWOOD SMITH remarked on Dr. Godson's observation that menstruation had not taken place in consequence of the presence of the arrested fœtus, that it was an interesting question why such should be the case, as the fœtus ceasing to grow and so pregnancy proper ceasing, why did menstruation not recur? for it was probably owing to its non-appearance that the ovum was not thrown off.

The PRESIDENT said that, for his own part, he believed in the occurrence of protracted gestation and missed labour. The probability of their occurrence was much supported by the facts that they occurred in the lower animals, and that missed abortion, or missed miscarriage, occurred certainly in women. He did not think the occurrence of labour premonitions a necessary part of missed labour. In a case which he had seen and published in his "Clinical Lectures," there were no phenomena of labour till the evacuation of the uterus was undertaken artificially. In the best case of protracted gestation which he had seen and published there was a beginning of labour at full term, and labour came on spontaneously some weeks later. He thought the term

lithopedion, at present often used as synonymous with mummified fœtus, should be better defined. The fœtus never became calcified like a uterine fibroid, but calcification affected only the membranes, and sometimes the adjacent parts of the fœtus.

Dr. GONSON called attention to a case which came under his observation at St. Bartholomew's, which formed the basis of a paper by Dr. Greenhalgh on "Missed Labour," in the eighth volume of the Hospital Reports. The case was one of "missed abortion," and not "missed labour!" and the head of the fœtus should have been described as four and a-half, not of six, months development.

Dr. BARNES, in reply, said in reference to Mr. Spencer Wells' suggestion that the pregnancy might have been intra-mural, that intra-mural gestation generally ended by a fatal cataclysm at the 2nd or 3rd month. Dr. Roper's suggestion was ingenious, and might apply to some cases, but not to the one before the Society. The rhythmical action of the uterus could not be expected to be detected when the uterine contractility was impaired after the death of the fœtus. He would make a point of studying Dr. Duncan's cases. Meantime he thought that protracted gestation for an indefinite time required better proof than we possessed. He thought the term "missed abortion" a singularly unhappy one, and that the term "concealed" or "incomplete abortion" was much to be preferred. He could not agree with Dr. Duncan that the terms lithopedion and mummified fœtus were commonly used as synonymous. A "stone-child" should at least be stony, and the distinction was the more important since Cruveilhier had insisted, rightly as he believed, that a lithopedion was never found in the uterus.

Dr. HEYWOOD SMITH ON

#### A CASE OF DELIVERY THROUGH AN IMPERFORATE VAGINA.

The patient was 31 years old, married ten years, pregnant for the first time. The vagina was only 1½ inches long, and was completely closed by a roof of the normal thickness of vaginal tissue. This was congenital, and there was no cicatricial tissue. Her mother, a trained nurse, was aware of the malformation. One and a-half years previously she had consulted Dr. Edis for leucorrhœa, and he failed to detect the slightest orifice in the vaginal roof, though the patient menstruated, but with pain. The author had been called to see the patient at the British Lying-in Hospital, when she had been in labour thirty hours. On admission the urethra was so patent as to admit nearly two fingers, and from the husband's account coitus probably took place per urethram. The vaginal roof was lax, as the head was arrested at the brim. The os was completely dilated, and the bones of the head had begun to overlap. A careful examination failed to discover the slightest depression, or any indication as to any aperture, however small. The patient was therefore placed under chloroform, the vaginal roof was picked up with forceps, and a cut made at once with scissors directly through it, when, the finger being passed through the aperture thus made, the head was felt; the opening was then enlarged by tearing with the fingers until a passage was formed large enough for delivery, which was speedily effected by the long forceps, and a living female child extracted. The patient made a good recovery, and examination last December showed a normal vagina, with but a slight constriction, not at all hard, formed by the remains of the previous vaginal roof. The author quoted other recorded cases, amongst them one by Dr. Isaac Taylor, of New York, almost the counterpart of his own, except that the advancing head pressed downward upon the vaginal roof until a slight depression revealed itself, which was scratched through, and the opening dilated. There was a question of interest as to the mode of impregnation in the present case—whether it was through some undiscovered aperture, through which menstruation also took place; or whether there existed some slight fistula between the bladder and the upper chamber of the vagina.

Dr. PERCY BOULTON ON

#### A CASE OF IMPERFORATE VAGINA.

The patient was aged 18, married. Catamenia was always very painful, and was followed by "green waters" for several days. The vagina was found to be a *cul-de-sac* about one and a-half inches deep, and no opening whatever could be felt. An examination was made under chloroform, and a dilating speculum introduced. On either side of the vaginal terminus a small opening was then found, through

which a probe could be passed. The openings were dilated with tangle, and there was then found (1) a normal uterus; (2) a bipartite vagina, the upper portion being duplex, separated by a septum which formed a triangle with its base downward. A small communication between the two was found close up to the vaginal neck. The central block was divided by passing whipcord round by a sound having an eye at the end, and attaching it to an *écraseur*. A vulcanite plug was worn for three weeks, and the patient then went home well.

Dr. BARNES said that Oldham had long ago pointed out that in some cases of absence of vagina the urethra was largely patent, and this without having served for intercourse. It was not necessary to postulate a fistulous communication through the bladder. There was, no doubt, a small aperture, which had become closed after impregnation.

Dr. ROUTH noted the patient was treated during her pregnancy for leucorrhœa. He thought there might have been an opening allowing impregnation prior to the vaginitis which was afterwards closed by this inflammation.

Dr. BOULTON, in reply, said he thought that in most, if not in all, cases of apparently imperforate vagina in which menstruation or pregnancy occurs a pin-hole opening exists.

### ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, APRIL 4TH.

Mr. THOS. ARNOLD ROGERS, President, in the chair.

The meeting was at once made "special" for the purpose of considering an alteration in the Bye-laws, to the effect that in future no one should be eligible as a candidate for the membership of the Society unless he was either a licentiate in dental surgery, or a qualified practitioner of medicine or surgery, or possessed such a diploma or degree as the Council might approve. It having been pointed out by the President and Dr. Walker that the adoption of this regulation was a necessary consequence of the altered status of the profession which recent legislation had brought about, the resolution was agreed to without opposition.

#### CASUAL COMMUNICATIONS.

Mr. HENRY SEWILL related a case in which paralysis of the parts supplied by the inferior dental nerve followed the extraction of a lower wisdom tooth. There was complete anaesthesia of the skin of the lip up to the middle line in front, and all the teeth on that side were completely insensative. He had ventured to give a favourable prognosis as regards the restoration of sensation.

Mr. COLEMAN mentioned a similar case, in which sensation had not been completely recovered, even after the lapse of two years; whilst

Mr. BROWNE-MASON, of Exeter, said that in a case which had occurred in his own practice the paralysis passed off in a few weeks.

The PRESIDENT remarked that it was important that such cases should be reported, since they were sometimes made the ground of an accusation of unskilful treatment.

The paper of the evening was read by Mr. STOCKEN,

#### ON THE VALUE OF CERTAIN REMEDIES IN THE CONSTITUTIONAL TREATMENT OF INFLAMMATORY CONDITIONS OF THE VASCULAR TOOTH STRUCTURES, AND OF NEURALGIA ARISING THEREFROM.

The remedies to which Mr. Stocken specially directed attention were chloride of ammonium, sulphide of calcium, and gelseminum. He had selected these because the knowledge of their action was not so general as that of many other agents. He gave a full description of the therapeutic effects of these drugs, indicating the class of cases in which each would be likely to be most serviceable. The conclusion was that in simple neuralgia of the fifth pair gelseminum, either with or without aconite, would effect a cure, or at least give considerable relief. If the pain were due to congestion or inflammation of the pulp or periosteum, he would prescribe also chloride of ammonium. Whilst in chronic periostitis, with suppuration the sulphide of calcium gave results which were in the highest degree satisfactory, cutting short the attacks in the most remarkable manner.

He was of opinion that dental surgeons did not generally give sufficient attention to the constitutional treatment of the cases under their care.

Mr. S. J. HUTCHINSON thought it was a mistake for dental surgeons to undertake constitutional treatment. If this appeared to be necessary, he should communicate with the patient's ordinary medical attendant, and leave the details of the treatment to him. Any other course would inevitably lead to strained relations between dental and medical practitioners, especially in country places.

After some remarks from Messrs. Coleman, Oakley Coles, Gaddes, and others,

The PRESIDENT said it was difficult to define the exact border-line between medical and dental practice, but he thought that, so long as there was any prospect of saving a tooth, the dental surgeon was justified in using any means at his disposal, whether constitutional or local, with this object. At all events, he thought that every dental practitioner ought to have a thorough knowledge of the value of constitutional remedies in dental practice, and in order to promote this he should be glad to see a chair of pharmacology attached to every dental school.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, MAY 4, 1881.

HOW NOT TO DO IT.

WE tender our hearty congratulations to the members of the General Medical Council on the brilliant success attending their most recent exhibition of inefficiency. We can imagine them retiring to the seclusion of their own homes, in the firm conviction that they have maintained

the reputation they enjoy for blundering inconsistency; and we feel no hesitation in assuring the Council that after sitting through the five weary days during which its debates were held, our sense of its feebleness is more than ever strong. On former occasions we have been edified, in common with the rest of the world, by observing how very ridiculously an assembly of fairly intellectual men could behave, but never before have the proceedings of the Council been so absolutely purposeless or nonsensical as those characteristic of the session just concluded. Why the Council was summoned at this time is still an unexplained mystery. It is true the President made a rambling allusion to it, both in his opening address, and when Mr. Macnamara's motion for a stated annual meeting was under discussion; but it was impossible to gather from either reference that any stronger reason than that a Royal Commission has been appointed which might be inclined to demand some evidence of work from the General Medical Council. With a strange and regrettable fatality, the few sensible proposals that from time to time find their way on to the Notice paper of the Medical Council, are forthwith scouted by a majority, which seemingly finds its only pleasure in aimless demolition and reconstruction. Last year Mr. Simon struggled bravely to provoke discussion on a point of vital interest, and of the first importance to the medical profession; but the attempt was burked ere it could prevail against the indignation invariably aroused in the Council when anything approaching to a sensible suggestion is made before it. This year again, Mr. Macnamara moved that the Council should meet each year at a stated time, and the reasonableness of this proposition will be at once apparent to anyone not blinded by the prejudice that is strongest where penetrative power is weakest. Needless to say, perhaps, the Council rejected Mr. Macnamara's proposal in a manner that seems to be a favourite one with it; that is, moral suasion being brought to bear on him, the mover “withdrew” the obnoxious resolution. We may very well rest content with this ending to the scene, since it will help to point the necessity for a radical change in the existing machinery of the Council, a change of which that body itself apparently indicates a prescient sense, if we may judge from its President's apologetic utterances, several times repeated, as to a desire to reduce the expenses of conducting the affairs that engage its attention. That the general profession will much longer consent to be paymaster, for the purpose of enabling a couple of dozen gentlemen to meet together at more or less frequent intervals, and do nothing in the way of legislation for medicine, save such performances as have disgraced the last few sessions of their proceedings, is impossible to expect. Year by year surely, and, by no means, slowly, the General Medical Council has separated itself farther and farther from the sympathy of practical followers of medicine; widespread as the feeling of dissatisfaction is however, it is by no means so universal as it would surely be, could the rank and file of medical men but once be present at the assemblies of the medical Parliament. To their honour and credit, be it said, a few members of the body are conscious of the appearance it presents in consequence of its illogical and undignified performances; and in the discussions on

one important subject, the registration of additional qualifications on the Dentists Register, there were found five gentlemen who declined to follow the lead of Dr. Storrar in self-stultification. This point had already been definitely settled, as is well known, and the admission of the additional titles on the Register had been, and was again, before the vote was taken on Thursday last, declared to be illegal. How, in the face of this expression of opinion from the Council's legal adviser, it was decided by 13 against 5, to so admit these titles will be found in our report of that day's proceedings. Dr. Quain, as the leader of the minority, will have the satisfaction of knowing that his strong common sense, though it fails to preserve the reputation of the Council, is, nevertheless, admitted outside of its chamber.

An earnest attempt to render yet more complicated the arrangements connected with preliminary education only partially succeeded, but it proceeded so far that no one but a sphinx can, at the present moment, decide what is, and what is not, a registrable proof of previous education. It is true that Mr. Macnamara, on Saturday, strove to excite the energies of the Council to the point of, at any rate, *beginning* to do something, by proposing to consider the replies relating to preliminary scientific education. Unfortunately, however, he once more permitted his good sense to be overruled, the plea for inaction being that five days had already been consumed, and it was inadvisable to strain the powers of the Council farther. The argument was a fair one, no doubt. The repose of Sunday might have conduced to a changed view of their duties and pledges, on the part of councillors, and the result *might* have been that Monday's sitting would result in the achievement of something over and above meaningless talk. Fortunately—we say it of strict intention—fortunately, this endeavour failed, as of late, has every effort by an independent member to do anything in the shape of solid work at the Council. This is generally recognised and admitted, and also that the condition of medical education becomes each year more hopelessly entangled amid the never ending contradictory “recommendations” of the Council. It seems to be an axiom that this august body shall be each year sublimely ignorant of its past decisions, and enact afresh at each sitting, rules and regulations bearing on the same points of consideration. The consequence is that the medical student knows never what he may not be required to alter in the future, what to enter on, or how to act in view of the changes certain to be “recommended” as the result of each thousand pounds expenditure by the Council. To all this there can only be one end, and that, the thorough reconstitution of the Council. With all respect it must be said that the few members of it who really know the claims and requirements of medical education, are very few indeed; and the matter is one of no great wonder either, for, since the majority of the present members were students of medicine, the whole face of medical education has undergone a revolution, and their sympathy is with the past. They are interesting as relics of the past, but as helping to form the future they are of no use at all. The very few, represented chiefly by Mr. Simon, Dr. Quain, and Prof. Humphry, have observed

the signs of the times, and gauged the meaning of them. The Council of the future will be made up of men having like appreciations, and as considerable power of weighing the needs that exist; but ere this occurs it will undergo very material alterations.

#### IMMATURE ENLISTMENT AND SHORT SERVICE IN RELATION TO PUBLIC HEALTH.

THE system under which the British army is supplied with material involves, in the first instance, the enlistment of immature lads; in the second, their discharge from its ranks, back to civil life, at a time when they have acquired the maturity of manhood, when they have become most fitted for and efficient in the performance of military duty, but too old and too unsettled to steady down to the drudgery of learning a trade. Another class, far from inconsiderable in number, return to civil life, their health impaired by service in trying climates. Of these, a considerable proportion have been in the ranks for periods less than those for which they were originally engaged; and are, moreover, in the unfortunate position that they are physically incapable of earning a livelihood for themselves. Circumstances of recent occurrence have drawn public attention to the purely military aspect of this question: the verdict one of most definite condemnation. Financially, it has fully verified the commercial principle that a commodity, bad in itself, is dear at any price; in its purely medical aspect it presents results that have been well described as hideous and hateful, wasteful and extravagant.

Nowhere are the results of this system so apparent as in India—for this reason: that the larger portion of our army serves there. Let us, then, consider the question more especially in relation to that portion of our empire. The result of statistics carefully prepared while the system of long service in India was in full operation was that mortality was greatest in the early years of residence, that after about the third year it decrease very materially till about the eighth or tenth, after which it again rose; that, on the other hand, invaliding *was* inconsiderable up to the fifth year of Indian service, but from that time rose with an annual increase. Similar statistics with reference to dates more recent indicate that the ratio of deaths among the first and second of the above-named classes has diminished; but the rule, as just stated, holds good with regard to all the others. The fact, however, is well known to and by medical officers in India that of late years newly-arrived soldiers are sent to hill stations in much larger numbers and proportions than was the case in former years; that their residence at those places extends to one and sometimes two entire years, during which they are removed from the causes which produce illness and death among the older and physically stronger men who perform regimental work in the plains. Thus, although saved from swelling the bills of mortality, they are, meantime, to all intents and purposes, non-effective, their duties thrown upon their comrades at regimental head-quarters, to increase thereby the wear and tear to which the latter thus become exposed.

Taking the statistics of deaths and invaliding among

British troops, and for the sake of convenience confining observations to those of Bengal, we examine the results obtained at three different periods. The first of these includes the years 1862, 1863, and 1864—namely, a time prior to the full development of "scientific" sanitation, and before the introduction of short service in addition to immature enlistment. The average for these three years gives a death-rate per 1,000 of 23.49; invaliding, 31.70; equal to a loss by sickness of 55.19 per annum.

The second period embraces three years, at an interval of ten years from the first, when, for a considerable time, "scientific" sanitation had been in full swing, at an enormous expense to the Indian Government, and when the influence of short service was beginning to be felt. For the years in question, namely, 1872-3, the results give an average annual ratio of loss by death of 16.06, as against 23.49; of invaliding, 38.78, as against 31.70; total loss by two causes of 57.84, as against 54.87. In other words, in the latter period, as compared with the former, a decrease in the death-rate is found equal to 4.33 per 1,000, but an increase in invaliding equal to 7.08, the whole showing an increase of non-efficiency with the preceding equal to 2.77 per 1,000. Great changes in several of the conditions of the soldier in India had taken place during these ten years. An increase had occurred in the number of recruits sent to the country; the magnificent barracks, planned in 1865, extended over the three presidencies at an expense of many millions of rupees to the Indian tax-payer; hill stations multiplied threefold, their sites cleared, all necessary buildings erected for the purpose of health, and great comfort of the young lads now being sent to them; large and costly troopships had been instituted by sea; railways multiplied by land, so that unless a soldier happened to succumb rapidly to an attack of sickness, he was sent away from the locality where he became ill, either to a hill sanatorium, or to England, as the case might be. In this way, and at such cost, statistics showed a diminished death-rate; actual conditions a very notable increase in non-efficiency in the ranks, and a heavier drain upon the Indian exchequer.

Come we now to the three latest years, returns for which are complete, namely, 1876-7-8, and these are the results obtained, namely, a general annual ratio of deaths equal to 16.50, of invaliding, 39.10, or a total rate of non-efficiency by these causes equal to 55.60 per 1,000. It is worth while to dwell for a little upon these figures. Comparing them with the first period here alluded to, they show a decrease in the death-rate equal to 6.99 per 1,000; but an increase in that of invaliding, equal to 7.40; the total loss, 55.60 per annum, as against 55.19 before "sanitation," according to so-called "scientific" principles had begun, but also before short service was introduced, and before the Budget estimates on account of the army in India had run up from eleven millions to seventeen millions sterling.

Is the question asked, what becomes of the men thus invalided from India, and from other foreign stations after they arrive in England? The minority, perhaps, return, after a time, to military employment for a few months, but seldom, indeed, does a man, sent home once, in consequence of disease contracted in the tropics, become fit for service in a climate of that nature again. Thus the

greater number of such men revert to civil life, but with circumstances adverse to them in several respects; with health impaired, without employment or means of livelihood; occupations with which they were employed previous to enlistment now filled up by other "hands." Is it, therefore, to be wondered at if privation and want in very many instances, press such men downwards to the classes who fill our hospitals, poor-houses, and jails. And so, year after year, increasing in magnitude, these two streams run on; the one into the army, composed of selected young lives, withdrawn from the growing manhood of our country, the other, of damaged lives returned to the stratum from which our soldiers, artisans and labourers, are chiefly taken. Perhaps the influence of these conditions upon the physique of that stratum is not very apparent if looked at only with reference to a very short period. When, however, it is taken into account over a series of years, and considered in connection with other conditions, the tendency of which is also to influence public health, the conviction strengthens that the system by which short service in the active army is united to that of immature enlistment, is disadvantageous and objectionable to the interests of the community at large, alike in the sense of its military and financial interests, and as regards its physical standard.

OUR COMING GENERATION.

THE annual list of the medical students who were registered in the year 1880, has just been issued by the General Medical Council, and it contains some interesting and instructive figures.

The total numbers for the three kingdoms are as follows:—

England	...	...	...	..	983
Scotland	...	...	...	...	589
Ireland	...	...	...	...	534
Total	...	...	...	...	2,106

From this it might be taken that England educates a little less than half (48.6 per cent.) of the entire number of students; Scotland a little more than a quarter (27.6 per cent.); and Ireland a little less than a quarter (23.8 per cent.); but these figures must be taken *cum grano salis*, inasmuch as registration of students which is universal in England has been greatly neglected, and even intentionally evaded in Ireland. In that country certain schools have been glad to catch the fees for entries for courses of lectures long after those courses had commenced; even in February and March when they were nearly terminated. As this practice was totally at variance with the orders of the General Medical Council, these schools were afraid to let the dates of entry be known, and they did their best, with great success, to prevent students from registering themselves, because, by doing so, a date of commencement of study should be stated, and it was not always convenient to state such date. This system the Irish Branch Medical Council tolerated, and consequently the registrations were few. The proof that this trick was habitually played will be found in the table appended to this Register, which shows that ten years ago the registrations in Ireland were only one-half as numerous as those in 1880, a fact which



attributable not to a recent increase in the number of students, but to greater stringency with regard to registration, and more honesty in school management. Even now the registration is not reliable, and, therefore, the relative figures given above cannot be depended on as a truthful index of the respective shares taken by England, Ireland, and Scotland, in educating the profession.

Of the 983 medical students educated in England, about one-half (450) commence study in the following London hospitals :—

St. Bartholomew's ...	100	Charing Cross ...	27
Guy's ...	71	Middlesex ...	25
University College ...	57	St. Mary's ...	14
London Hospital ...	46	Westminster... ..	13
King's College ...	40	School for Women ...	8
St. Thomas's... ..	39	Other Hospitals ...	4
St. George's ...	36		

A little more than half (503) the English students commenced their education in the provinces, of whom over one-third (188) began as pupils to medical practitioners. It is a serious question how far this latter class of students will receive any useful instruction during their first year of study? for it may reasonably be suspected that the certificate of a general practitioner is not always to be depended on, and as the *soi disant* pupil is not examined at the end of his year, there is no other guarantee save this certificate that he has not been simply idling for his first year. We imagine that the four years of study of these students sometimes means three years, and the payment of a fee to the general practitioner. The remaining two-thirds of the provincial students entered at the local schools and hospitals in the following relative proportions :—

Cambridge ... ..	66	Bristol ... ..	19
Owens College ... ..	51	Sheffield ... ..	13
Liverpool ... ..	31	Birmingham... ..	10
Durham ... ..	29	Other provincial hospi-	
Leeds ... ..	27	tals ... ..	68

To which should be added, with a separate line for itself—

The University of Oxford and Regius  
Professor Acland ... .. 2!!!

The Scotch schools are few in number, but great in medical work. In the whole of Scotland only one student registered as a pupil to a general practitioner. All the others, to the number of 588, were entered for study at one or other of the following six schools :—

Edinboro' University	277	Edinboro' Extra Aca-	
Glasgow University ...	135	demic teachers ...	20
Aberdeen University	80	Glasgow Royal Infir-	
Anderson's University	29	mary ... ..	5

We reserve reference to the Irish schools as the figures relating to them seem to need further verification.

## Notes on Current Topics.

### St. John's Hospital v. Hoggan.

THE long-pending libel suit brought against Dr. Hoggan and this Journal by the St. John's Hospital for Skin Diseases, Leicester Square, was settled on Monday in the Court of Queen's Bench, in the most unsatisfactory manner. After spending several hours in examinations and cross-examinations, having but an indirect bearing on

the points at issue, the opposing counsel effected a compromise, which gave Dr. Hoggan a verdict of not guilty, whilst the legal advisers on his behalf withdrew all imputations against the management of the hospital. The case against the *Medical Press and Circular* was not proceeded with.

### The Irish College of Physicians on Medical Coroners.

IT is stated that the Parliamentary Committee of the King and Queen's College of Physicians, to whom Mr. Healy's Coroner's (Ireland) Bill was remitted for consideration, has reported to the College that medical men ought to be excluded from coronerships. Not having before us the reasons for this eccentric opinion, we cannot judge of their force, nor can we say that those reasons would not convert us if we only knew them; but we certainly expect that the College at large will reject imperatively such a recommendation unless some overwhelmingly conclusive justification is shown for its adoption.

As far as the profession is at present enlightened on the subject it is decidedly of opinion that upon public grounds alone, and having regard to the nature of the inquiries in which the coroner is to adjudicate, an educated medical practitioner is obviously better fitted for the office than anyone else could be, and supposing he were not as well suited for the duty, we venture to submit that it would not be for a committee of a college of physicians to be first to announce his incompetency.

Probably this new departure is a further effervescence of that new-born magnanimity of mind and glorious disinterestedness which has led certain sanitarians in Dublin to seek to burthen their brother physicians with the obnoxious and unremunerative function of notifying infectious diseases to the Corporation. If so, we imagine they will experience considerable difficulty in carrying their highly philanthropic designs into effect.

### Visitation of Examination.

ALMOST the only piece of valuable work done by the Council during its five days' sitting, in addition to striking off the register a practitioner guilty of infamous conduct in a professional sense, has been the approval of an Examination Visitation Committee. The members of this, too, have been chosen with a greater amount of wisdom than could have been anticipated from an assembly that habitually undoes at one meeting what it has affirmed at a preceding one; and the circumstance will be received as a token that the work done by them will be at least thorough, conscientious, and reliable. The committee consists of three members, only one of whom, Mr. T. Pridgin Teale, of Leeds, is on the General Medical Council. The others are Prof. Gairdner, and Prof. Stokes, of Dublin. The visitations, so long discontinued, did undoubtedly do some considerable amount of good; and, although the work now undertaken must be a lengthy and laborious one, we may safely look for good results from it. The examinations first to be inspected are those of the College of Surgeons in England, Ireland, and Scotland, and the Apothecaries' Societies of London and Dublin.

Mr. Teale and Prof. Stokes were present on two or three occasions last week at the Royal College of Surgeons

of England, at the time during which the primary examination was in progress.

#### Royal Commission on the Medical Acts.

THE Royal Commission to inquire into the operation of the Medical Acts has been at last nominated by the Government, and is to consist of the following members:—the Earl of Camperdown (chairman), the Bishop of Peterborough, Sir George Jessel, Mr. Solater Booth, Mr. W. Cohen, Prof. Bryce, Sir Wm. Jenner, Prof. Huxley, Mr. Simon, Prof. Turner, and Dr. R. MacDonnell. It will be seen that there is a good deal of intellect on the assembly, but not much medicine. Whether the four professional members of it will be able to digest the voluminous improvements likely to be suggested by a coalition between high orthodoxy, law, and biology, will remain to be seen. Before the august assembly commences its sitting, however, the public might feel better satisfied if it were officially assured that in case a commission were appointed to investigate the direction in which improvements in the practice of law are possible, it would be deemed to be satisfactory if composed of a doctor, two professors of poetry, a novelist, three divines of varying "doxies," an actor, and four lawyers. We do not, of course, suppose for a moment, that the non-medical members of the new commission will not be quite competent to weigh every point brought to its consideration; the Government, with its unparalleled capacity for avoiding every kind of blunder, will have taken strict precaution against any possible failure or breakdown during the commission's sittings. We welcome the appointment, and, with hope rather than trust, await the advent of reform in the profession of medicine.

#### The Price of Martyrdom.

THE martyrs of this age enjoy advantages which those of a remotely earlier period were denied. For instance, the average martyr of the nineteenth century is privileged to compound the consequences of his performances by the prosaic "five shillings and costs;" and very possibly the enjoyment he experiences, though less momentarily acute, is as considerable as that of the martyr who paid as the price of publicity a hand, or an arm, or even life. At this period of the world's advance, martyrdom is rather at a discount, and this is possibly a full explanation of the fact that its consequences are monopolised by a sect—the anti-vaccinators. The amiable weakness which leads these mischievous promulgators of the doctrine of diseases, is attended by the slight personal evils that cling about a fine, it is true, but it does inestimable damage by publishing the fact, that notoriety may be thus cheaply purchased. We are glad, therefore, to note that a person named Goble—it sounds like an anti-vaccinator's name—has been fined £25 by the Recorder of Brighton for an assault on Dr. J. H. Ross, a public vaccinator, whilst engaged in the performance of his duty. This kind of martyrdom may be found a trifle too expensive by the band who usually buy it with an outlay of two pounds and two shillings costs, and at the same time leave their unfortunate offspring to regret its parents' craving after ephemeral fame. To this kind of ambition we have less objection, perhaps, but when the enthusiasm ends in personal attacks on the ob-

noxious servant of science and common sense, it is widely different; and we trust any future martyrs of the same description may be as heavily punished.

#### Pensions for the Indian and Army Medical Service.

THE Secretary of State for India in Council has approved of the following revised scale of Pensions for the Indian Medical Service, to have effect from Jan. 1, 1881:

After seventeen years' service, including 1 and 2-3rd years' leave on furlough, £292.

After twenty years' service, including two years' leave and furlough, £365.

After twenty-five years' service, including three years' leave and furlough, £500.

After thirty years' service, including four years' leave and furlough, £700.

With extra pension, £350 and £250 per annum respectively, to surgeon-general and deputy surgeon-general on completion of tour of appointment.

Let us compare these scales with the rates of half-pay granted to officers of the Army Medical Department, and these are the results we find: In the latter an officer, after seventeen years' service, is entitled to no pension whatever, but only to a gratuity of £2,500, which, if invested in consols, would yield him as income the munificent sum of £75 per annum. After twenty years' service, if a surgeon-major, he receives as pension £365. If a brigade-surgeon, as in nine cases out of ten he will be, £500. After twenty-five years he receives, if a surgeon-major, £405. No increase as brigade-surgeon. After thirty years' service, £456 if a surgeon-major; £547 10s. if a brigade-surgeon, as against the £700 granted by the Indian Government. In the Army Medical Department the rates of retired pay are: for a deputy surgeon-general, £630 per annum; for a surgeon-general, £730, in both cases after twenty years' service, and without increase either for length of time in these ranks respectively, or in the service. In the Indian Medical Service, provided an officer has held the *appointments* respectively for five years, he receives as pension, if a deputy surgeon-general, £222 per annum more than in the British Service; if a surgeon-general, £320 more. These figures speak for themselves very unmistakably to intending candidates.

#### Mr. Charles Darwin on Vivisection.

MR. DARWIN has been so long known as a humane man, and had identified himself so warmly on a former occasion with a Bill to control experiments on living animals, that the anti-vivisectionists counted him and paraded him as a sympathiser with their political vagaries and ignorant misrepresentations. To put a stop to the use of his name in this way, Mr. Darwin has written a note to Professor Holmgren, from which we select the following passage:—"I know that physiology cannot possibly progress except by means of experiments on living animals, and I feel the deepest conviction that he who retards the progress of physiology commits a crime against mankind. Anyone who remembers, as I can, the state of this science half a century ago, must admit that it has made immense progress, and it is now progressing at an ever-increasing rate. What improvements in medical

practice may be directly attributed to physiological research, is a question which can be properly discussed only by those physiologists and medical practitioners who have studied the history of their subjects ; but, as far as I can learn, the benefits are already very great. However this may be, no one, unless he is grossly ignorant of what science has done for mankind, can entertain any doubt of the incalculable benefits which will hereafter be derived from physiology, not only by man, but by the lower animals."

#### Vaccination and Small-pox.

A SMALL pamphlet, prepared by the National Health Society, revised by, and issued with the sanction of, the Local Government Board, draws attention to the prophylactic power of re-vaccination against small-pox, and contains full directions as to how, without cost, persons may be vaccinated. Twenty thousand copies of this pamphlet have been circulated during the past few days in the Poplar Union, and large numbers have been sent to all the Metropolitan boards of guardians, with a similar object ; it is thus hoped that, by its extensive circulation this pamphlet may neutralise some of the pernicious literature adverse to vaccination that is being somewhat zealously distributed. It briefly indicates that the only protection of any avail against small-pox is vaccination, which not only modifies very greatly the severity of an attack, but in the great majority of cases wards off an attack altogether. It points out with regard to the alleged injury from vaccination that, with due care in the performance of the operation, no risk of any injurious effects from it need be feared ; that before its discovery the mortality from small-pox was forty times greater than it is now ; that since vaccination has become compulsory in England the death-rate from small-pox has further diminished to one-half of what it was in the previous sixteen years ; that people who are properly vaccinated escape attack to an immensely larger extent than unvaccinated people ; that in the London Small-Pox Hospital, whereas the rate of mortality by that disease was under one per cent. of thoroughly vaccinated persons, it exceeded 35 among those who were unvaccinated ; and that the degree of protection against small-pox is in direct proportion to the thoroughness of the vaccination. The facts thus brought together cannot be too much insisted upon, particularly at a time like the present, when small-pox has spread in the metropolis to an unusually great extent, and appears to be still on the increase.

#### Remote Sequela of Tracheotomy.

At a recent meeting of the Académie de Médecine, a note was presented by Dr. Mougest, of Troyes, to the effect that children who have undergone tracheotomy rarely, if ever, attain their majority. At Paris there have never been found conscripts with traces of tracheal cicatrix. This should not lead us to discourage tracheotomy, but to modify the method of operating. The disuse of metallic canulæ as advised by Dr. Martin, of Boston, would have the effect of preventing the production of the pulmonary emphysema and laryngeal phthisis which so often follow tracheotomy.

#### Domestic Life in the Transvaal.

FROM an interesting account of the Boers recently published, we learn the following particulars in regard to the habits of that people in so far as they relate to principles of hygiene and sanitation. The Boers rise at daylight ; they are indolent and dirty in their habits ; their drink consists of café noir ; they smoke tobacco almost continually throughout the day ; their diet is without variety, they make use of scarcely any vegetables ; personal cleanliness is unknown amongst them, their toilet consisting solely of a basin of water and a towel, no soap, sponges, hair brushes and tooth brushes, quite unknown to them ; their toilet prepared on the table the meals are taken at ; their appearance most dirty, uncouth, and unkempt. Their wives fat, badly and slovenly dressed, without stockings ; children, rosy-cheeked, dirty, ill-dressed, and ill cared for. Fowls, &c., run loose about the house. Here then is a state of things so completely opposed to all recognised principles of hygiene as can well be, and with what results upon the physique of the people ? The men are healthy, strong, hardy, courageous, capable of undergoing almost any extent of fatigue and exposure. Can more be said of results which have followed the application of scientific sanitation in its highest development ? In fact, do not these details suggest their own commentary ?

#### Health of Dublin.

THE average annual death-rate for the week ending April 23, 1881, in the sixteen principal town districts of Ireland was 28.9. The mortality, last week, in 20 large English towns, including London (in which the rate was 22.5) was equal to an average annual death-rate of 22.0 ; in Glasgow the rate was 22.9, and in Edinburgh 22.3. In the Dublin District, the deaths represent an annual rate of mortality of 32.4. Only 15 deaths from zymotic disease were registered, being 1 less than the number in the previous week, and 23 under the average for the sixteenth week of the last ten years. Twenty-five new cases of typhus were admitted into the principal hospitals during the week, being 11 under the admissions for the preceding week, 13 typhus patients were discharged ; 2 died ; and 103 remained under treatment on Saturday last, being 10 over the number in hospital at the close of the previous week. Two cases of typhoid fever and 6 of scarlatina were admitted against 6 and 7 cases respectively in the preceding week.

#### Atropine in Acute Middle Ear Inflammation.

BASING his observations on the good effect produced by atropine in eye affections, Dr. Theobald has used this remedy in aural diseases, and is convinced of its value. He has found it useful in cases of inflammation of the external meatus ; he has however seen its most active effect in acute inflammations of the middle ear accompanied by violent pain especially in children, also in cases of severe otitis media supervening on febrile exanthemata. Dr. Theobald instils into the ear 8 or 10 drops of an aqueous solution (4 grms. to the ounce) and leaves it there from 10 to 15 minutes. The instillation may be repeated every three or four hours, according to circumstances. When the membrane was intact he never saw any general effect produced ; in one case

when the membrane was perforated and when the remedy had been frequently employed on both sides, there appeared dilatation of the pupils in a little girl, 3 or 4 years old. The author however is undecided whether in this case the atropine was not carried directly to the eye by the finger. Dr. Theobald has seen the value of atropine in the case of his own child.

### The Notification of Infectious Diseases in Dublin.

THE Executive Committee of the Dublin Sanitary Association met last week and adopted the following resolutions:—

“That, in the opinion of this committee, any bill to provide for the notification of infectious diseases in Ireland should be compulsory, and should apply to every sanitary district in Ireland. That the medical practitioner (if any) in attendance shall either note directly to the sanitary authority the existence of a case of infectious disease, or else hand a notification to the occupier of house or person in charge of inmate.” “That a fee shall be payable only in case of the medical practitioner reporting directly to the sanitary authority. That where no medical practitioner is in regular attendance on a person suspected to be suffering from an infectious disease within the meaning of this Act it shall be incumbent on the occupier, &c., to obtain a certificate from a registered medical practitioner as to the nature of the disease (if any), and in cases where the sick person is entitled to gratuitous medical attendance, said occupier shall obtain such a certificate from the medical officer of health of the district in which the sick person resides.”

There is nothing unexpected in an Association of professed sanitarians deciding to sacrifice the medical profession on the altar of the deity at whose shrine they worship, but it was with much surprise that, on examining the list of members present when these resolutions were voted, we found that six out of eleven were medical men. Desiring further light on the subject, we addressed to the Association an official request for information as to the numbers for and against these resolutions, and received a polite refusal. We are, however, able to supply the information which was officially denied us, and to state that the two resolutions to force upon the physician the duty of notifying and to refuse him any fee for doing so unless he sends his report direct to the sanitary authority were each carried by a majority of *one*, the voting being five to four.

We do not imagine that the champions of notification will derive much encouragement from a verdict in their favour delivered by a bare majority in an assembly of eleven persons, and we anticipate that the medical profession will warmly resent the declaration of the Dublin Sanitary Association that, unless the physician pleases to post or carry his notice to the city hall or to the clerk of union he shall be paid nothing for his trouble. Even Mr. Gray's generous offer of a shilling for thirty days' notification is better than the tender for doctor's services made by five-ninths of the committee of the Dublin Sanitary Association.

Meanwhile, we are glad to say that the opposition to the measure by the medical profession in Ireland is being vigorously pursued. The whole case against the Bill has been put before the public by Dr. Jacob in a letter to the Dublin papers, which elicited a reply from Mr. Gray, and a further replication from Dr. Jacob, who hastened to

point out that not one professional organisation had approved of the Bill, and that the verdict of the profession—so far as it had been delivered—had been one of unqualified condemnation. This correspondence was followed up by a resolution against Mr. Gray's method of notification, adopted by the North of Ireland Branch of the British Medical Association. The Irish Medical Association has been active in preparation for the parliamentary campaign against the Bill, and has drawn amendments the effect of which would be to throw the onus of notification on the house occupier, or the custodian of the patient, which amendments it has asked Mr. Gray to accept, but his reply has not yet been received. A deputation from the Executive Committee of the Association also waited, on Saturday week, by appointment, on Dr. Lyons, M.P., to submit the views of the Association, and the proposed amendments, the purport of which Dr. Lyons, after careful consideration and inquiry, expressed himself as ready to support. The Association has also prepared a series of explanatory “Observations” on the Bill, for the information of members of Parliament, and the local influence of medical practitioners throughout the provinces is being exercised upon Irish members to cause the measure to be amended. Our readers will thus see that the representatives of medical opinion in Ireland are alive and busy in protection of professional interests in this matter.

### Crawford v. the British Medical Journal.

It is rumoured in legal circles in Dublin that the great Cork pilocarpine case is once more about to occupy the attention of a jury. The medical aspect of the matter was conclusively settled by the action taken by the Cork jury at the late trial after having heard medical evidence. The technical question of “fair comment” upon which the Cork jury disagreed is the one which is now likely to be re-opened.

DR. ALFRED MEADOWS has been selected to deliver the Harveian Lectures this year, the subject of which will be “Menstruation and its Derangements.”

HER MAJESTY THE QUEEN has been pleased to appoint Mr. John Evans, of the well known firm of Evans and Sons, of Dawson Street, Dublin, to be Chemist to Her Majesty in Ireland.

In the principal foreign cities, the rates of mortality according to the most recent weekly returns, were:—Calcutta 27, Bombay 34, Madras 46; Geneva, 25; Amsterdam 23, Rotterdam 25; The Hague 25; Copenhagen 27, Stockholm 34, Christiania 15; St. Petersburg 63; Berlin 25, Hamburg 23, Dresden 28, Breslau 34, Munich 32; Vienna 34; Buda-Pesth 37; Rome 32; Turin 30, Venice 25; Alexandria 32; Brooklyn, 23, Philadelphia, 22, Baltimore, 25, per 1,000 of the population.

THE general fatality of measles, scarlet fever, and whooping-cough in the large towns last week was considerably below the average for the season. The 27 deaths referred to diphtheria included 10 in London, 7 in Portsmouth, 3 in Edinburgh, 2 in Glasgow, and 2 in

Plymouth. The highest death-rates from fever were recorded in Glasgow, Portsmouth, and Bristol. Small-pox caused 88 more deaths in London and its outer ring of suburban districts, 1 in Liverpool, and not one in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

THE LATE LORD BEACONSFIELD.—An immense amount of snobbish writing has been indulged in over the fatal illness of this eminent statesman. There is no *rolé* among the many contemptible *rolés*, we regret to say, with which some medical practitioners may be charged, more contemptible than that of the individual who assumes transcendent knowledge after the event. Do we not all know the doctor who expresses regret at his having been called so late, that other measures had not been employed, and more than hints that a fatal termination might have been averted? We say this is a despicable part to play; it leaves painful, however groundless, regret in the hearts of many, while the coward who resorts to it, protects his affected superiority behind a position in its nature absolutely incapable of proof or denial. One of the leading medical journals, in alluding to the medical aspects of the illness of Lord Beaconsfield, remarks, "From the outset of the last illness the case was, in our judgment, hopeless, unless the higher cerebral centres of the nervous system came to the relief of the lower." We are tempted to ask, has this jargon any meaning? Would it not be as philosophical to say, "unless Providence came to the assistance of the lower nervous centres, Lord Beaconsfield must die." Is this pseudo-metaphysical science one whit better than the inflated bathos of the homœopaths? Is it not a great deal worse as coming from a journal which affects to lead scientific and lay medical orthodoxy? With a view evidently of "stimulating the higher centres," the same authority states, "It must ever be a source of regret that Lord Rowton . . . was unavoidably absent during the first and only hopeful stage of his (Beaconsfield's) illness. . . . also, we think, unfortunate that Lord Rowton did not see the noble lord until four days after his return. . . . also that Her Majesty's graciously expressed desire to visit the noble lord was not carried into effect." If Her Most Gracious Majesty and Lord Rowton possess thus the faculty of stimulating the higher centres in order that they may come "to the relief of the lower," and thus save dying statesmen from the "King of Terrors," the *rolé* of the Bambino is one which, so far as we know, has not yet been fairly tested in these realms.

A SURGEON'S JUBILEE.—A very worthy practitioner of medicine—Dr. John Borland, of Kilmarnock—was entertained to a supper, in the George Hotel, of that town, on the 29th ult., and presented with a testimonial consisting of a purse containing 500 sovereigns, together with a silver salver and gold brooch for Mrs. Borland, on the occasion of his jubilee as a medical practitioner in Kilmarnock. There was a large and influential company, including many medical men from a distance. The duties of the chair were discharged by Provost Sturrock, and those of croupier by Professor H. B. Macleod, Glasgow. Dr. Borland, in the course of his reply to the presentation, delivered an interesting speech, retrospective chiefly of the advances

which he had witnessed in medicine during his lengthened experience, prominent amongst these being vaccination, the use of anaesthetics, the study of hygiene. In surgery he remarked that "hospital diseases" had almost been stamped out, and sagaciously observed that this advance was equally notable in hospitals where the most varied and opposite methods of wound treatment were employed. The salver bears the inscriptions—"Presented to John Borland, M.D., with a cheque for £500, and a gold brooch for Mrs. Borland, on the occasion of his jubilee as a medical practitioner in Kilmarnock, in recognition of the invaluable services rendered to his native town during the past half-century. Kilmarnock, April 29th, 1881."

A HAPPY PEOPLE—DYING WITHOUT DOCTORS.—Mr. Peter White, surgeon, Busta Delting, has published a paper under the title, "Mortality and Medical Attendance in Shetland," in which he points out that about three-fourths of the deaths which occur in the Shetland Islands are not certified as to their cause by any medical man, and urging that, either by Government grant, or private charity, funds should be provided to establish dispensaries in the places most distant from the doctors, and to pay medical men for attending at these dispensaries not less frequently than once a week. Dr. White points out that the death-rate in Shetland is very low, only 13 per 1,000 annually, and justly observes that the cynical will be apt to draw conclusions therefrom, not altogether flattering to the Faculty. He thinks, however, that it is almost inconceivable that amongst the 75 per cent. of rural Shetlanders who die unattended by medical men, there would not be many whose distress would not be much increased by the reflection that they could not procure the aid which is usually so firmly relied upon by the sick and the dying. Ministers, who, it appears, seem to be abnormally abundant in these Islands, are said to possess a considerable knowledge of the healing-art, and to prescribe largely for the sick. As clergymen, of all other classes have, the most pronounced penchant for quackery of all sorts; we hardly regard clerical medication as of much value, indeed, it would be interesting to learn if the death-rate is not much higher in the realms of clerico-medical solicitude.

PROPOSED NEW HOSPITAL FOR GLASGOW.—A meeting of those favourable to the institution of yet another hospital for Glasgow was held in the Religious Institution Rooms, Glasgow, on the 27th ult., the Lord Provost presiding. The chairman said that this movement was in no way antagonistic to existing hospitals. Considering the question whether they had sufficient amount of hospital accommodation in Glasgow, it would, he thought, be admitted that there was a deficiency. As contrasted with Manchester, Dublin, and Liverpool, there was much less hospital accommodation in Glasgow. We have no sympathy with this movement. We do not stop to inquire into the motives of its promoters, or the financial prospects of the contemplated undertaking; but this we fearlessly assert that, when the social aspects of society in the nineteenth century come to be philosophically written, it will doubtless be recorded that much of the crime, the poverty, and the debauchery with which it must be held chargeable will be justly ascribed to the flagrant and wanton pauperising of the lower orders, after the fashion of mandlin philanthropy concealing self-seeking, and the aggrandisement of the few at the expense of the many. This is an argument that needs no enforcing. What are the facts as regards Glasgow? That at least the enormous proportion of one in four must be medically treated gratuitously; that, compared with thirty or forty years ago, there is hardly any working-class ractice whatever; that professional poverty is unquestionably

more ripe, while the number of medical practitioners is much increased; that young men discover, when they begin practice in most of our large centres of population, that they find themselves in competition (not always the most honourable) with the teachers from whom they have just parted company. Of the effect on the public there is no need further to dilate. The *Evening Citizen*, in discussing the prospects of the proposed hospital considers that "the monetary problem is both real and serious," and on this account augurs unfavourably for the institution. It contends that hospitals should not be dependent on the benevolence of the few, but should be supported by a public rate; and it enunciates the astounding proposition that "public healing is surely as notable as public teaching, or public park-maintenance, or public street-cleaning." We demur emphatically to the proposition. "Public healing" is no more a matter for public taxation than public clothing, public drinking, public feeding, or public buying of half-penny "dreadfuls." For what purpose, we would ask, has the parochial system been instituted? We repeat, we have no earthly sympathy with this movement, and will not be guilty of the affectation of saying that we wish it any success whatever.

**HEALTH OF EDINBURGH.**—During the week ending with Saturday, the 23rd ult., 98 deaths occurred in Edinburgh, and the rate of mortality was 22 per 1,000 per annum. Over 80 deaths were due to diseases of the chest. Scarlatina and whooping-cough each proved fatal in 10 cases. The southern suburbs continue to be entirely free from zymotic diseases.

**GLASGOW ROYAL INFIRMARY.**—Mr. Hy. E. Clark has been promoted to the position of Surgeon to the Royal Infirmary, Glasgow, vacant by the transference of Dr. Hector C. Cameron, to the Western Infirmary.

**THE "MILK EPIDEMIC" IN ABERDEEN.**—The Court of Inquiry into the nature of this epidemic has terminated its investigation. A considerable number of local medical men were examined. The report to the Board of Supervision has not yet been made public.

**GLASGOW ROYAL INFIRMARY DISPENSARY.**—For the office of Surgeon to the Dispensary Royal Infirmary, vacant by the promotion of Mr. Clark, we understand that Drs. Foulis and Whitson are candidates.

**ABERDEEN ROYAL INFIRMARY.**—Dr. Edward W. Robertson, of Duftown, has been appointed Assistant House-Physician, and Dr. George Shirres, Assistant House-Surgeon, to the Royal Infirmary, Aberdeen.

**GLASGOW UNIVERSITY.**—The ceremony of capping the new graduates took place at the University of Glasgow, on Friday, the 29th ult. A large company of ladies and gentlemen attended. The degree of LL.D. was conferred on Andrew Buchanan, M.D., Emeritus-Professor of Physiology in the University.

## Correspondence.

### THE PROPOSED EXAMINATIONS IN THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although dissenting in common with several other members of the Council from your statements as to the advantages, educational facilities, and lessened expense of the proposed examination scheme, I would have abstained from notice of them had not two important events since occurred. First—Medical education is to be inquired into by a Royal Commission, the composition of which is a guarantee that the investigation will be thorough and that surgical interests will not be neglected; and second, the

Medical Council has negatived by 14 to 2 the expediency of holding annual examinations which the students should pass before entering on the subsequent year's course. The minority consists of our representative and our President; the majority includes the representatives of seven licensing Corporations and of five Universities, and two Crown nominees. Under these circumstances, the other licensing bodies holding aloof, the sacrifice of our College is not likely to be persevered in, yet it is right that your readers should know there were many who thought the changes inexpedient.

Yours truly,

6 Merrion Square, Dublin.

E. D. MAPOTHER.

[We hope and believe that the vote of the General Medical Council, to which our correspondent refers, will not prevent the Irish College of Surgeons from carrying into effect reforms of education and examination which are necessary as much in the interest of the College itself as for the benefit of the student, and which are not the less deserving of approval because they embody an honest desire to do what is right, *i.e.*, to make the education of the surgeon thorough and practical. We do not regard this vote of the Medical Council as of much influence—Firstly: Because it is the vote of representatives of licensing bodies, of which not one has taken any steps to bring its examinations as regards sub-division of examinations into strict accord with the express recommendations of the Council of which they are members. Secondly: Because most of the votes of the General Medical Council, as is well known, pass unnoticed. Thirdly: Because the Council of the Irish College of Surgeons has contemplated reform and constructed the proposed scheme with a full knowledge that other and larger changes will be, before very long, effected by Act of Parliament, and therefore the relegation of the matter to a Royal Commission is a reason rather for showing the desire of the College for reform than for adjourning the improvements until the indefinitely distant epoch of a new Medical Act. That "the sacrifice of the College," as Dr. Mapother phrases it, is likely to be the result of a reformed system of education and examination, we entirely deny; but we assert that, on the contrary, the proposed scheme will be, and already is (so far as it is known), more popular with the student than the old system, will be cheaper, will be more genuine and yet more easy, and ought to give strength to the College to resist the competition of the new Royal Irish University rather than to "sacrifice" it to the demand of educational improvement in Ireland. No policy would more certainly and effectually "sacrifice the College" than that of maintaining the existing discredited system of repeated courses of lectures, paid for, but not attended; dishonest certificates; credit fee paying; apprentice farming; two years' idling and nine months' work; and all the other abuses which the proposed scheme seeks to abolish for ever.—Ed. M. P. and C.]

## Literature.

### THE BRAIN AND NERVOUS SYSTEM. (a)

1. In his preface Dr. Dowse disavows all intention of entering on vague and speculative theories relative to the pathology of neuralgia, and claims that this work be regarded as a practical treatise in which "curative treatment" is the main point to be elucidated.

The literature of neuralgia is very extensive, but it is scattered through many memoirs and periodicals, and the

(a) 1. "The Brain and Diseases of the Nervous System." Vol. II. Neuralgia: its Nature and Curative Treatment." By Thos. Stretch Dowse, M.D.

2. "On Brain and Nerve Exhaustion. Neurasthenia: Its Nature and Curative Treatment." By Thos. Stretch Dowse, M.D.



attempts have hitherto been few to present the practitioner with a concise handbook on the subject. Our real knowledge of the pathology of this affection is small, while the call for treatment is often very urgent. Therefore we cannot but commend the discretion which the author of the present treatise has shown in confining himself chiefly to the practical bearings of the question.

And practical in the best sense of the word this book is; not consisting of mere "rule of thumb" recipes, but still keeping steadily to the beaten road of that rational empiricism which leads to a truly scientific therapeutics, and a higher co-ordination of knowledge. After a short "Index to Cases," accompanied mostly by a summary of the treatment adopted in each, and very useful for reference, we come to an introductory chapter dealing with the general questions of diagnosis, &c. It is refreshing to find that Dr. Dowse at once shows a bold front to the enemy. "All neuralgias," he says, "are curable if the disease be taken at the right time, and the proper remedies employed, according to the individual constitution and the nerves affected;" but with these qualifications—"If a neuralgia be due to cancer or tumour, or to any other serious organic mischief, then to say that such is curable, would be to say that cancer itself is curable; and in like manner when a neuralgia is due to senile, textural, and vascular changes, the cure is in a measure doubtful, but most certainly not impossible."

Further on we find that our author does not despair of the so-called "epileptiform neuralgia," which has been, since the days of Trousseau, so generally regarded as an *opprobrium medicinae*. "I am not inclined to look so hopelessly upon the incurability of this form of neuralgia as M. Trousseau did, and my experience warrants my making this assertion." Dr. Dowse speaks of "several cases," but, rather unfortunately we think, only gives details of one. In this case the pain came on frequently when the patient tried to eat or drink. Treatment accordingly consisted in feeding the patient by means of a tube passed through the nostrils, giving nourishing and stimulating diet (of course in liquid form), and administering morphia hypodermically. But in how many cases of this most intractable and dreadful affection has morphia failed! Dr. Dowse does not recommend the nasal tube in ordinary cases, nor would any one use it, we apprehend, without some local indication. No doubt its use was of the greatest service in this particular case, and its action was to secure a certain amount of rest.

In the section devoted to treatment generally, due prominence is given to dietetic and hygienic measures. Avoidance of fatigue and overstrain, either of mind or body, is strongly insisted upon. The advantages of alcohol and a nourishing diet, rich in fatty substances, are dwelt on, though the author rightly protests against a routine system of treatment in these particulars. Under mechanical causes of neuralgia, he of course mentions decaying teeth. "One of the most common causes of abdominal neuralgias and sciatica is the distension and impaction of the lower bowel." In this connection it is pointed out that "many a drug which is otherwise inoperative becomes actively operative for the relief of pain after the liver and bowels have been well acted upon." Neuralgia of the womb is often associated with ulceration of the os. Several cases are given of neuralgia of the bladder due to fissure of the rectum, ascariæ, &c.

Electricity is well spoken of. Dr. Dowse finds most beneficial, "first, the continuous current for four or five minutes, followed by faradisation for about the same length of time." He mentions Benedikt's treatment of severe facial neuralgia, namely, passing galvanic currents through the skull, and we are surprised he does not point out the danger which Hammond has shown may attend this procedure. We are sorry to find nerve stretching receive less notice than it deserves. The evidence indeed is not very copious, but it is strong in favour of this operation in otherwise desperate cases. Among the specific remedies discussed are aconite, veratrum, ergotine, gelseminum, strychnia (an invaluable tonic in chlorotic cases), phosphorus, croton chloral, zinc, cannabis indica, &c. Iodide of potassium the author thinks is next to quinine—of the greatest value of all curative remedies in neuralgia. It is most beneficial when we have a clear history of gout or syphilis. Turpentine, recommended by Trousseau in neuralgia of the stomach, is "of first-rate value in ovarian, uterine, sciatic and crural neuralgias," given in the form of enema.

What might be called the "chloral stupe" (a hot solution of chloral hydrate—1 oz. to 16—applied on flannel after the

manner of a turpentine stupe), is certainly a very valuable remedy in many cases, and Dr. Dowse claims the credit of having been the first physician to bring this mode of treatment under the notice of the profession in this country. It is most useful in sciatica. We quite agree with the author in thinking that bromide of potassium is valueless in this affection.

Every practitioner knows the magical effects that often follow from the hypodermic injection of morphia in neuralgia. It is perhaps most beneficial when combined with atropine, but even when thus guarded we must say we consider half a grain a most heroic, not to say hazardous, dose to commence with. We have seen fatal results follow from the administration of half a grain of morphia to a person unaccustomed to the drug. Hammond more judiciously states that 1-6 grain is sufficient for a first injection.

We cordially endorse the rule, "never to continue injections of morphia for more than ten or twelve days" in simple neuralgia, and we think the following advice is also worthy of all praise: "In acute neuralgias, I do not care where they are, you must push a remedy to its fullest extent within 24 or 48 hours, and if it does not answer its purpose by that time, discard it at once; for, depend upon it, it never will, and we must then try another remedy."

We think that, without impairing the practical value of his treatise, our author might have entered more fully upon his reasons for dividing all neuralgias into "ordinary neuralgias, or neuralgias of individual nerves or groups of nerves," and "special neuralgias" (as of the throat, stomach, kidney, &c.). The latter class is very open to suspicion. "Neuralgia of the brain" we look upon as a particularly unhappy term, and the relation of the so-called "nervous headache" to neuralgia is, to say the least, dubious.

Though Dr. Dowse's book contains abundant evidence of mature thought and ripened experience, yet there are traces in it of haste in compilation. Thus it is to be regretted that the special treatment of so important an affection as lumbago should be dismissed in three lines. We cannot praise the manner in which the work has been seen through the press. For instance, all reference to a considerable portion of the text has been omitted from the table of contents. On the whole, however, we can heartily recommend this treatise as a clear and comprehensive text-book for practitioners.

2. Dr. Dowse admits that for many years he discarded the term "neurasthenia," or nerve exhaustion, "for when I was in the midst of pathological work I thought the term vague and unscientific, and I expected the scalpel and the microscope to reveal to me the cause of any arrest of nervous function." In the course of time he changed his mind, and found the term at least very convenient, or, as he says, "in every way most applicable to a number of nervous derangements." It is precisely this general applicability of the name that inclines most people to doubt whether it really expresses any distinct morbid entity. That there is a condition of nervous weakness and irritability such as that to which Dr. Beard has applied the title "neurasthenia" few who see much of nervous diseases will deny, but the questions are—What is it? What does it signify? What are its relations to other nervous affections? Long before Dr. Beard's memoir appeared a similar series of symptoms had been described by various authors as precursors of insanity. Krafft-Ebing, and other German authorities have given good descriptions of what would now be called neurasthenia, occurring in persons of neurotic constitution, whether hereditary or acquired. Dr. Dowse himself says, in the work before us—"I have no hesitation in asserting it to be my firm belief that many of the incurable cases of insanity, locomotor ataxy, progressive muscular atrophy, and many other diseases of the brain and nervous system, commence as a neurasthenia of the nervous centres, and when in this state they are quite amenable to treatment." How far insanity can be warded off must always remain doubtful till we are able definitely to lay our finger upon certain symptoms and say, "These unchecked would surely end in mental aberration;" but the author is undoubtedly right in considering, as we gather from the above passage, that the form of insanity which follows upon the "neurasthenic" state is not hopeful. On the contrary, it is almost invariably of a degenerative type, commonly taking that form which Krafft-Ebing calls "primäre Verrücktheit."

Dr. Dowse differs from Dr. Beard as to the significance of lightning pains. The latter states that they are often associated with simple spinal exhaustion, while the former says:

"Should a patient be suffering from the symptoms of spinal exhaustion, plus lightning-like, plunging and darting pains, although there be no other signs of locomotor ataxy present, let your prognosis be given with the greatest caution, for I feel sure in such cases as these sclerosis of the spinal cord is commencing." The domain of neurasthenia will probably be considerably curtailed as diagnosis of diseases of the nervous system becomes more exact—indeed, we should not be surprised if it follows the ordinary fate of "functional" affections.

Dr. Dowse gives excellent descriptions of the exhaustion produced by overwork in the young, and overwork or worry, or both combined, in the old. The following emphatic sentence is worth note:—"Brain exhaustion from over-study, and so-called cramming the brain is perhaps one of the greatest social evils of modern times, and is simply a blot upon advancing civilisation. It is opposed to all biological laws—social, moral, hygienic, ethical, physical, and rational."

In the section devoted to treatment there is much valuable practical information as to the mode of dealing with nervous depression. Among drugs the first place is given to opium, the watery extract being the preparation recommended. Next comes arsenic, which, contrary to general experience, the author places before phosphorus and strychnia. The salts of bromine, iodine, zinc, and iron, and many other drugs are mentioned, but all routine treatment is deprecated. Cod-liver oil is often of great service, especially for the young. Stimulants are often most beneficial, but require to be ordered with great care, as patients of this class are particularly liable to give way to the temptation to drunkenness. Of the first importance are "rest and nutrition." Under rest is included not merely avoidance of fatigue, which is in itself necessary, but also a removal, where possible, of the cause which may be at the root of the whole affair—for example, some domestic annoyance or business worry, or other more directly somatic cause. No routine can be laid down that will suit all cases. Even the overworked business man's holiday may be overdone or injudiciously done, so that he returns from a tour in search of health more knocked-up than when he went away. In every case we should labour to obtain the confidence of our patient, and never allow him to despair of his condition.

## Obituary.

### DR. THOMAS WILLIS, OF DUBLIN.

This gentleman one of the oldest of the practitioners of a past age has just died at Bray. The patriarchal term in his useful life had extended over 91 years. He remembered the troublous times of '98, and was always a willing and unflinching reference for those who wished to have living evidence of the momentous events of the beginning of the century. It was only recently that the health of Dr. Willis showed signs of failing. His career was one of charity and improving work. As Poor-law Inspector of Bantry, Kanturk, and Cavan, his exertions during the famine are chronicled in the history of that awful period. To Dr. Willis's efforts may be largely attributed the establishment of the society of St. Vincent de Paul, and the Catholic Institution for the Deaf and Dumb, on lines modelled upon those of similar Continental societies. As an author his book on the "Social and Sanitary Condition of the Working Classes" is quoted as an authority. His compilation of rentals known as "The Willis Collection," and purchased for the Landed Estates Court, was a serviceable work, and his library collection is of choice value.

### DR. BERNARD, DUNDRUM, CO. DUBLIN,

On Sunday morning, April 24th, died Dr. Michael Charles Bernard, a much esteemed suburban practitioner and a valued contributor to our pages. Dr. Bernard's entrance into our profession dates as far back as 1834, when he obtained the Bachelorship in Arts and Medicine at the University of Dublin, and the License of the Irish College of Physicians. For nearly forty years he practised at Dundrum, and for most of that time he filled the office of

Medical Officer to the Dispensary, and after his retirement from the Poor-law Service, on pension, he has continued in the enjoyment of considerable private practice in the locality. His contributions to this journal included papers on "A Simple Method of Relieving Retention," on "The Treatment of Bed Sores," on "Punctured Wound of the Elbow," and we hope next week to publish a communication from his pen, on "Reminiscences in Midwifery Practice."

## Medical News.

Royal College of Physicians of London.—The following candidates having passed the required examinations were admitted members on April 28:—

Bradshaw, James Dixon, M.B. Oxford, 29 Hyde Park Place, W.  
Haynes, Frederick Harry, M.D. Lond., Leamington.  
McAlister, Donald, M.B. Camb., Cambridge.  
Meeres, Edward Evan, M.D. Lond., Plymouth.  
Moritz, Siegmund, M.D. Wurzburg, Chesham, Manchester.  
Nall, Samuel, M.B. Camb., Whaley Bridge, Stockport.  
Taylor, Seymour, M.B. Aberdeen, St. Thomas's Hospital, S.E.:

The following were admitted licentiates on April 28:—

Barns, John Gay, 9 Falmouth Road, S.E.  
Davies, David Samuel, 2 Queen Square, Bristol.  
Dunoon, William Archdeacon, M.D., Croydon.  
Evans, Arthur Owen, St. George's Hospital, S.W.  
Fenton, Herbert Alfred Hill, 1 Cumberland Street, S.W.  
Havell, Charles Graham, St. Mary's Hospital, W.  
Heaven, John Cook-stler, 145 Kennington Road, S.E.  
Heskin, Theophilus, Stratford-on-Avon.  
Hulgrave, Augustine, 40 Reelworth Street, S.E.  
Little, Ernest Muirhead, 18 Park Street, W.  
Marsh, Thomas Alfred Perry, Bristol.  
Marsh, William Aspinall, Hindley, Wigan.  
Mottice, Richard Iram, M.D., 17 Horton Road, E.  
Mudge, Thomas Henry Traevs, St. Bartholomew's Hospital, E.C.  
Newmarsh, Bernard James, 35 Doughty Street, W.C.  
Ozanne, Frederic Newell, St. George's Hospital, S.W.  
Penny, William John, King's College Hospital, W.C.  
Phipps, Edgar Vivian, St. Luke's Hospital, E.C.  
Smith, Ernest Sutton, 7 Fitzroy Road, N.W.  
Taylor, Henry Herbert, 4 Morden Terrace, S.E.

South London School of Chemistry and Pharmacy.—The following prizes were awarded to the successful competitors at the examinations ending the 2nd B course, and presented on the 30th of April, 1881:—Senior Chemistry Medal, Mr. Thomas; Junior Chemistry Medal, Mr. Shaw; Botany Medal, Mr. Ball; Pharmacy Medal, Mr. Walker; Materia Medica Medal, Mr. Key.

## 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 FORSTER (Darlington) will please receive our best thanks.

DR. A. D. (Sheffield).—The reference to religious beliefs in the correspondence referred to is to be deprecated. We are always anxious to avoid religious controversy in our columns, and do not hesitate to strike out such references when we notice them in letters intended for publication. The line in this instance escaped our observation.

J. W. M. (Monmouthshire).—You were quite right in including diphtheria and croup in your list of infectious diseases to be notified to your local board. The latest Bill on the subject—now before Parliament—includes diphtheria in its schedule, and croup is so closely related to diphtheria, and so much dependent on insanitary conditions, that it certainly ought to be bracketted therewith.

POOR-LAW MEDICAL CONSULTATIONS.—J. C. M. writes: "I have been lately appointed under the Poor-law Act a dispensary medical officer. Some time since I was called in consultation by a neighbouring dispensary doctor in a case of midwifery through the *relieving officer* in the proper form. I should be obliged if you would let me know (1) to what fee I am entitled from the guardians, and (2) whether they should pay me car-hire (as I had to drive a distance of about ten miles to meet him, and was obliged to be absent for about nine hours)?"

[You are entitled to the same fee as you would receive for similar service in a private case, and if your services were formerly retained by the officer of the guardians you can recover that amount. No fee is fixed, but two guineas is the usual amount, car-hire being also paid for when the journey is lengthened and expensive.—ED.]

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The directors of the Society held their usual quarterly meeting on Wednesday, April 13th, at 5 p.m., Dr. Pitman, V.P., was in the chair. Applications for relief were read from 69 widows, 14 orphans, and

4 recipients of grants from the Copeland Fund. A sum of £1,250 was recommended to be distributed at the next quarterly court should the Visitors report favourably on the cases. There were no fresh candidates for membership or for relief. It was resolved to advertise once a quarter in the medical journals with the desire of making the Society better known. Dr. Temple, Dr. Self, Dr. Cumberbatch, Dr. Augustus Brown, Mr. Spencer Watson, and Mr. Vasey were the members selected to fill the annual vacancies in the directorship. The annual general meeting is to be held May 18th, at 5 p.m.

DR J. O. F.—We purpose devoting a series of articles on the evil to which your letter points.

MR. J. O. B. (Manchester).—The placard is beneath notice.

MR. H. E. CLARK will find the matter referred to in another column.

INDIRECT ADVERTISING.—A correspondent sends us a copy of the *Medical Chronicle* in which appears an article headed "New Instruments in Surgery," and which is an abstract from our columns of the proceedings of the Clinical Society of London in connection with a vein-brooch for the cure of varicose veins, &c., introduced by Mr. A. Baird Douglas, Surgeon, of Hounslow. Our correspondent asks if we approve the insertion of articles of a purely professional nature in the lay papers. To this question we unhesitatingly reply—No! There are, of course, articles at times in all medical journals of as great interest to the public as to the profession, to which, if not of personal advantage to the individual, there can be no objection; but the one before us is of the nature of a personal advertisement, and, therefore, in bad taste, as tending to lower the status of the profession.

ROYAL INSTITUTION OF GREAT BRITAIN.—At the annual meeting on Monday, May 2, Dr. Bowman, F.R.S., Vice-President, in the chair, the annual report of the Committee of Visitors for the year 1880, testifying to the continued prosperity and efficient management of the Institution, was read and adopted. The Real and Funded Property now amounts to above £85,400, entirely derived from the contributions and donations of the members.

#### PUNCH'S SONGS OF THE SCIENCES.—MEDICINE.

OH, would you study medicine, get learning anatomical,  
First fill your mind with all the lore of muscles and of veins;  
The names that they can boast of sound, you'll say, extremely comical,  
But you must learn them ere you try to ease our aches and pains,  
To grin derisively you use the *Musculus risorius*,  
The *Sternocleidomastoid* serves to turn the head away;  
We'll land upon Bell's Island, nor will think the work laborious,  
To cross the *Pons Varolii* a many times a day.

In course of time you'll learn, no doubt, the laws of Physiology,  
With all that Foster, Carpenter, and Huxley well must know;  
We'll hope you'll pay attention to Professors of Pathology,  
And gaze on all the wonders that the microscope can show.  
You'll find how blood goes through the lungs, and how they're  
Oxidising it;

How certain foods can do us good, while others do us harm:  
The body's like a steam-engine, 'tis really not surprising it  
Should take a regular amount of fuel to keep warm.

With Chemistry, and Pharmacy, and Surgery, and Botany,  
And Jurisprudence Medical, I fancy you will find  
Enough to fill a busy brain—that is, if you have got any;  
You cannot cure the body till you've amply stored the mind.  
You'll come when we are ill, like some benevolent inquisitor;  
Or gallant feats of Surgery shall startle all the town;  
While plunging into Lunacy you may become a Visitor  
Appointed by the Chancellor, like Doctor Crichton-Browne.

Here, surely, is a grand career—to cure our poor humanity  
Of all the ills to which our flesh is heir—a noble strife  
To wage against each fell disease, disorder, and insanity—  
To wrest the victory from death, and give the patient life.  
And when you've studied all you can, in order categorical,  
When you have worked at every branch of science under sun,  
You'll find—the illustration's not my own, but is historical—  
You pick up pebbles on the shore,—you've only just begun!

A DISCOURAGING CASE.—If the headache is accompanied with atonic dyspepsia, and there is a clean tongue with weight and oppression of the epigastrium, nitro-muriatic acid will be found serviceable before meals or three times a day. Dr. Day recommends the following formula in his work "On Headache."—

R	Tinct. nuc. vom.	..	..	} ss ℥i ;
	Acid. nitr. dil.	..	..	
	Acid. hydrochl. dil.	..	..	
	Tinct. aurant. . .	..	..	
	Aque pure, ad.	..	..	℥vi ;

Misce. A tablespoonful in a wineglassful of water three times a day

MR. HARRISON YOUNG.—Your "Notes on a Case of Constipation Simulating Typhoid Fever" shall appear in an early number.

OBSTETRICAL SOCIETY OF LONDON.—This day (Wednesday), at 8 p.m., Specimens will be exhibited. The President, "On a Case of Phlegmatia Dolens with Lymphatic Varix"—Dr. Galabin, "On a Case of Extra-uterine associated with Intra-uterine Festation, in which Abdominal Section was performed."—Mr. George Rigden, "On Statistics of Midwifery in Private Practice."

EPIDEMIOLOGICAL SOCIETY.—This day, at 8 p.m., Mr. John Spear, "On the Wool-sorter's Disease, or Anthrax Fever."

HARVEIAN SOCIETY.—Thursday, May 5, at 8.30 p.m., Dr. John Williams, "On a Case of Ovariectomy during Labour."—Mr. James R. Lane, "On Experiences of Antiseptic Surgery."

ROYAL INSTITUTION.—Friday, May 6, at 8 p.m., Hon. Geo. Brodrick, "On the Land Systems of England and Ireland."

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our Past List March 30th:—"A Guide to the Examinations at the Royal College of Surgeons" (4th Edit.), by F. J. Gant, F.R.C.S. "Ninth Annual Report of the Local

Government Board for 1879." "The Physical Signs of Cardiac Disease," by Graham Steell, M.D. "Students' Guide to Case Taking," by F. Warner, M.D. "The Detection of Colour Blindness," by C. Roberts, F.R.C.S. "Students' Guide to Medical Diagnosis" (6th Edit.), by S. Fenwick, M.D. "The Factors of the Unsound Mind," by W. A. Guy, M.D., F.R.S. "On Strangulated Veins of the Uterus," by T. B. Buckler, M.D. "The Human Voice," by J. Farrar, L.R.C.P. "Drugs that Enslave," by H. H. Kane, M.D. "The History of Salt," by E. Marlett Boddy, F.R.C.S. "On the Diseases of Children," by Wm. Henry Day, M.D. "The Disposal of Refuse," by W. Sedgwick Saunders, M.D. "Archives of Laryngology" (Vol. II.), by Louis Elaberg, M.D. "A Text-book of Practical Physiology," by W. Stirling, M.D. "What shall be my Practice," by E. Diver, M.D.

#### VACANCIES.

Carrickmacross Union, Raferagh Dispensary.—Medical Officer. Salary, £40, and £15 as Medical Officer of Health. Election, May 13.

Carlou Union, Ballickmoyler and Newtown Dispensary.—Medical Officer. Salary, £120, and £20 as Medical Officer of Health. Election, May 12.

Durham County Hospital.—House Surgeon. Salary, £100, with free board and lodging. Applications the Hon. Sec., the College, Durham, not later than May 16.

Stourbridge Dispensary.—House Surgeon and Secretary. Salary, £133, with apartments, &c. Applications to be sent, under cover, to the Hon. Sec., Dispensary, Stourbridge, on or before May 21.

Leeds Union.—Assistant Medical Officer. Salary, £100, with board, apartments, &c. Applications to be sent to the Clerk to the Guardians on or before May 9.

Sherburn Hospital, Durham.—Resident Medical Officer. Salary, £250. Applications to the Rev. the Master, Sherburn House, Durham, before May 20.

Torbay Hospital and Provident Dispensary, Torquay.—Senior House Surgeon and Provident Medical Officer. Salary, £100, &c. Applications to the Hon. Sec., not later than May 30.

#### APPOINTMENTS.

EWBANK, H., L.R.C.P. Ed., M.R.C.S.E., Senior House Surgeon to the General Hospital, Cheltenham.

HODSDON, J. W. B., L.R.C.P., L.R.C.S. Ed., Resident Physician in the Royal Infirmary for Sick Children, Edinburgh.

JACOB, E. H., M.A., M.D., Demonstrator of Physiology to the Leeds School of Medicine.

LOYD, J. J., L.R.C.P., L.M., House Surgeon to the Denbighshire General Infirmary.

MAHOMED, G., M.R.C.S.E., Resident Medical Officer to the Bourne mouth Dispensary.

MILLER, H. L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Witham District of the Brainree Union.

RYGATE, B. R., M.B., M.R.C.S.E., District (St. George's-in-the-East) Surgeon to the Royal Maternity Charity.

SHERWOOD, A. P., L.R.C.P. L., M.R.C.S.E., Medical Officer for the Kastbourne and Seaside District of the Kastbourne Union.

WHIFF, R., L.R.C.P. Ed., M.R.C.S.E., Medical Officer for the Burton District of the Kendal Union.

YOUNG, W. MUSEN, M.D., Assistant Medical Officer to the Suffolk County Asylum.

#### Births.

PHILLIPS.—April 28, at Albin Place, London Road, Reading, the wife of H. Heygate Phillips, M.D., of a son.

#### Marriages.

BLAKE—MOUNSEY.—April 28, at Goosnargh Church, Lancashire, Henry Blake, M.B., of Great Yarmouth, eldest son of H. Blake, M.D., Deputy Inspector-General A.M.D., to Lucy Agnes, eldest surviving daughter of Lieut.-Colonel Mounsey, of Preston.

MAURICE—CLARK.—April 28, at Christ Church, Folkestone, B. Maurice, M.B.C.S., Brighton, to Margaret, eldest daughter of Samuel Clark, M.D., of Folkestone.

#### Deaths.

BERNARD.—April 24, at Elm Lawn, Dundrum, Michael Chas. Bernard, M.B., T.C.D., L.R.C.S.I., in his 71st year.

COOPER.—April 29, at 20 Moor Street, Soho Square, London, Henry Cooper, M.R.C.S.E., in his 67th year.

LYSTER.—April 20, at his residence, 72 Devonshire Road, Prince's Park, Liverpool, C. E. Lyster, M.D., F.R.C.S.I., aged 46.

SCOTT.—April 28, at 4 Dean Terrace, Edinburgh, Wm. Scott, M.D., F.R.C.S. Ed., aged 87.

STOKES.—April 16, at Mullingar, Gabriel Stokes, M.D., aged 74.

WARREN.—April 8, at Malta, after a short illness, Wm. Henry Warren, L.M., M.D., Mem. Obst. Sect., M.R.I.A., Surgeon P. and O. of Australia, and formerly of the South City Dispensary, Dublin.

**PRIVATE INSTRUCTION** in CHEMISTRY, TOXICOLOGY, &c.—SOUTH LONDON SCHOOL OF CHEMISTRY and PHARMACY.—A separate Laboratory has been fitted up for the exclusive use of medical gentlemen qualifying for the various University examinations, or for medical officerships, who can therein receive private instruction in Practical Chemistry, Toxicology, &c., for long or short periods at stated hours. For fees, apply to W. Baxter, Secretary, South London Central Public Laboratory, Kennington Cross, S.E.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 11, 1881.

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## Original Communications.

### THE LUMLEIAN LECTURES ON BRIGHT'S DISEASE.

Delivered before the Royal College of Physicians.

By REGINALD SOUTHEY, M.D. Oxon., F.R.C.P.;  
Physician and Lecturer on Clinical and Forensic Medicine at  
St. Bartholomew's Hospital.

#### LECTURE III.—Abstract.

THE lecturer, discussing the anatomical structure of the kidney, insisted on the peculiar adaptability of the organ to the work it had to perform, and especially drew attention to the "safety-pump" arrangement of its parts, to secure efficiency under all conditions. Von Nussbaum's observations on the living kidney of the triton, displayed in a wet chamber under the microscope, revealed the fact that the glomerules vary in size, accordingly as they are or are not flushed with blood; the neck of the ampulliform capsule shortens; the size of the glomerule is remarkably affected by the blood-pressure through the tuft. The sum of the pressure exerted by the distended glomeruli is very considerable, and Cohnheim's suggestion is consequently a reasonable one, that the Malpighian bodies are the spots where blood and blood-plasma, under undue pressure, most easily find their way into the urine tubes. If the endothelium over the tufts be swollen up, albumen can and does transude here. Experiments have shown that directly the pressure upon the tufts in the Malpighian bodies is so great that the inflow *per vas afferens* exceeds the outflow *per vas efferens* the tuft becomes distended to its maximum; further pressure is followed by transudation of albumen or migration of blood-cells.

We are familiar, now, with the fact that curable cases of kidney disease often seem the most alarming at first, being abrupt and acute; while the more obstinate and incurable lesions may co exist with apparent health and the least possible disturbance of renal functions. Gregory in 1831, and Bartels after him, most clearly insisted on the truth, in accordance with which less attention is to be

paid to casts and albumen and sediment of urine than to its quality during the twenty-four hours, as indicative of functional capacity.

Bamberger's secondary form of Bright's disease, which differs only in causation from the primary kind, is that which is most commonly encountered; and its commonest exciting cause is chronic phthisis, a disease that is found associated with fifteen per cent. of all the cases of morbus Brightii of whatever kind. Moreover, two-thirds of the whole number are white or mottled kidney forms. Cardiac valvular lesions are associated with a large number of atrophic kidneys, and arranging the primary causes of the kidney affections, we see it occupying a conspicuous place. The order of these exciting causes may be thus arranged: Phthisis, heart disease, gravidity, disease of the urinary outlets, suppuration, alcoholism, and scarlet fever low down in the list. Alcoholic excesses are the cause of a much larger number of fatal terminations than is usually supposed, a fatal form of acute parenchymatous nephritis being associated with it. Two cases in proof of this statement were those of a young lady and gentleman, the former given to secret drinking, the latter the victim of protracted drunkenness. After death the kidneys in each case were found large, swollen, pale-coloured, and soft; their capsules easily detached. They were typical samples of acute parenchymatous nephritis. Few patients, in fact, die after attacks of delirium tremens in whom the urine is not either albuminous or suppressed.

The following tables, compiled from the post-mortem records of St. Bartholomew's Hospital, are highly instructive. The first shows the form of kidney disease in 550 fatal cases. The second deals with 358 fatal cases of granular kidney; and the third with 141 cases of large white or mottled kidney. The fourth table deals with 55 cases of amyloid kidneys:—

TABLE I.

Granular Cases—Males 223, females 135	...	Totals 358
White or Mottled Kidneys—Males 101, females 40	...	141
Amyloid Kidneys—Males 23, females 13	...	35
Acute Post-scarlatinal Nephritis	...	16

Grand total ... .. 550

TABLE II.—358 Fatal Cases of Granular Kidney.

	No of Cases.
Without dropsy at death ... ..	272
Presented heart-hypertrophy ... ..	241
"  valvular lesions and hypertrophy ... ..	96
"  dropsy ... ..	86
"  cerebral apoplexy or softening ... ..	79
"  acute pneumonia or bronchitis ... ..	41
"  phthisis ... ..	40
"  pleurisy ... ..	35
"  pericarditis ... ..	27
"  peritonitis ... ..	8
"  cirrhosis of liver ... ..	20
"  simple serous effusions ... ..	16
"  embolic infarcts ... ..	8
"  aneurism of large vessels ... ..	6
"  aneurism of heart ... ..	2
"  carcinoma ... ..	4
"  fibrosis of lung ... ..	3
"  ulceration of intestines ... ..	3
"  erysipelas ... ..	3
"  pyæmia ... ..	1
"  empyema ... ..	1
"  gangrene ... ..	1
"  meningitis ... ..	1

TABLE III.—141 Fatal Cases of Large White or Mottled Kidney.

	Cases.	
Presented at death ... ..	106	Dropsy.
"  "  ... ..	85	No dropsy, or not mentioned.
"  "  ... ..	15	Dropsical effusions into thorax.
"  "  ... ..	67	Heart normal.
"  "  ... ..	39	Heart valvular lesions; hypertrophy.
"  "  ... ..	27	Simple heart hypertrophy.
"  "  ... ..	2	Heart dilatation.
"  "  ... ..	23	Inflammations of serous membranes.
"  "  ... ..	12	Pleurisy.
"  "  ... ..	6	Peritonitis.
"  "  ... ..	5	Pericarditis.
"  "  ... ..	12	Acute pneumonia.
"  "  ... ..	11	Phthisis.
"  "  ... ..	5	Lung œdema.
"  "  ... ..	3	Acute bronchitis.
"  "  ... ..	2	Lung gangrene.
"  "  ... ..	3	Empyema.
"  "  ... ..	2	œdema of glottis.
"  "  ... ..	2	Abscess.
"  "  ... ..	2	Carcinoma.

TABLE IV.—35 Fatal Cases of Amyloid Kidney.

Of whom, 28 cases presented heart normal.	
"  13  "  "  phthisis.	
"  7  "  "  great dropsy.	
"  4  "  "  slight anasarca.	
"  5  "  "  no trace of dropsy.	
"  3  "  "  peculiar atrophy of heart.	
"  2  "  "  valvular cardiac lesions.	
"  3  "  "  empyema.	

In connection with these tables should be added the fact, not shown by them, viz., that in 38 out of 141 cases of large white kidney uræmic symptoms preceded death. In the absence of a special record of these signs, it is to be assumed that the more gradual kidney disease is, the more tolerant the system becomes of blood overloaded with nitrogenous excreta, and the less probable is the occurrence of sudden eclampsia. Dropsy of the brain, Traube notwithstanding, has no connection with uræmic convulsions. Dropsy and serous effusions appear to be Nature's conservative actions, by which she stores away, often in silent and insidious innocuity, large amounts of urea, which, if circulated in the blood, had hardly failed to have provoked most marked poisoning symptoms.

The larger the amount of dropsy, the less the heart hypertrophy, and *vice versa*. With heart hypertrophy, you have increase of blood-tension, and restoration of

kidney functions, and diminution of dropsy, in chronic renal disease; and, doubtless, the heart hypertrophy is a most salutary conservative effort upon the part of the individual whose kidneys present circulatory obstacles and excretory incapacity under ordinary blood-pressures.

The atheromatous changes in arteries generally found to accompany Bright's disease had been noticed by Bright, and later by Dr. Wilks; but Toynbee first commented on the enlargement of smaller arteries in the organ, and Dr. George Johnson in 1850 and 1868 described the remarkable thickening both of arterial walls and of Malpighian capillaries in chronic disease.

The change ascribed by Johnson to muscular hypertrophy, Gull and Sutton (1872) gave as hyaline fibroid metamorphosis of the outer coat of arterio-capillaries, while continental writers generally agree that it is an affection of all the walls of the arteries, but the intima most of all, and call it "endoarteritis obliterans," something nearly allied to atheroma. Dr. Johnson originally described the hypertrophy, which he showed to be widely distributed in the body, as assisting in urging forwards the blood in the vessels; but in 1875 he said it was a consequence of resistance to the force exerted by a hypertrophied heart, and secondary to the latter. He rejected the other explanations offered, in favour of the view that the increased action of the arterioles is the result of over stimulus conveyed to them through the nerves from the capillaries, these being irritated by the noxious character of the blood they contain. It would be reasonable, however, to find the same reason for hypertrophied vessels as for hypertrophied heart, viz., overwork in every case.

In 1872 Gull and Sutton described the changes they had observed in arterio-capillaries, and said "in granular contraction of the kidney, a hyaline fibroid substance may be seen between the convoluted tubules; it exists in considerable quantities around the Malpighian bodies, and in still greater amount in and around the walls of the minuter arteries." Dickinson described, without naming, the same change. Klebs, Weigert, and Cohnheim's descriptions all apply to a similar hyperplasia, and from them the argument that atrophic changes succeed impeded blood supply is warranted. The hyaline-fibroid changes differ from atheroma in being greatest in the arterioles and capillaries, and it is an undoubted pathological change. Gull and Sutton attribute to it the production of red granular atrophic kidney; they think it may exist also in the body without implicating the kidney, and cannot, therefore be due to mere impurity of the blood from renal disease. The facts in support of this view are, however, too few in number to merit its acceptance, leading as it must to belief in the assumption that granular kidney is one symptom only of general vascular degeneration. Ewald attributed the hypertrophy of the small arteries to the increased pressure they had to support, and calls Gull and Sutton's hyaline-fibroid, "endarteritis fibrosa." Chronic inflammation is the cause he assigns for the change which involves all the tissues of the vessel, whose lumen is gradually encroached on and narrowed by the intima. He does not agree that kidney hypertrophy is caused by vascular degeneration, but thinks the kidney change first in the order of events, having found only one case, a man of thirty, to support Gull and Sutton's views. He believed the capillary changes and the renal degeneration progressed *part passu*, followed by compensative hypertrophy of the heart; next increased tension, undue pressure on the walls of the arterioles, muscular hypertrophy and thickening of them, and finally, structural degeneration in consequence of perverse nutrition. Dr. Leyden, in 1880, has reopened the subject, urging that there are two kinds of vascular change, both being "arterio-sclerosis;" one Gull and Sutton's hyaline fibroid, and the other a thickening inseparable from ordinary atheroma. Dr. Leyden cites cases in support of his views that the kidney is not necessarily degene-

rated as a consequence of general vascular degeneration, but they are hardly conclusive to this end.

If hyaline-fibroid vascular degeneration is the cause of the interstitial renal disease, as Gull and Sutton and Dr. Leyden assert, and because it is sometimes far advanced when the renal disease is only beginning, and mainly because it well explains the hypertrophy of the heart and some of the associated mental and cerebral symptoms of renal atrophy, it must be admitted that we have more facts in support of endarteritis obliterans as a change following upon ordinary renal degeneration, than of its being the cause of it; and, from the paucity of the facts in support of Gull and Sutton's hyaline-fibrosis theory, we infer that this is a rare change even in well-marked atrophied kidneys.

Gull and Sutton's original argument was, that this arterio-capillary change was widespread throughout the body; that atrophied kidney was one symptom of it only; that it was a premature growing-old or wearing out of the blood-vessels, which led to structural local degeneration situated principally in the kidneys, the brain, the spinal cord, the heart, and the lungs—local degenerations which have been elevated to a too great importance, and regarded apart as local diseases; that in the kidneys, and presumably in the lungs and in the liver—three of the most vascular glands in the body—these fibrosis-changes may be expected to manifest themselves most prominently. The changes in the kidney entail, however, a peculiar train of symptoms, from the function of this gland; and these have been moderately well understood and studied, under the name of Bright's disease. The kidney is found atrophied in a peculiar way; and the disease, which is really a general one with some remarkable local tendencies, is, they say, wrongly attributed entirely to the organ, which is found to have suffered predominantly. Thus they would altogether separate the small red kidney from Bright's disease.

The view generally held in France and Germany that the vascular changes mainly affect the inner coat, is an endarteritis obliterans, is admittedly not that put forth by Gull and Sutton. It relates to a distinctly different condition, and herein lies the explanation of the differences of opinion. Dr. Johnson is describing one thing, a very apparently real muscular hypertrophy, although one difficult to estimate; for the state of contraction or dilatation and the mode of treatment after death, whether by injection or otherwise, of an artery, makes a singular difference in the apparent thickness of its muscular walls; Drs. Gull and Sutton are describing another; while Lancereaux, Bartels, Charcot, Rendu, are referring to a third. All are right, and each is only wrong in misunderstanding the other.

Side by side, and therefore most conveniently placed for comparison, in the same volume (xxviii) of the Pathological Society's "Transactions," 1877, may be read three papers upon this interesting subject from the pens of Drs. Gull and Sutton, Johnson, and Mahomed. It is encouraging once more to find that a feature of such importance in the history of Bright's disease, as these vascular changes are, should have been first notified by his countrymen. But we are not of opinion that they detract at all from the entity of Bright's disease. At most, Gull and Sutton establish one form of renal degeneration secondary to a vascular degeneration. But when the renal degeneration has reached the stage of imperfect or insufficient urinary depuration, the symptoms are in the main those of ordinary Bright's disease.

Bamberger found hypertrophy of the heart in 344 out of 807 cases of primary Bright's disease, and in explanation of the conditions several theories have been advanced. Dr. Bright insisted that the impure blood exerts an unwonted stimulus on the muscle of the heart, and prevents the easy passage of the blood through the small vessels, the left ventricle being consequently excited to unusual contractions. This explanation is, however, insufficient, since the greatest amount of hypertrophy is found to co-exist with a condition of blood in which no maintained impurity

can be assumed to have existed, to have stimulated the heart, or obstructed the passage of blood through the vessels. Further, in many other diseases besides those of the kidney, impurity of the blood does not by any means surely induce hypertrophy of the heart, so that although there are forms of Bright's disease undoubtedly associated with impure blood, this factor alone will not serve to explain the overgrown heart. Traube offered a double explanation, viz., obstruction of peripheral circulation, and excess of water in the blood; the order of events being thus described by him: obstructed circulation, increased arterial tension, supplemented or not by abnormal hydræmia, dilatation and hypertrophy of the heart. Bamberger thus arranges the objections to Traube's theory:—1. The hypertrophy by no means accompanies the kidney which presents greatest destruction of its vascular channels, to the exclusion of all other forms of Bright's disease. 2. It occurs where there can be no question of any obstacle to the amount of circulation through the kidneys, for injection fluids pass readily enough, as in the small contracted kidney they undoubtedly do. 3. Mere obstruction to the passage of the blood will not suffice to explain it, either situated at the Malpighian tufts, because this is quickly remedied by collateral blood-direction in the kidney itself through the arteriolæ rectæ, or placed anywhere else in the body by tying an artery, because of the ample room offered to collateral blood-flow. Cutting off a limb, which is surely suppression of a large vascular area, will not produce it; and, as Rosenstein showed, a dog, one of whose kidneys was removed, presented, many months afterwards, no hypertrophy of the heart. 4. Traube's theory, if it throws any light upon the hypertrophy of the left heart, throws more upon the hypertrophy of the right heart that frequently accompanies it.

Dr. Johnson, in his earlier writings, like Bright, attributed hypertrophy to impure blood, but at a later period he referred it to general arterial alteration, by which the left ventricle is excited to redoubled action. It is, however, more likely, or at least as likely, that the hypertrophy of the heart is provoked by increase of blood-tension independently of spasm of the arterioles; and that the alteration in these small arteries is, as it obviously is in aortic regurgitant disease, secondary to the hypertrophy of the heart; and, as Bamberger justly objects, it fails to throw any light on the hypertrophy of the right heart.

Von Buhl's theory is that the affection of the heart is due to an inflammatory process taking place in the heart, and stimulating it to over action. He thinks that the granular kidney and the hypertrophy of the heart occur coincidentally, but wholly independently of each other, and own some common source of origin, and that this is some sub-acute wide-spread inflammatory action. He found evidence of such past inflammatory changes in the endocardium or the valves, in the heart's muscular substance, and in the pericardium, in 67.7 per cent. of all cases of granular atrophy of the kidney. He also found relative constriction of the aorta, or an abnormal ratio between the circumference of the aorta and the length of the left ventricle, which he regarded as an accessory stimulator of the hypertrophy of the heart. But then he leaves wholly unexplained a great many cases of hypertrophy of the heart, in which he can find no traces of past inflammatory action, and refers them to fatty degeneration.

Sir W. W. Gull and Dr. Sutton's theory refers the hypertrophy of the heart to a change in the blood vessels of the heart itself, similar to that which they observed and described as occurring in various parts of the body, their arterio-capillary fibrosis; a change which, occurring in the kidney, led to granular atrophy; in the dura mater, brain, and spinal cord, to various manifestations of sclerosis. Their publication appeared before that of Von Buhl, and perhaps suggested in some measure the lines of his inquiries and the opinions at which he arrived. It certainly serves to explain the occasional hypertrophy of both sides of the heart, and many of the wide-spread pathological lesions, bronchitic, pneumonic, hepatic, and cerebro-spinal symptoms and complications sometimes



manifested. Further, that a wide-spread increase of nuclear interstitial tissue in the capillary meshwork is one of the most manifest pathological changes that occur in chronic Bright's disease, and especially in the very chronic forms of atrophied kidney, we can entirely confirm by our own experience, and prove by abundant microscopical specimens in our possession. But, at the same time, we are bound to state our conviction that the muscular hypertrophy of the arterioles is an equally well-established fact, which Gull and Sutton cannot be supposed to have either overlooked or denied, and is a matter wholly independent of the thickening of the capillaries and of the external tunic of the artery, which it usually, but not invariably, attends. Why it was not more prominently alluded to by them, we cannot tell. But we have seen marked thickening of the capillary walls in the kidney when little or no noticeable hypertrophy of the muscular coat of the arterioles existed in chronic renal disease, and, believe it, therefore, to be the most important factor in the production of the increased blood-pressure and hypertrophy of the heart; in saying which it must be observed that we hold Ewald's views, and had done so for some time, quite independently of having read them. Ewald thus propounds his opinion in Virchow's *Archiv*, Band lxxi, p. 453. 1. In point of events (and in causation), he believes in the existence of the kidney affection; 2. The blood-deterioration ensues; 3. The altered blood, he says, offers an obstacle to the capillary circulation everywhere.

The compensative, not degenerative, nature of the hypertrophy of the heart and muscular wall of the artery have been advocated by Bartels and Cohnheim, and it may be observed by means of the sphygmograph. The pulse wave is bold, high-peaked, square-topped, and indicates a stage at which the heart is vigorous and the patient in granular atrophy, passes excess of urinary water, enough for ordinary purposes, and occasional small amounts of albumen. The pulse tension is lower in chronic hæmorrhagic nephritis, but the other conditions are little altered.

Ewald found that in every case of interstitial nephritis (kidney-cirrhosis), the arteries were hypertrophied as well as the heart; that, in the mixed forms of kidney disease—interstitial and parenchymatous (or, as we should prefer to call them, mere chronic forms of hæmorrhagic nephritis, mottled kidneys becoming granular, &c.), two-thirds of the cases presented hypertrophy of the heart and the walls of the vessels, while one-third presented hypertrophy of the heart only; whereas, in the pure parenchymatous cases—i.e., the most acute forms of nephritis (those with smallest discharge of urine and greatest dropsy, and shortest course), the heart was only found hypertrophied to the extent of about thirty-three per cent., and the arterioles were not affected at all.

Bamberger concludes that the increased blood pressure is caused by a perpetual excess of water in the circulation—itsself due to kidney disease. This increased blood-pressure must produce either dropsy, dilatation, or hypertrophy of the heart. Dilatation will be favoured by impaired nutrition, lax fibre, or tissue wasting diseases. Hypertrophy will occur in persons otherwise vigorous, of healthy digestion, and on whom the strain is gradually induced.

In granular contracting kidney, as Virchow and Thoma have more recently shown, certain remarkable alterations in the circulation through the kidney itself takes place in the course and progress of the disease; and I may quote myself, for the fact is one I stated years ago, in 1865, first, as the blood's passage through so many Malpighian tufts is impeded by their wasting and gradual extinction, the topmost cortical layers become less vascular, the vasa ascendia dwindle at their tops, and the direct branches to the arteriolar rectæ enlarge, by collateral blood-flux; and further, in many instances, especially in those larger Malpighian bodies, those placed nearest to the vasa recta, the vasa efferens, can be seen passing straight on into the vas efferens, without capillarising in the glomerule at all, and the circumtubular

networks here become dilated and highly blood-filled. This is the stage in which the heart is highly hypertrophied, and is a well-nourished muscle, with no trace of degeneration attaching to it; when the kidney is red and highly vascular, the blood-passage through it is short, the blood-current swift; and when the secretion of urine is very little abnormal, except in quantity, which is notably increased, and in specific gravity, which is preternaturally low. This is the stage of thirst and polyuria.

But, later on, the blood-mass sinks again, the kidneys' power of excretion gains upon the body's faculty of absorbing, or the blood's power of maintaining, so much water; then, as the blood-pressure subsides, the dilating cause disappears, the dilatation of the heart's cavities diminishes, but the hypertrophy does not stand still, it only becomes more concentric.

Then if we follow the life-history of the case of granular kidney further, we find that the impurity of the blood increases as the discharge of urine diminishes, the capillary obstacles from impeded nutritional peripheral interchanges increase, the friction is greater, and the heart has a harder and harder burden cast upon it, while its own nutrition is inadequately provided for; it degenerates, becomes unequal to drive the blood on, and the end comes quickly by uræmic symptoms or lung-œdema, or apoplexy.

Bamberger's theory is, as he admits, a modified Traube's theory; and it must be allowed to be the only one, except Von Buhl's and Gull and Sutton's, which at all faces the facts, and endeavours to explain the hypertrophy of both sides of the heart.

Bright's disease must be regarded as a convenient term under which to group certain important clinical phenomena associated with variously marked forms of inflammatory degenerations of the kidney, all of which possess something in common. The symptoms are mainly the consequence of a local disease. Gull and Sutton's hypothesis, that interstitial atrophic kidney is a distinctly separate form is untenable. Bright's disease is a real entity, and while granular atrophy may be a consequence of arterio-capillary fibrosis in its most gradual and complete degree, it is the renal disease which gives the characteristic features to the widespread general phenomena.

Bright's disease may be primary or secondary, acute or chronic; its consequences may be best followed by recollecting what the functions of the kidneys are, and what their non-fulfilment must effect. These are primarily, to maintain the blood at a proper specific gravity, by removing excess of water and excess of salts from it, as well as special nitrogenous excreta. The duty of the kidney is to regulate the quantity, as well as the quality, of the blood—a matter sometimes lost sight of. If the blood-fluid be allowed, at any time, to swell like a flood, either dropsy, the transudation of its more watery part, must take place, or the blood-channels must dilate. If excess of salts accumulate in the blood the specific gravity or weight of the blood-column must rise, and increase the friction through the capillaries; it comes, then, to strain first the channels in which it is confined, the chambers of the heart, and the blood-vessels, and to tax unduly the pump-power of the heart, and the muscular walls of the arteries. If nitrogenous excreta cannot escape by the kidneys, they accumulate in the blood, or must make a way out for themselves by vicarious channels; maintained in the blood, they interfere with the chemical nutritive changes, perhaps effect that general lowering of the body-temperature which is characteristic of the uræmic state; making their passage out by the intestines, skin, or serous membranes, they surely sooner or later, provoke inflammatory changes. Just in so far as Bright's disease is held to comprehend all these phenomena of suddenly or gradually abrogated renal functions, is it a useful name.

The treatment of disease is wisely pursued by those only who possess an accurate knowledge of it; and to an increase of this our efforts have been directed.

## REMARKS ON DISSOLUTION OF THE NERVOUS SYSTEM AS EXEMPLIFIED BY CERTAIN POST-EPILEPTIC CONDITIONS.

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Physician to the London Hospital, and to the National Hospital  
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### INTRODUCTION.

(Continued from page 332.)

ON some parts I have worked for years in ignorance of what prior workers had done. I had, for example, arrived at the hypothesis of local exhaustion of nervous centres from epileptic discharges years before I knew that Todd and Robertson had stated it. I had come to the hypothesis of "loss of control," to use Thompson Dickson's expression, long before I found out that hypothesis had been propounded by him and Anstie. I may add to the above that I do not know of any previous attempts made to study Insanities on the principle of Dissolutions. In this book, too, cases of Dissolution beginning in the highest centres are considered in relation to cases of Dissolution beginning in subordinate centres.

In this paper a subject which is really exceedingly complex will be artificially simplified. It is absurd, if the account given purports to be thorough, to simplify a really complex subject by the very simple process of omitting the difficulties. But it is fair to artificially simplify it if we acknowledge and point out the simplifications. One simplification is omission of consideration of symptoms from disease of the cerebellum. All the difficulties I can think of will be stated.

There is an important thing I must mention at once which will, however, be more conveniently considered in detail later on. It is impossible to study cases of disease of the brain methodically if we confuse psychological states with nervous states. We must be thoroughly materialistic in our method so far as is practicable. What will be said later on on psychological states is said in order that we may study without psychological bias the material basis of mental disorders; that we may see how to investigate in a brutally materialistic manner. I consider what we may metaphorically call stages in Dissolution of mind simply to get to know the corresponding stages of Dissolution of the nervous system. In some of the earliest of the following sections this distinction will seem to many to be occasionally ignored. I sometimes speak of mental symptoms "from" disease of highest cerebral centres, along with physical symptoms from disease of lower centres. It would seem to some that one ought at once to insist on the distinction. But to those readers who have only considered disease clinically and who make no distinctions betwixt psychology and the anatomy and physiology of the Nervous System, this procedure would be most inconvenient.

In this paper I intend to speak chiefly of temporary conditions of some epileptic patients after their seizures. By these cases we can best illustrate Dissolution beginning in the highest centres. I must first speak of the epilepsy itself.

**SECTION I.—The Definition of Epilepsy.**—I have defined epilepsy as a condition in which there is a sudden excessive transitory discharge of some part of the cortex. Under this definition epileptiform convulsions are included. But except for purposes of illustration I shall say nothing of epileptiform seizures. By epilepsy here shall be meant solely what are called cases of epilepsy proper or genuine epilepsy, the epilepsy of nosologists. Clinically, the cases are those in which loss of consciousness is the first thing or nearly the first thing in the paroxysm. Anatomically, they are cases in which the discharge begins in some part of the highest centres, these centres being the anatomical substrata of consciousness.

From the foregoing it follows plainly that strictly we ought to speak of several kinds of epilepsy which are grouped under the term epilepsy proper. Doubtless there are at least as many kinds as—no doubt, more than—there are kinds of epileptiform seizures. In other words, the "discharging

lesion" may be of different parts of any of the several divisions of the highest centres. I suppose it may be in the front or back of either hemisphere; so far dividing the highest centres geographically. Dividing anatomically, the discharging lesion may be in the highest motor or highest sensory centres of either side; dividing after psychology in the motor or sensory substrata of either object or subject consciousness. There will be at least as many different epileptic seizures, differently seated discharging lesions, as there are different "warnings" of the paroxysm. So then we ought, for a thorough investigation of epilepsy, to note the particular kind of paroxysm as well as the post-paroxysmal condition. We have indeed in each case to note the kind of warning (mode of onset of the paroxysm), the particular kind of paroxysm in its stages of development, and the particular post-paroxysmal condition. But to start with we shall, as is customary, speak of epilepsy proper as if there were but one epilepsy.

**SECTION II.—The Importance of the Study of Post-Epileptic Conditions.**—I beg the reader never to lose sight of the fact that our particular task is narrowed to the condition of patients when their paroxysms are over, when the discharges causing them have ceased. Sometimes patients act more or less elaborately in this post-paroxysmal stage. There is, for an example, epileptic mania (post-epileptic I think). A consideration of cases of epilepsy on this aspect is very important, not only as illustrating Dissolution, but in other ways. 1. *Clinically.*—(a) Unless we have studied many kinds of Actions after epileptic seizures of different degrees of severity, and especially Actions after the slightest we shall overlook the epileptic nature of some of our patients' cases altogether, for example, we may mistake epilepsy for hysteria. We may occasionally be consulted because a person suddenly acts strangely, violently, or passes into a state which resembles somnambulism, and nothing will be volunteered as to epileptic attacks. Unless we have very carefully studied the phenomena of very slight seizures of epilepsy we shall misinterpret these cases; we shall dwell with exaggeration on the striking, and neglect the essential; the thing is to ferret out the quasi-trifling signs of a transitory fit. It is of more importance for diagnosis and treatment to inquire about such symptoms as transient pallor, movements of mastication, turning up of the eyes, than to note with care the "interesting" symptoms of elaborate quasi-somnambulism. (b) The cases alluded to are some cases of temporary Insanity. The term Insanity is used in its application to these cases in a sense far wider than the legal, popular, or even clinical, sense. It is to include, for example, such cases as those in which there are merely grotesque actions as well as cases of those patients who require restraint because their actions are violent and dangerous. Not only cases of epileptic (post-epileptic, I think) mania, but cases in which the actions are but slight caricatures of normal actions, such as mixing cocoa in a dirty gallipot, used for the cat's food, with a mustard spoon. I think that the careful investigation of temporary post-epileptic states is one of the very best ways of beginning the special study of insanity for practical as well as for scientific purposes. In many of the cases, as in that from which the second illustration given above is taken, the actions admit of easy analysis.

(2) *Socially or Medico-Legally.*—We can show that an epileptic after a slight seizure may act in a very purposive-seeming way when unconscious; so that, if his actions be injurious to others he is irresponsible. This of course has long been done by alienist physicians, but the public requires iteration of facts. I take the following summary of Trousseau's opinions from the Report on Forensic Medicine, in the first year-book of the New Sydenham Society. I suppose it to be founded, in part at least, on the work done by Morel and Fabret:—

"TROUSSEAU.—On Sudden and Irresistible Determinations in their relation with Epilepsy. L'Union, vol. ix, 540.

"If a man has committed a murder without motive, purpose, premeditation, or passionate emotion, in a state

of sobriety, and in the view of all—that is to say, in the absence of all those conditions under which murders are commonly perpetrated—M. Trousseau would be prepared to aver that the impulse to the crime must *almost certainly* have been the result of an epileptic seizure, even if he had not witnessed such seizure. If the act has been committed immediately after an epileptic seizure, attested by credible persons, the medical witness may assert positively that the impulse was irresistible. M. Trousseau cites numerous remarkable cases, showing that sudden and irresistible impulses, under which acts are committed which may or may not have important results, occur frequently during the minor epileptic attack (*petit mal*), or after the convulsive paroxysm; and that such acts are accomplished without the agent's knowledge, and are not remembered by him. The temporary suspension of free will renders him for the time irresponsible for his acts."

(3) The cases are important in the methodical investigation of that part of the Anatomy and Physiology of the nervous system which most evidently corresponds to Psychology. In this regard they are, to speak figuratively, experiments which disease has made on some part of the chief divisions of the Organ of Mind.

(4) The cases are examples of Nervous Dissolution.

It is from the last-mentioned standpoint that we shall, in this paper, chiefly consider the cases. But we must also consider them clinically and physiologically, or we shall not properly see how they come under the principle of Dissolution. All the facts are obtained clinically, and without a good clinical knowledge of epilepsy we should ignore some of the most important of them and misunderstand others.

Now we must widen our field; so far we have spoken of post-epileptic actions only.

#### MACEWEN'S OPERATION FOR GENU VALGUM. (a)

By FREDERICK ALCOCK NIXON, F.R.C.S.I.,  
Surgeon to Mercer's Hospital, and Lecturer on Anatomy in the  
Ledwich School of Medicine, Dublin.

MR. PRESIDENT AND GENTLEMEN:—Having carefully considered the various operative procedures devised and practised by different surgeons for the relief of that distressing deformity called genu valgum, I purpose laying before the Society the notes of a case which I have successfully treated by Macewen's method; a method which I think has not yet met with that recognition at the hands of Irish surgeons which it deserves, and which it will no doubt, at some future period obtain, when its simplicity and safety are more fully appreciated.

The notes are briefly these:—Patrick F., æt. 18, a labourer, native of the county Clare, was recommended by my friend Dr. Singard, and placed himself under my care in Mercer's Hospital.

On admission, he was found to be of delicate physique, and suffering from pustular acne, his right leg was the subject of well marked genu valgum, the left showing also a slight tendency toward the same affection.

On placing the boy upright with his knees in contact, there was an interval of eleven inches between the inner malleoli of the tibiæ; on the malleoli being placed in contact, the right leg crossed completely over a point of the left and well to its opposite side. No definite history of his having suffered from the common diseases of early life. His hygienic surroundings were no doubt faulty, there was no evidence of the affliction being hereditary; so far as could be ascertained the water supply of his district was pure, he worked in the open air, and enjoyed a full supply of sun light; he suffered from "growing pains" which, from the description he gave, were clearly due to physiological determinations of blood to the bones during the progress of their development. They were worst in the affected limb.

(a) Read before the Surgical Society of Ireland.

He attributed his deformity to using a shovel, which he pushed with the inner side of his right knee.

That the disease was of rachitic origin was, I believe, conclusively proved by the fact of the other limb showing a tendency toward genu valgum.

There was no contraction of the biceps, this and the other muscles generally being soft and flabby; there was no contraction of the external or morbid relaxation of the internal ligament; there was no arrest of development of the external condyle.

The inner condyle appeared to be abnormally developed on its inner side and flattened in its antero-posterior measurement. It was, moreover, unduly elongated, the lower third of the femur was the seat of a well marked curve, the convexity of which was directed inward. There was no obliquity of the tibial epiphyses. Thus it will be observed there were present in this case two out of the three factors which produced this deformity, the third and probably the least important having the obliquity of the tibial epiphyses being absent as I believe is the rule in about two-thirds of the recorded cases.

The operation was performed with strict antiseptic precautions. Anæsthesia being fully induced, so as to obviate muscular spasm. The limb was placed on its outer side on a sand pillow, the sand being moistened to prevent it flying. An incision, one inch in length, was made with one stroke of the knife straight down, and the bone, at a point half-an-inch in front of the tendon of the adductor magnus, and half-an-inch above the upper level of the external condyle, the knife being used as a director, the osteotome was introduced along its side, and pressed against the bone, care being taken not to disturb the periosteum more than could be avoided.

The instrument was driven far behind and within outwards and forwards, and again from before and within outwards and backwards, much caution being used not to divide the compact tissue on the outer anterior and posterior surfaces of the bone.

The femoral diaphysis having been thus partially divided by a jar-like wedge-shaped incision by a series of different sized osteotomes, I was readily able, by binding the limb across my chest, to place it in a straight position.

I applied a Liston's splint with a short posterior one, reaching from the gluteal fold to the centre of the calf, and had the patient removed to bed.

He suffered considerably from surgical shock for some time, also from loss of blood. The outer layer of Lister's dressing having become stained, I was obliged to remove it; the bleeding, which was altogether venous, and, I believe, from the bone having been previously arrested by our resident surgeon, Mr. Gaffney.

After this the patient had no untoward symptom. He had no constitutional disturbance. His temperature never, at any time, rose above 99° Fahr., and on the fourteenth day, when the dressing was removed, the wound was found to be completely healed, without any evidence whatever of suppuration. He was discharged at the end of the fourth week with a limb straight, strong, and useful, and when I last heard of him, about three days ago, he had returned to work.

Of the operations proposed by Barwell, Reeves, Ogston, Chiene, &c., Macewen's seems to me by far the safest and best. It is well above the important structures which secure the articulation, and it leaves the epiphysis intact, and so obviates the danger of arrest of development of the bone, still the results obtainable are highly satisfactory.

The object I had in bringing forward this case is to elicit discussion, did time permit, on the relative merits of the different operations proposed for the relief of this affection.

This case itself is also of some interest, as being the first treated in Mercer's Hospital by Listerism, and as being, so far as I know, the first occasion upon which Macewen's operation has been performed in Ireland.

## Clinical Records.

### LAENNEC HOSPITAL, PARIS.

Under the care of M. LEGROUX.

#### Case of *Uræmia* caused by *Infarction of the Kidney*.

Reported by M. DE BRUN, du Bois-Noir. (a)

FOR more than a year there has been, under the care of Dr. Legroux, in Piorry ward, a patient affected with right hemiplegia, consecutive to mitral disease (stenosis and insufficiency). The hemiplegia was stationary, and the cardiac symptoms had, for some months, caused little trouble, thanks to repose, and the administration of digitalis, when suddenly, on the 3rd January, 1881, the patient was seized with a general malaise and anorexia, accompanied with vomiting of glairy matter.

At the evening visit the pulse was found to be thready, the features drawn, the skin cold, especially at the extremities. A sensation of constriction at the abdomen, but no pain or meteorism. No motions.

Jan. 4th.—Patient better. Skin warm, pulse stronger. A bottle of seditz water given. At the evening visit, symptoms, same as previous evening. Injection of sulphate of soda. Some evacuation.

5th.—Same state. Abdomen hard; sensitive to pressure. Rectal examination revealed nothing. Micturition infrequent, and small in quantity. Brandy given.

6th.—Still no motion.

R. Ol. ricini, 40 grains.

Ol. crotonis, 3 drops.

During the night a motion produced.

7th.—Patient went to stool twice in the day, but passed no water. At the evening visit catheterism brought about a spoonful of urine; albuminous, and of normal density. Head-ache.

8th.—Slight icterus. Cough; some subcrepitant râles at the right base. No micturition.

9th.—Tongue dry. Catheterism again produced about a spoonful of urine. Intense cephalalgia. Subcematose state.

10th.—No micturition. Patient in a state of somnolence, from which she wakes only to be delirious. Temp. 35·8° C.

11th.—No micturition. Patient died in the evening.

At the autopsy we found: Heart hypertrophied, mitral stenosis and insufficiency. Brain: several spots of cerebral softening. Kidneys: the right greatly congested, and showing two moderate sized old infarctions. The left showed numerous recent infarctions with which it seemed crammed. There was also intense congestion of the cortical substance, congestion at the base of the pyramids of malpighi, whilst the rest of the pyramid is quite pale. Lungs: In the base of the right lung three small apoplectic centres.

Worthy of remark in this case was—

1. The fact of anuria produced by renal infarction.
2. The peculiar manifestations of this occurrence, the first symptoms of which suggested intestinal obstruction.
3. Lastly, the considerable part which we must give in the actual case to the hyperæmia of the kidneys. The renal embolisms would have been absolutely insufficient by themselves to cause this anuria, if they had not set up a violent congestion of the whole organ, a congestion especially intense at the base of the pyramids of malpighi. This flexion may be, by its importance, analogous to that observed in the lung consecutive to embolism of that organ.

WE regret to announce the sudden death of Dr. Falconer, of Bath, at his residence, a few days since. Deceased was of robust constitution and presence, and his death has given a severe pang to those who had the pleasure of his acquaintance. For many years he has been the respected Honorary Treasurer of the British Medical Association, and was unanimously elected president when it was decided to hold the annual meeting in Bath in 1878. Dr. Falconer was a F.R.C.P. Lond., M.D. Queen's University in Ireland, F.K.Q.C.P.I., M.D. Edin., D.C.L. Durham, &c.

## Transactions of Societies.

### SURGICAL SOCIETY OF IRELAND.

THE closing meeting of the Session of 1880 81 was held on Friday evening, April 1, in the Albert Hall, Royal College of Surgeons.

Dr. M'CLINTOCK, President of the College, in the Chair.

THE PRESIDENT apologised for the absence of the honorary secretaries, one of whom (Mr. Tufnell) was confined to bed, while the other (Mr. Richardson) had been examining in the College since four o'clock that day, and was not yet emancipated to take his part in the proceedings of the Society. He therefore called on Dr. William Roe, as the junior member of the Council, to act as hon. sec. *pro tem*.

Dr. ROE read the minutes of the previous meeting, which were confirmed.

#### TRACHEOTOMY.

Mr. HENRY GRAY CROLY wished to place on record a case of tracheotomy in which unusual difficulties were encountered. The patient, Edward Smith, æt. 28, who was in attendance to be examined, had been always healthy until October, 1874, when he had an attack of syphilis. Subsequently he had a secondary syphilitic eruption, for which he was treated with benefit in one of the Dublin hospitals. About twelve months afterwards he had another syphilitic eruption, and he then took small-pox. During convalescence he caught cold, from which he got a severe sore throat, with loss of voice. The sore throat affected him occasionally until October last, when the attack became aggravated, accompanied by a brawny swelling of the neck. On the 5th November last he was admitted into the City of Dublin Hospital suffering from cellulitis of the neck. He had the erysipelatous blush from the os hyoides down to the sternum. As usual in those cases, he had considerable difficulty both in breathing and swallowing. In fact he had all the symptoms of low fever accompanying the cellulitis of the neck. Incisions were made in the lines of safety—one in the line of the trachea; another higher up over the larynx; besides incisions on each side. The patient did not derive the same amount of relief from opening the cervical fascia that he had seen others get after that operation. At the same time the man was suffering from deep ulceration on the back of the pharynx, familiar to all as described by the late Mr. Colles. The deeper ulcer of the two extended on a level with the epiglottis. The lower part was deep, and the discharge was constantly irritating the patient's windpipe, so that the food was sticking into it. He was treated for the ulceration by the usual local applications—nitric acid, and afterwards mercurial fumigation, in addition to constitutional treatment. That which was of greatest interest in connection with the subject was what subsequently occurred. On the 1st January last, during his convalescence from the cellulitis of the neck and the deep ulceration on the back of the pharynx, he caught cold and got inflammation round the epiglottis, and also the ordinary symptoms of syphilitic laryngitis. On the night of January 7 he was seized with an urgent attack of laryngeal spasm induced by the falling down of a portion of mucus in the deep ulcerated part of the back of the pharynx. This was wiped out; but he had two attacks afterwards, and the dyspnoea became so urgent he had to remain in a sitting posture, and the resident pupils were in attendance on him during the night. In fact, the case became so serious that Mr. Ashe had the instruments ready, expecting that any moment either he or Mr. Croly might be called upon to open the windpipe. In the morning he got attacks of laryngeal spasms as well. Sitting on the side of the bed covered with cold clammy sweat, his condition at three o'clock in the day became so alarming it was thought he might at any moment die. To afford a chance of saving his life Mr. Croly was called on to perform the operation of tracheotomy. In the early part of the day Mr. Tufnell saw the case, and concurred in the opinion that in all likelihood the operation would become necessary before the evening. The operation was performed in the theatre, the patient having been placed under the influence of an anæsthetic. Mr. W. Thomson, Dr. Carte, and other surgeons, besides several students, were present. As was a common occurrence, the patient, when placed under the influence of the anæsthetic ceased to breathe. Mr. Croly made the incision in the line of what was called the high operation for tracheotomy. He

had to cut through the infiltrated tissues of the neck, where the patient was recovering from an erysipelatous attack, and the tissues were infiltrated and brawny. In consequence of impending suffocation it was with great difficulty the brawny tissues were cut through. There was very little bleeding; but that might be explained by the structures being matted together. Though he changed the knife and used a second, it was with great difficulty he cut through the tissues down on the trachea, and when he reached the trachea and fixed it with a hook it was also with difficulty he got through the trachea itself. He made a free opening into the windpipe, but no air escaped through the wound. The patient was then almost dead. Fortunately, the thought struck Mr. Croly to introduce the end of his little finger into the wound to ascertain the cause of the air not coming through, being satisfied it was fully opened. He then found there was a lymphic exudation flowing up the line of the trachea before the line of incision. Had he introduced the tube into the wound the thing would have been blocked, and nothing but a post-mortem examination would have revealed the actual state of affairs. As it was, he had to force a passage into the trachea to make room for the tube, and when it went down the full length the patient took a deep inspiration. The patient's breathing then went on uninterruptedly, and he made a rapid and satisfactory recovery. During the after treatment of the case the factor from the wound was most abominable, and was only corrected by keeping the antiseptic spray applied over the region of the operation in the room where he was. Taking it all round, tracheotomy was one of the most serious and fatal of surgical operations. But the case was interesting in several points of view—in consequence of the complication of cellulitis with ulceration and laryngeal inflammation, on account of the brawny tissues of the neck, and lastly the condition of the windpipe, which almost prevented the patient from breathing when the tube was opened.

The PRESIDENT—Having regard to the impending suffocation would be apprehensive of administering a strong anæsthetic; but he had no experience of such cases, and he would be glad to hear an opinion on that point.

Mr. CROLY, without replying, desired to observe that it was after consultation the anæsthetic was administered.

Dr. KILGARIFF said the case recalled two difficulties that often arose in the performance of the operation. First of all he would be in favour of administering anæsthetics in order to prevent the patient struggling and interfering with the manipulation of the operation. As to the difficulty of fixing the trachea and opening it, his practice had been this, that having exposed the trachea, he secured the tube with two tenacula, one on each side, entrusting the instrument to assistants. Thus the tube was kept perfectly steady. Having a tenaculum on each side there was no difficulty in opening the windpipe. The knife could be freely introduced into the tube, which might be then slit up to any desired extent. Before his mind was a case in which he performed the operation. Having opened two or three rings of the trachea, no air entered. Of course he would not then introduce a tube. Air had neither entered nor left the lungs, and it was perfectly clear to him then, that the trachea or the tubes farther down must be blocked. The case was supposed to be one of diphtheria. It occurred a few years ago, when stomatitis and tonsillitis prevailed in the city, with fatal results in several instances. But the case in point was not, in his opinion, one of diphtheria, or he would not have acted as he did—he applied his mouth freely to the wound, and he removed clots of blood and imperfect casts of the tube. When he proceeded to perform the operation the patient's lips were of a livid plum colour, and the face deeply congested; but in a few moments afterwards the face became quite calm, and acquired the ordinary healthy appearance. The tube having been introduced, the child breathed freely afterwards. Dr. Baxter, who assisted him on the occasion, would corroborate what he had stated.

Dr. BAXTER said he had a distinct recollection of the case. The operation was performed about six years ago on a child about seventeen months or two years old. When about to begin the face was quite livid, but immediately on opening the larynx it was remarkable how the colour returned. However the case did not turn out a success.

Mr. CROLY replied. He did not think that Dr. Kilgariff's case had any bearing whatever on his own, because the difficulty of fixing the trachea had nothing to do with it. Every surgeon knew that fixing the trachea with two hooks, especially in treating children, was important. But his

point was the cutting through an infiltrated neck. In Dr. Kilgariff's case there was no infiltration. As to the colour coming back to the face, that occurred in every case of the kind. Thus the points mentioned by Dr. Kilgariff were of every day occurrence in tracheotomy. But the difficulties that occurred in Mr. Croly's case he had never witnessed before, and he had frequently done the operation for syphilitic disease and croup, and he was present at an operation by Mr. Corley in a diphtheritic case.

Mr. F. ALCOCK NIXON on

MACEWEN'S OPERATION FOR GENU VALGUM.

which will found on page 400.

Mr. KENDAL FRANKS said the subject of osteotomies in general was so fully debated at the last meeting, that there was little to be discussed outside Macewen's operation. He had performed that operation twice himself, and he intended to have read a paper upon it, but postponed doing so till the end of the session, when he found that Dr. Nixon preceded him on the list. The first case in which he performed the operation occurred two years ago. He did not publish it at the time for the same reason that a good many cases were held back, namely, that it was unsuccessful. The limb, which was crooked, he made straight, but two days after the child got scarlatina, accompanied by profuse suppuration at the wound, abscess in the thigh and round the leg, and the child died of exhaustion. That case did not prove or disprove anything, the scarlatina taking all merit or demerit from the operation. The second case he had about two or three months ago. A child, very poorly nourished, was admitted into the Adelaide Hospital with a leg at an angle of 145 degrees. He performed Macewen's operation under the spray, taking every antiseptic precaution. He went two-thirds through the femur, and used a chisel to make a wedge in the bone upwards and downwards. When the wedge was made, by the use of his hands alone he succeeded in making the bone perfectly straight. The bone did not break. Then the dressings were applied, and a bandage was put on from the foot to the hip, and over it an application of plaster of Paris, to keep the limb in position. The dressings were not changed for ten days. On removing them then the wound was completely healed, except a little abrasion of the skin where the incision was made. That was due to the irritation of the carbolic dressings. He dressed again antiseptically, and did not disturb the dressing for a week, when, on taking it off, he found everything healed. The child was kept in hospital to straighten the other leg by means of splints, the limb not being sufficiently crooked to justify an operation. Thus Macewen's operation was suitable in those cases, and under antiseptic precautions would lead to good results.

Dr. KILGARIFF said Macewen's operation, applicable to certain deformities at the knee-joint, was not by any means an original one, being almost identical with that proposed by Rhea Barton, of Philadelphia, in the year '39, or at all events, many years ago. However, Barton did not propose it for the deformity known as genu valgum, but for certain cases of ankylosis of the knee-joint. He had himself a single experience of the particular operation, having performed it a few years ago in a case of osseous ankylosis of the knee, in which the leg was at right angles to the thigh. Having cut down on the femur above the synovial membrane, he removed a wedge-shaped piece of sufficient size from the thigh bone, the wedge behind enabling him to place the limb in a favourable position. On removing the piece he straightened the limb. Suppuration took place, and although the treatment was fairly antiseptic at the time, the bones did not unite for two or three months afterwards. The case did very well. He had also had some experience of the deformity of genu valgum, and he wrote a paper on it as being the first in this country to perform the operation advised by Ogden. Since then he had had no opportunity of operating; but the result of that case was most gratifying. The patient was a delicate girl. He separated the internal condyle with a considerable portion of the femur above it, placing that condyle in normal relation with the outer condyle. The operation was conducted according to strict Listerism. In the first instance in which he operated all symptoms of inflammation, and even of tumefaction, disappeared after a fortnight, and in the second no ill effects whatever followed; the girl had now straight limbs, and she was strong and healthy. His experience in

that case would encourage him to perform Ogsden's operation again.

Mr. WILLIAM STOKES thought Dr. Kilgariff was hardly justified in saying that Macewen's operation and Rhea Barton's were identical or similar. There were important differences between those operations. For instance, the situation where the section of the bone was made differed in both. In one the section was made in the anterior aspect of the bone; in the other in the lateral. Again, in one the procedure by a subcutaneous operation—by a free incision down; and in the other it was done by the osteotome. Lastly, the operations were performed for extremely different conditions. If the foregoing did not constitute differences, he did not know what differences in operations were.

Mr. E. H. BENNETT entirely endorsed Mr. Stokes's remarks with reference to Dr. Kilgariff's criticisms, because he did not think that an operation such as Rhea Barton's tantamount to an excision of the knee-joint, was to be compared to the class of operations Mr. Nixon had recorded. The style of the operation and the class of wound were totally different, and the conditions for which they were adapted were totally different. The point Mr. Nixon raised had not been dwelt upon. Such operations performed by Irish surgeons were not many, simply because Irish knees were too straight for the proceeding. Speaking generally, the great principle of Macewen's operation was, first of all, that it was a section made by an osteotome or chisel, without any *debris* from the saw, and while made through an open wound, still a limited one, not such as would be made for an excision of the knee. On this point he might fairly criticise Mr. Nixon's communication, and dispute the priority he claimed in the performance of the operation, for it would be recollected that he had himself brought forward on the last night of meeting a paper in which he treated of the three cases, including four operations by Macewen's method in distinct localities; two on the tibia for deformity of the tibia, the type of Macewen's operation; a section of the femur beneath the trochanters, for the relief of the fracture; and also an operation on the elbow-joint. He did not think the place at which the operation was performed made any great difference.

Mr. CORLEY pointed out that communications on operations for the cure of genu valgum had been frequently before the Society, most successful cases having been recorded by Mr. Kelly, of Jervis Street Hospital, eight or nine years ago, the procedure being by a division of the external lateral ligament of the tendon of the biceps.

Mr. NIXON replied. A good deal of doubt seemed to exist in the minds of some members of the Society as to what Macewen's operation was. Mr. Franks in his remarks had stated that in the operation which he performed he used a chisel to make a wedge. If he did, that was not Macewen's operation at all. Mr. Stokes had anticipated his answer to the remarks of Dr. Kilgariff, but he would repeat that Mr. Rhea Barton's and Mr. Macewen's were wholly different, the great principle of Macewen's being that he did not remove any bone whatever.

Mr. BENNETT.—He decidedly states that on any occasion he pleases he removes a wedge.

Mr. NIXON said he was confining himself entirely to the operation of the section of the lower portion of the femur with the osteotome for genu valgum. He was not aware of the operation that Mr. Kelly performed eight years ago by the division of the external lateral ligament; but there were cases recorded of that procedure having been followed by disastrous results.

Mr. FRANKS.—I read his article carefully, and followed his directions as minutely as I could. I removed no bone either, but did exactly as he directed in his original article.

Mr. NIXON was under the impression that Mr. Franks said that he used a chisel to make a wedge.

Mr. FRANKS.—I passed the osteotome to form a wedge, but not to remove a wedge.

#### THE PRESIDENT'S ADDRESS.

The PRESIDENT said he must relieve their minds from the gloomy apprehension that he was going to give an address. Nothing was further from his intention. How the announcement that he was going to do so came on the notice paper he was at a loss to account for. However, he would venture to make a few cursory remarks. That was the last night of the fiftieth session of the Surgical Society, ending the

first half century of its existence. They might look back on the history of the past session with considerable satisfaction, the amount of work done being in no way inferior to any of its predecessors. During the session nine ordinary meetings were held. It would be desirable, as was done in nearly all the great English Medical Societies, to keep a record of the number of members that attended each meeting, and also the number of visitors. To do so would not impose extra trouble on the secretaries, because each member as he came in wrote his name in a book, and the porter could inform the secretaries of the numbers present. The record would show the progress of the Society by the interest attaching to its meetings. There had been twelve formal *original communications* made to the Society during the past session, some of them exhibiting a great deal of originality, and all of them care and industry. Besides, there had been shown twenty-one *pathological specimens*. The exhibition of recent specimens he considered an important and valuable part of the Society's work, and it was to be regretted that there could not be some discussion admitted under limitations upon those specimens. In many instances that would be desirable as affording a wholesome check or restraint upon the exhibitors, who would be cautious in their remarks when they knew what they said was liable to be commented upon and criticised. In the 28th rule it was stated, "That recent specimens, if desired, shall take precedence of all other communications; but in such cases no discussion shall be permitted thereon." It was but just to the authors of papers that that rule should exist, otherwise the discussion on recent specimens might push the papers out of the running altogether. At the present time, when there was such great haste in medicine and surgery to bring ideas forward and secure priority, to alter the rule would be an injustice, and would discourage men from reading and preparing communications. The only way, then, in which a discussion on recent specimens might be permitted consistently with the principles he had stated, would be with the consent of whoever was to read the first paper, but even this is obviously open to objection. A very important part—he was inclined to say the important part of the business of a Society like this consisted in the discussions. Oftentimes a paper was of little value itself, but it served as a hook on which to hang a valuable debate; eliciting an expression of the opinions of experienced men upon some important point of practice. He therefore thought the discussions formed the most important part of their proceedings. Throughout the Session, all the discussions, though occasionally a little warm and animated, had been conducted with strict propriety; at any rate, without any breach of the courtesy and the propriety of language that should always be maintained in any society of gentlemen. It was right and fair that there should be the freest expression of opinion on opinions put forward; but that was very different from casting an imputation on the character or veracity of an author. If there was not a certain freedom allowed in discussion, the debates would become milk and water sort of things, of no value or interest. He apologised for having been several times absent from the meetings of the Society. The loss, however, was all his own; because, on every occasion they had been, as they would be on every future occasion, able to find among themselves a more competent chairman. He had nothing more to add, except to express a sincere hope that they might all be permitted to meet there again under similar circumstances next November; and in the meantime, he urged those who had hitherto been zealous and industrious in bringing material and pabulum to the Society's meetings to continue accumulating facts and figures in the six months before them, thereby laying up a stock that would yield valuable communications in the ensuing session. In view of that, he would say in the words of Horace:

"Condo et compono, quæ mox depromere possim."  
The Society then separated.

#### ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.

WEDNESDAY, APRIL 20TH, 1881.

THOMAS EDGELOW, L.R.C.P., President, in the chair.

#### SOFT PALATE AND COMPLICATIONS.

MR. FRANCIS MASON, F.R.C.S., exhibited two patients from



St. Thomas's Hospital. The first was a child, *æt.* 9, upon whom he had operated successfully for cleft palate. The chief point of interest in the case was that the patient had been operated upon previously at another hospital, and not only had no union taken place, but the right side of the soft palate had completely disappeared, and from what cause it was difficult to determine. This circumstance rendered the case peculiarly unpromising for operative procedure, but by dint of free incisions the parts came well together, and the result was most satisfactory. Two operations were required, the soft palate being closed first; and after an interval of a month, the hard palate was dealt with by the so-called Langenbeck operation. There was no hare-lip in this case. The next patient was a young woman, *æt.* 24, the subject of a single hare-lip on the left side, complicated with a fissure extending completely through the hard and soft palate. Mr. Mason was indebted to Dr. Eyan Jones, of Aberdare, for the case. One point of interest rested in the remarkable fact that no operation had been performed on the lip in early life. In dealing with this case, which was by no means a promising one, Mr. Mason operated first on the palate, believing that the fissure in the lip would facilitate, as indeed it did, the steps of the operation. The soft palate was closed, and in order to relieve tension the bony palate was perforated and divided with a chisel, somewhat after Dieffenbach's plan. Partial union only took place, and this untoward result was probably attributable to the cold air entering the mouth through the fissured lip. He, therefore, thought it best before doing anything more to the palate, to close the fissured lip, and this operation he performed about a fortnight ago with marked improvement to the patient's personal appearance. He added, that he hoped in a short time to complete the closure of the palate, and in conclusion referred to a fact he had frequently noticed in connection with hare-lip in children and adults, that when a tooth is exposed to the air at the fissure of the lip, the tooth generally undergoes caries. In this instance the lateral incisor of the left side had become carious, and had broken off at its neck.

Mr. HENRY LONG JACOB, of Birkenhead, exhibited a second lower molar tooth into which the wisdom tooth had become impacted into its posterior aspect.

Mr. CRAIGIE brought forward a remarkable case of irregularity of the teeth in the upper and lower jaw, occurring in a young lady, *æt.* 13, and made some remarks on its treatment, &c., &c.

NOTICE has been given that an examination of candidates for ten appointments as surgeon in Her Majesty's Indian Medical Service will be held in London in August, 1881.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their populations were:—Leicester 12, Norwich 15, Sunderland 15, Leeds 16, Birmingham 17, Hull 17, Portsmouth 18, Oldham 18, Nottingham 19, Newcastle-on-Tyne 19, Edinburgh 20, Glasgow 21, Plymouth 21, Bristol 21, London 21, Sheffield 22, Brighton 23, Manchester 23, Wolverhampton 23, Liverpool 25, Salford 26, and Dublin 30.

OF diseases of the zymotic class in the large towns last week, measles showed the largest proportional fatality in Bristol, Newcastle-upon-Tyne, and London; the general fatality of scarlet fever and whooping-cough was considerably below the average for the season. Fever, principally enteric, was abnormally prevalent in Dublin. The 17 deaths from diphtheria, showing a decline from recent weekly numbers, included 6 in London, 5 in Glasgow, and 2 in Liverpool. Small-pox caused 75 more deaths in London and its outer ring of suburban districts, one in Birmingham, and one in Glasgow. None were registered elsewhere.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 11, 1881.

## SMALL-POX AND EPIDEMIC CONSTITUTION.

As illustrating the extent and virulence of the present epidemic of small-pox in London, we learn that, whereas the numbers of cases of that disease admitted into the hospitals under the Metropolitan Asylums Board were 253 and 777 in the last two quarters of 1880, they rose to 2,288 in the first three months of 1881; that the number of cases under treatment at the end of March was 899—that is greater than has at any time since 1877, been so; that the existing hospital accommodation is now quite inadequate for the subjects of that disease, and that further increase in extent of the epidemic is expected by those who study such subjects. All these circumstances give rise to certain reflections. One is this: Not many years ago we heard on all sides proclaimed the revelation of a new science—sanitary science. Before it epidemics were to be abolished, certain kinds of diseases, said, in the phraseology of the time to be *preventible*, were to be altogether suppressed; human life extended to a hundred years, that being the proper period to which, according to the principles of the new-born science, it *ought* to reach. For the purpose of carrying out extensive "sanitary" works and schemes very large sums of public money have been, and

continue to be, expended. No doubt the comfort and convenience of communities and individuals have been greatly enhanced thereby; but so far have so-called "sanitary schemes" been from putting an end to epidemics of small-pox, that the one now prevailing is actually more extensive and more severe in its nature than were some outbreaks of the same disease that prevailed years ago, and long before "scientific" sanitation had obtained a title of its present development, and before large special hospitals for the reception of patients suffering therefrom had been multiplied as more recently they have been.

Are we to explain this circumstance by the theories of contagion alone, specific poison alone, or pythogenesis alone? By none of these can we account for the outbreak of the disease in places and at times separated from each other by intervals of great but varying extent; for the development, culmination, decay, and disappearance, after a time, of the disease on such occasions; nor for the modifications which occur in the phenomena of various other affections, as observed during epidemic seasons. That in isolated instances, small-pox is contracted as a result of personal contact or communication with an infected person, is not to be gainsaid. On the other hand, the fact must not be ignored that the opponents of large hospitals, such as those provided for cases of this disease by the Metropolitan Asylums Board, have not succeeded in demonstrating that the presence of large numbers of patients suffering from it has, in reality, been instrumental in giving rise to a proportionally larger outbreak of the malady in the immediate vicinity of those establishments than has occurred in localities at a distance from them.

Neither is the theory of filth, whether of individuals, communities, or localities, of itself sufficient to explain the propagation of small-pox during epidemic periods; far less the origin of epidemics, although from the general conditions of classes thus situated, and of which dirt constitutes one item, like all other diseases of an epidemic nature, small-pox, when it does occur under such circumstances, acquires a degree of severity far greater than in localities, and among communities, whose general circumstances are more favourable. How, then, is the occurrence of an epidemic outbreak, such as the present, to be accounted for? Not, certainly, by restricting our cognisance to the points already enumerated. Are we then to fall back upon the abstraction to which from times the most ancient the term "epidemic influence" has been applied, and which, very recently has been, as in contempt, termed mythical, apparently because inappreciable, either by means of chemistry, or the microscope? It would seem that such is the case. Here, then, is what Dr. Guy writes on the subject of this "mythical epidemic influence." Every year has some atmospheric element, which neither thermometer, neither rain nor wind gauge, nor measure of moisture, nor test of ozone, can reveal to us, but only our records of sickness and death. One year it is such as favours small-pox, the next, perhaps, it will promote scarlet fever, or measles, or whooping-cough, or it will, so to speak, select from several forms of fever that one which shall fill the beds of our hospitals. This condition of air, of which disease itself is the only test, and measure was once called pestilence, but is now known as its "epidemic constitution. And this, whenever it acts

on the population with such energy that the disease which it favours affects large numbers of persons, that disease is calculated an epidemic. But this epidemic constitution, be it observed, is not its true and direct cause, but only its predisposed cause."

Dr. Parkin holds that there occur certain "pestilential epochs," during which the world is at frequent intervals devastated by epidemics, which travel in a determinate direction, from central or eastern Asia, to the west of Europe, and even to America; that during such epochs, all diseases, even such as are not considered communicable from one person to another, increase in frequency and in violence; that these epochs are, moreover, marked by epizootics and by blights, or diseases in the vegetable kingdom. Such an epoch is generally ushered in by the appearance of new diseases, or re-appearance of maladies that had become obsolete. He believes that the pestilential epoch is characterised also by mental diseases, and by delusions; also that we have entered upon a new period of epidemics, as instanced by the recurrence of small-pox, diphtheria, typhoid, carbuncle, typhus, scarlet fever, diarrhoea, the increase of epizootics, and the various maladies among fruits and vegetables.

How far the phase of the subject thus presented will repay the task of steady investigation remains to be seen, if, indeed, such a task be undertaken. If the recurrence of particular diseases as epidemics is ever to be looked upon, and investigated as one of the great natural phenomena of our existence, it may be that the laws in obedience to which that recurrence takes place bejoming ascertained, it shall be in the power of all those who succeed us, to prepare for, and to a greater extent than we, mitigate the severity of what, so far, is no more to be averted by the means adopted than are the phenomena of growth and decay, the seasons, tidal ebb and flow, the devastating hurricane, the thunderstorm, the drooping leaf, the hues of autumn, and so on.

#### THE CONFLICT OF MEDICAL TESTIMONY.

THE frequent conflict of medical opinion in medico-legal cases (we honestly think Glasgow is notorious for it) is not calculated to increase lay respect for the medical profession. Thoughtful outsiders may well be excused if they seriously question whether there is really such a thing as medical science at all, and whether the pretensions of so-called allopaths are not equally chimerical with those of homœopaths. Undoubtedly, medical men are themselves to blame for an immense amount of the ridicule and well-merited contempt which the profession has thus vicariously to suffer. The idea, evidently so frequently acted upon, that the medical witness can, consistently with honour and his duty to his profession, go into the witness-box and prevaricate or distort facts in favour of his employer, is one radically wrong in principle. It is the duty of the medical man simply to tell the honest truth as the facts present themselves to him. We have a higher respect for the legal profession than to believe that any counsel would deliberately be guilty of untruth to save his client. It is his duty, as we take it, to see that the prosecution take no unfair advantage of his client, and bring into prominence the aspects of the case favourable to him.

He has to unravel a tangled mass of circumstances in which deduction forms the main feature. In the case of medical men it is usually quite otherwise, as their principal duty is to speak of objective phenomena. It is true they have to draw conclusions; but it is frequently sufficiently apparent whether these legitimately follow from the premises. This unfortunate conflict of medical testimony in relation to objective phenomena was recently brought into pitiful prominence in the case of *Smith v. the Caledonian Railway Company*, tried before the Lord Justice Clerk, at the Glasgow Circuit Court, on Friday the 29th ult. The pursuer sustained injuries in the Penilee accident, and claimed as damages there for £5,000. We have every sympathy for railway companies in the matter of these actions, believing as we do that many of them are trumped up for the mere purpose of extorting money; and railway companies have a perfect right to protect their own interests. The recuperative influence of a cessation of legal hostilities, particularly if favourable to the pursuer, is often amusingly striking. The question in this case was, whether the pursuer had or had not completely recovered from a serious accident, as certified by Dr. James Wallace, of Greenock?

The medical aspects of the case will be better understood by entering somewhat into the detail of Dr. Wallace's report, according to which the patient was seen by him on the evening of the accident (8th September last), when the following condition was disclosed: Patient was found deeply depressed by shock, being pale and cold, and having heart's action much enfeebled. He complained much of pain in the back, in the front, and in both sides of the chest, the former, from subsequent discoloration, having evidently been severely bruised. He had also great pain in the calves of both legs, particularly the right; in both ankles; and in right big-toe. Both legs had been severely bruised. The symptoms of shock continued for nearly two days, during which Dr. Wallace considered the patient to be in great danger; and even after he had fairly rallied he had frequent tendency to fainting fits, which necessitated more than ordinary care in applying the requisite dressings to his limbs. In a few days the abraded integument on the upper third of the right leg sloughed, and exposed a large bruised clot, and thereby necessitated free incision. The patient all the while kept sleepless, nervous, and depressed. Recovery took place slowly, the patient not being able to leave his bed for a period of five weeks, nor to leave his house for sixteen days longer. Even then, for the first three days, he was able to go out only in a cab, and for a few hours only. For ten days more, though able to walk to business, he could not remain more than a few hours daily, because of pain in the head, nervousness, and tendency to fainting, and it is only during the last fortnight (December 6th, 1880) that he has had the courage to go on his ordinary journeys to Glasgow. He still sleeps ill (December 6th, 1880), is easily startled, has frequent tendency to fainting, and a peculiar sensation in the region of the heart, the action of which is rather weak and which will necessitate great care in future movements.

Looking at the foregoing statement from the aspect of subjective and objective phenomena, the former are con-

the patient seems to have been pained all over. Pain in such cases as this is a symptom on which little or no reliance is to be placed. The objective phenomena, however, seem to have been sufficiently serious; and, as already observed, the question which arose was, whether the patient had, at the date of the trial, completely recovered from the effects of the accident?

On the 30th December, in conjunction with Dr. Whiteford, Dr. Wallace examined the patient, and found that the nervousness, headaches, and the peculiar feeling of the region of the heart were away; and on examination of the heart the sounds were perfectly normal, and the patient expressed himself as entirely well. On the 20th of April (last month) Dr. Wallace made another examination associated with Dr. James Dunlop and Dr. Whiteford. He attributed the fainting fits to some disorder of the digestive functions. He did not think the patient's heart was affected; he was the same physically as before the accident. Dr. Samuel Moore, of Glasgow, said that fainting fits, nervousness, and weakness about the heart, were what he expected after so severe a shock. He did not think the effects were entirely removed, and it was possible patient might yet live to feel the effects of it. His heart was not satisfactory; its action was quick and rapid. After such a shock his nervous system could not bear the same strain; and if there was any strain of the nervous force, that would produce a tendency to fainting. Patient had no dyspeptic symptoms about him. The general weakness of his condition and of his heart could prevent his passing for an insurance office. Dr. Hector Cameron thought it a fair inference that these faintings were due to some disabled condition of the heart. He did not think there was much amiss with the heart now. He did not think there was anything wrong with the stomach. Dr. James Whiteford, of Greenock, as the result of an examination on 30th December, concluded that the patient was quite recovered. On April 20th he found the physical condition quite as good as on the day of last examination. The heart's action was sound and regular, and the breathing uninterrupted, the brain and spine sound, and the general functions satisfactory. The fainting fits, he thought, were due to the dyspeptic condition of the patient. The fainting fits were not, in his opinion, attributable to the accident. The surgical shock had completely passed away on the 30th December. He would give pursuer a certificate for life assurance. Dr. James Dunlop, as the result of last examination on April 20th, said that having examined pursuer's back, head, all the important organs, his heart, his lungs, and he did not discover evidence of organic disease anywhere. The pulse was 72, quite normal. From the state of pursuer's tongue he thought he had a biliary derangement; and his skin was also of a yellowish tinge. He did not look a dyspeptic man. He appeared to be quite recovered from the accident.

Now, looking at such evidence as this, can we feel surprised if twelve or thirteen sensible men would form a mean estimate—if any estimate at all—of its value? There must be ignorance, misconception, or something else somewhere; and such exhibitions have a most damaging effect on medical testimony in general.

One feature in the foregoing evidence is specially to be deprecated; and that is the indulgence in vague and

indefinite terms to conceal palpable ignorance, thus—"some disorder of the digestive functions;" "almost killed;" "heart not satisfactory;" "strain of the nervous force;" "some disabled condition of the heart;" "not much amiss with the heart now," &c., These are simply unmeaning terms, and convey no special significance as factors in a medico-legal investigation.

Altogether, so far as concerns the medical testimony in this case, we think the ends of justice would have been equally well served if the medical savans were dismissed from the bar, and the question of the pursuer's health made to depend on a "toss up!"

## Notes on Current Topics.

### Non-Combatants at Majuba Hill.

IN the report of the disaster to the British troops at Majuba Hill, on February 27, published in the London *Gazette* of the 3rd inst., the following passages occur:—Corporal Farnier, of the Army Hospital Corps, showed a spirit of self-abnegation, and an example of cool bravery, which cannot be too highly commended; while the Boers closed with our troops near the wells, Corporal Farnier held a white flag over the wounded, and when the arm holding the flag was shot through, he called out that he had another. He then raised the flag with the other arm, and continued to do so until that also was pierced with a bullet. He has been recommended for the Victoria Cross, and well has he earned that distinction. Nothing could exceed the devotion of Drs. Landon and Cornish, both of whom lost their lives in the discharge of their duties. Dr. Landon and two of the Army Hospital Corps were shot down while attending to the wounded, the former being mortally wounded. Dr. Mahon speaks most highly of the conduct of William Bevis (sick berth attendant), for his coolness and courage during the action, and for the invaluable assistance he rendered afterwards. Of Surgeon Mahon himself Commodore Richards writes in the highest terms. He alludes to the performance by him of his duties in action under circumstances of "extensive personal peril," and recommends him specially to the notice of the Admiralty; further, that "Dr. Mahon behaved with great bravery and coolness." Honour to whom honour is due! Nor is it often that, as in the present instance, the official report of a military action, written by a medical officer, finds its way into the pages of the *Gazette*.

### The Royal Commission on the Medical Acts.

THE following are the terms of the Commission to inquire into the Medical Acts, of which we gave the *personnel* last week:—

"Whereas it is of importance to all classes of Our subjects that the conditions under which persons are permitted to represent themselves as qualified medical practitioners should be such as to afford the best attainable security for their skill and knowledge in medicine and surgery.

"And whereas powers in relation to the education and

examination for a grant of medical degrees, diplomas, or licences to medical practitioners are by various statutes and charters vested in certain universities, medical colleges, and other bodies in the United Kingdom.

"And whereas under 'The Medical Act, 1858,' and the Acts amending the same, the General Council of Medical Education and Registration was constituted, and vested with a superintendence over the exercise of the said powers, and also with entering in a Register of Medical Practitioners, and removing therefrom the holders of certain medical qualifications obtained in the United Kingdom, exclusive of those obtained in Our Colonies or in Foreign States.

"And whereas by the last-mentioned Acts certain exclusive privileges were conferred on the persons so registered, and persons not so registered were placed under certain restrictions, disabilities, and penalties.

"And whereas divers representations have been made in Parliament and otherwise, and both from Our subjects in the United Kingdom, and from the Governments of Our Possessions out of the United Kingdom, in relation to the unsatisfactory position of the above matters.

"And whereas we have thought it expedient that, with a view to legislation, further inquiries should be made into the above matters, and that a Commission should forthwith issue to inquire into the grant of medical degrees, memberships, fellowships, licences, and other diplomas by universities, colleges, and bodies in the United Kingdom, and the courses of education and examination, payments, other conditions required as a preliminary to such grant, and into the skill and knowledge which such degrees, memberships, fellowships, licences, or diplomas represent; and further to inquire into the conditions and manner under or in which medical practitioners are entered in and are struck off the Register of Medical Practitioners, and the privileges of registered and the disabilities of unregistered practitioners, and the position of medical practitioners so registered in Our possessions out of the United Kingdom, and the position in the United Kingdom of medical practitioners educated in Our possessions out of the United Kingdom or in a Foreign State.

"And further to inquire into the constitution, functions, powers, and procedure of the General Council of Medical Education and Registration, and their relation to the above-mentioned universities, colleges, and bodies, and to the medical profession.

"And further to inquire into the result of 'The Medical Act, 1858,' and the Acts amending the same, and into all matters dealt with by those Acts.

"And for the better effecting the purposes of this Our Commission, We do give and grant unto you, or any three or more of you, full power and authority to call before you, or any three or more of you, such persons as you shall judge necessary by whom you may be the better informed of the truth on the subjects herein submitted for your consideration, and every matter connected therewith; and also to call for, have access to, and examine all such books, documents, papers, and records as may afford the fullest information on the subjects of this inquiry; and to inquire of and concerning the premises by all other lawful ways and means whatever.

"And Our further will and pleasure is that you, or any three or more of you, do report to Us, with all convenient speed, under your hands and seals, the result of your inquiries into the above matters, and what amendments are required in the above-mentioned Acts, and what provisions it is expedient to make in the matters above-mentioned, or any of them.

"And We further will and command, and by these presents ordain, that this Our Commission shall continue in full force and virtue, and that you, Our said Commissioners, or any three or more of you, may from time to time proceed in the execution thereof, although the same be not continued from time to time by adjournment.

"And for the purpose of aiding you in such matters, We hereby appoint Our trusty and well-beloved John

White, Esquire, Barrister-at-Law, to be the Secretary to this Our Commission.

"Given at Our Court at *Saint James*, the thirtieth day of April, one thousand eight hundred and eighty-one, in the forty-fourth year of Our reign.

"By Her Majesty's Command,

"W. V. HARCOURT."

### The Small-Pox Epidemic.

THE forebodings to which we gave utterance some weeks ago in these pages, have been only too amply realised; and the greatest difficulty is being experienced in providing for the isolation of all who fall victims to the small-pox plague. So pressing has the need of largely increased accommodation become that suggestions to meet it are being daily made in the columns of the lay papers. It has been even recommended that Board-schools should be temporarily utilised as hospitaes, and subsequently, after complete disinfection, restored to their normal guardians. The author of this proposal exhibits the most charming ignorance of popular prejudices, by supposing for a moment that schools, once used for such a purpose, could ever again be successfully employed as educational centres of the young. And again, there is a strong objection, that perfect disinfection may not be carried out, thus presenting the risk of possible danger when the schools are once more used for their regular purposes. Certainly, the most feasible plan is that of erecting temporary premises for the reception of small-pox patients, who cannot be accommodated in the institutions specially set apart for such cases. There should be no hesitation in at once providing some arrangement of the kind; and whether of wood or of iron, their construction need be no considerable tax upon the resources of each threatened parish. Perhaps the best and most easily adopted temporary hospital is the tent, or marquee, an admirable pattern being made by Messrs. John Edgington and Co., of 48 Long Lane, West Smithfield. The cost of these is not great, and they can be erected, one by one, at an hour's notice, as the necessity for them arises. They are well adapted to meet the present emergency, and if placed in the outskirts away from immediate habitations no possible danger is to be apprehended; while the convenience they offer can hardly be over-estimated. This point of separation from dwelling places must, however, be insisted on; and the means of transit are as ready as to the more permanently-built hospitals. Every parish should be provided with a number of such temporary hospitals, for employment whenever, as in the present instance, the ordinary arrangements may be inadequate to meet the demands of isolation and treatment.

### The Vacant Coronership.

WE rejoice to be able to chronicle the fact that the contest for the office of Coroner for Central Middlesex, vacated by the decease of Dr. Hardwicke, was decided on Monday by an overwhelming majority in favour of the medical candidate, Dr. Danford Thomas, whose success is an important one to the profession of which he is a member. (The official declaration will be made to-day, Wednesday.) The controversy as to the re-

spective merits of doctors or lawyers as coroners, ill-sustained though it is by the lay organs of public opinion, has a grave bearing on the conduct of an important branch of the public service, and we feel that every one interested in the well-being of the medical profession will be glad of this recognition of Dr. Thomas's claim to an office for which he has been thoroughly well-trained during the period in which he has acted as deputy coroner. The appointment, moreover, is a highly valuable one, and such as there are few enough to reward medical men with.

### The "Doterel" Disaster.

THE terrible accident by which H.M.S. *Doterel* has been suddenly sent to the bottom of the sea, together with almost all on board of her, has deprived the medical profession of one of its most promising younger members. Staff-Surgeon Septimus Evans was among those destroyed in the ill-fated ship, and one who had given promise of achieving good work in the future. Mr. Evans became a member of the Royal College of Surgeons of England in 1877, and was also a Licentiate of the Apothecaries' Society of London. He leaves a widow and one child to mourn his loss, and will be long remembered by a large circle of friends who admired his professional instinct, and entertained for himself the most affectionate regards.

### The Davis Lectures.

THE series of Davis lectures for 1881 will be given at the Zoological Society's Lecture Room in the Gardens, and will commence on Thursday, June 16, at 5 p.m., continuing on successive Thursdays at the same hour. Prof. Flower, F.R.S., will deliver the first address on "Whales," and the following days will be filled up as follows:—June 23, "Dolphins," by Prof. Flower; June 30, "Extinct British Quadrupeds," by Mr. J. E. Harting; July 7, "The Limbs of Birds," by Prof. W. K. Parker, F.R.S.; July 14, "Birds, Ancient and Modern," by Mr. W. A. Forbes; July 21, "Zoological Gardens," by Dr. P. L. Solater, F.R.S.; July 28, "Chameleons," by Prof. Mivart, F.R.S., Fellow of the Society; and their friends are entitled to attend the lectures without payment, and visitors to the gardens will also be admitted free.

### The Homœopathic Verdict.

It was to be expected perhaps that the homœopaths would endeavour to make capital out of the recent publicity given to their association, but it must be confessed that in executing their resolve they have gone far beyond what would have been looked for by most persons who regarded them with curious expectation. *The organ of the homœopaths thus expresses itself in an article headed "Kidd, Quain, and Jenner."*—"Dr. Quain was also appealed to by Lord Barrington, and after a certain amount of hesitation, a written announcement from Dr. Kidd that he had not treated Lord Beaconsfield homœopathically—a statement which the unchecked progress of the noble Earl's illness testified to the truth of—that he would do for Lord Beaconsfield whatever Dr. Quain directed him to do, &c." The overpowering complacency of the non-scientific school is surely unparalleled; nothing but this,

the assumption that rational treatment hastened the termination, was wanting to prove the certainty that had been entertained, that, viz., the one aim of nonsensical practitioners is, and is only, self-advancement.

### Medical Society of London.

THE Medical Society of London held its annual conversation on Monday week last, when the session came to a close. The first proceeding was the delivery of an oration by Mr. Arthur Durham, who chose for his subject "The Surgery of the Future," and dealt with it in a thoroughly practical and admirable manner. He briefly reviewed the recent triumphs in abdominal surgery, and specially dealt with the topic of cancer from a surgical point of view. Following the delivery of the oration a number of musical performances took place, and a very enjoyable evening was spent by the fellows and their friends.

### International Medical Congress.

By the change in the Presidency of the College of Physicians, Sir W. Jenner becomes *ex officio* chairman of the General Committee of the Congress, a post the duties of which have, up to the present time, been so ably discharged by the late President of the College and Chairman of the Executive Committee, Sir Risdon Bennett. Owing to a deficiency in space for the accommodation of the sections dependent on the fact that the honours examinations of the London University will necessitate a portion of the buildings in Burlington Gardens being reserved, the Executive Committee have had to look for fresh meeting places, and these have been generously placed at their disposal by the authorities of the Royal School of Mines in Jermyn Street, and the Royal Institution in Albemarle Street, the use of the admirable theatres of both these buildings having been granted. Two hundred and fifty foreign medical men have up to this time definitely announced their intention to attend. Abstract papers are rapidly arriving for translation into the three official languages of the Congress. These will be regarded as strictly private communications until the opening of the Congress, when they will be published in connection with the programme already in circulation. Unless the abstracts are sent in early the translation and printing of them will become a sheer impracticability. The Committee have been much gratified by the receipt of fifty guineas, a liberal donation, from another corporate body, the Faculty of Physicians and Surgeons of Glasgow, thus raising the sum now received from such sources to £235, a very satisfactory proof of the favour and sympathy with which the Congress is regarded in the three kingdoms. The London medical corporations intend to show all the hospitality in their power. The College of Physicians have most liberally placed their house at the disposal of the Reception Committee for a head-quarters during the meeting, its central position making it especially desirable for such a purpose. The College of Surgeons will entertain the whole Congress at a conversation in the Hunterian Museum. The Society of Apothecaries purpose giving a dinner to a number of members in their hall at Blackfriars. The Executive Committee are

particularly anxious to make known to the profession that a register now lies at the College of Physicians, in the charge of Mr. Gurner, where members can inscribe their names and pay their membership subscriptions. The inscription of names in this book is particularly to be wished, since it will very much diminish the press of members who will need to be enrolled on the opening day of the Congress. At the College of Physicians also forms are provided to permit those desirous of offering hospitality to enter their own names and the names of the guests they wish to invite. An inspection of this book will prevent numerous invitations being sent to the same person for the same date, and will thus tend to distribute private hospitality more widely and evenly.

### Prescribing in English.

A BILL is now before the State of Pennsylvania with the following preamble:—"Whereas, grievous errors and mistakes have been made by druggists and others in the compounding of the prescriptions of physicians by reason of the same being heretofore written in the Latin language and in abbreviations thereof, as well as the quantities or proportions of the drugs or medicines being designated therein by figures or symbols in a mode not readily understood by the bulk of the people, whereby undue advantage and mystification of the patients may be taken by unscrupulous doctors, druggists, and persons who prescribe or compound medicines for the sick and poor, and, it being desirable to simplify the practice of medicine and to enable the public generally to better comprehend the names and nature of such drugs." All physicians and others prescribing, therefore, are, under a penalty of 20 dols., to be compelled to write the names and quantities in English, without abbreviations; and a copy of such prescription is to be affixed to the bottle or packet containing the medicine in question. All druggists, under a penalty of 10 dols., are to be compelled to conspicuously label, in unabbreviated English, everything they sell.

### The New Infirmary at Notting Hill.

THIS building is approaching completion, and will, in all probability, be opened officially at Midsummer to hold 600 sick poor belonging to the important metropolitan parish of St. Marylebone. Every modern improvement is introduced regarding sanitation; a staff of medical officers, superintendents, and nurses will be chosen by the Board of Guardians. The building is in blocks, and each block is so arranged as to have the benefit of what little sun is obtainable in winter. The idea we believe originated from a proposition of Dr. J. McGrigor Croft (one of the Guardians of St. Marylebone) who has taken great interest in the matter, and whose military medical experience in the arrangements of barracks and hospitals was of much service to the committee. The cost of this vast building will entail an expense of £120,000 to the ratepayers of this parish.

### Belladonna Liniment Poisoning.

SEVERAL cases of poisoning by belladonna liniment have recently occurred. In one of these, in which a wine glassful (ʒij. ʒij.) had been swallowed, recovery took



place on the administration of the physiological antidotes, pilocarpine and tincture of opium. Of the former 1-5th of a grain was subcutaneously injected every fifteen minutes, until 4-5ths of a grain had been used. It did not cause the least perspiration. These accidents seem to point to the necessity of adding, in a future edition of the Pharmacopœia, some well-known, powerfully odorous substance to the liniment, or of adopting some other means of readily distinguishing it from other medicines.

#### Morphia Antagonised by Atropia.

DR. JOY, of Michigan University, reports a case apparently moribund from morphia poisoning (seven and one-half grains having been taken), which recovered by the hypodermic injection of atropia. When he reached the patient with a solution of atropia sulph., he found him black in the face and not breathing. He immediately commenced artificial respiration, and injected five doses, of one-thirtieth of a grain each, during the next one and one-half hours. The effect was marked at the third dose, and before the last dose artificial respiration was unnecessary.

#### Dr. Steeven's Hospital, Dublin.

THE honorary appointment of consulting surgeon to Dr. Steeven's Hospital, rendered vacant by the death of the late Christopher Fleming, F.R.C.S.I., has been given to Mr. Porter, Senior Surgeon to the Meath Hospital and County Dublin Infirmary, and Surgeon in Ordinary to Her Majesty in Ireland. We congratulate the governors of this historic institution on the choice they have made. In the year 1861 Mr. Porter was appointed consulting surgeon to the Coombe Lying-in Hospital, and in 1876 he was elected to a similar position in St. Mark's Ophthalmic Hospital, whilst the University of Dublin, in recognition of his surgical attainments, conferred on him the degree of Master in Surgery (*honoris causa*). Since Mr. Porter's appointment as surgeon to the Meath Hospital he has devoted his attention to the clinical teaching and practice of surgery with great success, and has well deserved this new distinction which has been bestowed on him.

#### The Coroners (Ireland) Bill.

THE Select Committee on Mr. Healy's Bill has at length been nominated, and is as follows:—Mr. Law, Attorney-General for Ireland, Mr. Daly, Mr. Ewart, Mr. Healy, Mr. Blennerhassett, Mr. Robert Fowler, Mr. Litton, Mr. Richardson, and Mr. Tottenham.

The instruction to the Committee is "that they consider the operation of the law relating to coroners in Ireland, and, if they shall so think fit, to amend the Bill accordingly."

Seeing the great advantage from a thorough inquiry into the working of the inquest system in Ireland, Mr. Healy moved on Tuesday week to give the Committee power to "call for persons and papers," and otherwise to take evidence, but Mr. Law, on the part of Government, refused, and the Bill will accordingly be revised without

hearing *viva voce* testimony. The first meeting of the Committee has not yet been fixed, but as it is likely no time will be lost it behoves those who are interested in the subject to lay their views before the Committee without delay.

WE understand that Her Majesty the Queen has reappointed Mr. John Simon, F.R.S., and Mr. Pridgin Teale, F.R.C.S., to be members of the General Council of Medical Education and Registration of the United Kingdom for the ensuing five years.

THE office of professor-superintendent of the Brown Animal Sanatory Institution having become vacant by the resignation of Dr. Greenfield, applications are invited from candidates for the appointment. The salary is £300 per annum.

AT the annual collection for the Hospital Saturday Fund at Sheffield on Saturday week, the amount received was £924 4s. 4d., of which £846 3s. was subscribed by workmen, and £78 0s. 9d. collected in boxes in the streets. This is a falling off from last year of over £269.

AT the last examinations of the Royal College of Surgeons of England, of the 185 candidates 53 failed to satisfy the Board of Examiners, and were referred for three, and 3 candidates for six, months' further anatomical and physiological study.

By the election of Dr. Greenfield to a professorship in the University of Edinburgh, the office of professor-superintendent of the Brown Institution in London becomes vacant. The salary attached is £300 per annum, with opportunities for scientific research, and not overmuch work to perform.

OUR readers will have noticed that a considerable amount of malaria and diphtheria has existed in New York for some time past; the excitement has now reached such a pitch that, in some of the principal hotels and other prominent caravansaries, the stationary wash-stands and pipes have been removed from many rooms to avoid the possibility of sewer-gas contamination, the old-fashioned pitchers and basins being substituted.

In the principal foreign cities, the rates of mortality according to the most recent weekly returns, were:—Calcutta 34, Bombay 32; Paris 30; Geneva, 22; Brussels 26; Amsterdam 22, Rotterdam 25; The Hague 20; Copenhagen 23, Stockholm 29, Christiana 24; St. Petersburg 59; Berlin 24, Hamburg 26, Dresden 23, Breslau 26, Munich 40; Vienna 32; Buda-Pesth 40; Rome 27; Turin 25, Venice 22; Alexandria 34; New York 30, Brooklyn, 22, Philadelphia, 26, Baltimore, 23, per 1,000 of the population.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ANDERSON'S COLLEGE, GLASGOW.—OBSTETRIC CLASS.—Dr. Wallace, the newly-appointed lecturer, delivered the introductory address of his course on the 3rd inst. Mr. Sandeman occupied the chair. The lecturer was accompanied to the platform by Drs. Fergus, Grieve, the Rev. Dr. Marshall Lang, and several of his colleagues. In an interesting address, Dr. Wallace specially adverted to the important advances made in obstetrical science for the past thirty or forty years, instancing the introduction of anæsthetics, the signal success, in the apt hands of Keith, Spencer Wells, &c., of the operation for ovariotomy, and the treatments of flexions of the uterus. He humourously referred to the most recent obstetric fad, the honour of which Glasgow undoubtedly may claim, viz., the reception of the babe in a cloud of carbolic spray! In concluding, he paid the customary warm tribute to the memory and worth of his predecessor. With a little more practice in public speaking, and a little more care in pronunciation, Dr. Wallace promises to become an effective lecturer.

THE STRATHAVEN FASTING GIRL.—Scotland is not to be outdone even in the matter of prodigies; and Strathaven, notorious above all things for questions affecting the gentler sex, has recently produced its "Fasting Girl." In a report of this case, which appears in the *Lancet* of the 7th inst., Dr. James Dougal states "eighteen weeks ago last sabbath she took a small piece of fruit cake; since then her parents distinctly and firmly assert that no food of any description has been taken by her. She takes water freely, and occasionally sweets, but obstinately refuses to be tempted by even the pressing and kindly entreaties of her father." Dr. Dougal does not mention, unfortunately, the nature of the sweets taken; but as these are usually composed of flour, sugar, and aromatic material, if they are taken to any extent at all, the case can hardly be called one of absolute fasting. We are not surprised that patient's present condition is one of extreme emaciation. We shall be curious to hear more of this case.

FUNERAL HONOURS TO A MEDICAL MAN.—The obsequies of Dr. Rankin, of Airdrie, on the 3rd inst., show in how great respect he was held in the town of which he was medical officer and health officer. Notwithstanding the expressed wish of the deceased that his interment should be conducted in a strictly private manner, the inhabitants in their anxiety to do his remains honour gave what almost partook of the nature of a public funeral. First in procession to the New Monkland Churchyard came four policemen, with Superintendent Neilson as guard, and then followed the hearse, with twelve carriages of friends in rear. After these followed the burgh halberdiers in uniform, the Magistrates, Town Council, and other public bodies, being conveyed in six carriages in the rear. All along the route the shops were closed, and the town and church bells pealed in muffled tones.

THE HELENSBURGH SEWAGE QUESTION AND DR. HENDERSON'S EPIDEMIC.—The airy fabric of Dr. Henderson's scientific vision has ignominiously vanished under the investigation instituted by the local authority of this fashionable watering place. When Dr. Henderson's papers appeared in *The Glasgow Medical Journal* (a journal we believe still in existence), we were astounded at the dashing audacity of the deductions contained in them. They were quite typical

of the same logic which sustains the equally insane theories of milk and sewer-gas propagation of disease, and served possibly the same ends—ephemeral notoriety and spurious fame—much to the detriment of medicine as a science. We purpose adverting to this matter at greater length in our next impression.

GLASGOW ROYAL INFIRMARY.—Dr. David Foulis has been appointed Surgeon to the Glasgow Royal Infirmary Dispensary, *vice* Clark, promoted. Mr. Glaister has been appointed Lecturer on Medical Jurisprudence at the School, *vice* McEwen, appointed Lecturer on Surgery. Mr. Glaister is M.B. (Univ. Glas.) 1879. The prospects of the Royal Infirmary Medical School are brightening.

NATURAL HISTORY CLASS IN THE UNIVERSITY OF EDINBURGH.—We understand that, in consequence of the continued indisposition of Sir Wyville Thompson, the Natural History Class in the Edinburgh University will be conducted during the summer session by Dr. Alleyne Nicholson, who also undertook the duties of interim professor last summer.

THE DEATH-RATE OF GLASGOW.—The deaths in Glasgow for the week ending with Saturday, the 30th ult., were at the rate of 22 per 1,000 of the population on the census enumeration, as compared with 22 in the previous week and 23 in the one immediately preceding. In the corresponding weeks of 1880, 1879, and 1878 the figures were 22, 21, and 28 respectively.

LAZY STUDENTS.—The Senatus of the Edinburgh University, at a meeting held on the 2nd inst., rusticated two students—one in arts, and the other in medicine—for copying or using notes at the recent degree examination.

THE CHAIR OF PATHOLOGY IN THE UNIVERSITY OF EDINBURGH.—At a special meeting of the Senatus of the University of Edinburgh, held on the 2nd inst., Dr. Greenfield, of London, was formally inducted to the Chair of Pathology, to which he was recently appointed by the Curators.

REOPENING OF THE EDINBURGH UNIVERSITY MEDICAL CLASSES.—The medical classes in connection with the University of Edinburgh, were opened for the summer session on the 2nd inst. A large number of students have been enrolled.

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## Literature.

### AIDS TO THE CHEMISTRY AND TESTS OF THE PHARMACOPŒIA. (a)

THE first part of this little work is rather cleverly arranged, and most of the definitions and descriptions of the laws of chemistry are concise and to the point. There are, however, some which cannot be called strictly correct. The author has also the gift of being able to skim with good effect the surface of the instructive books named in his preface. He has taken up all the most salient points of the theory of his science well, but if any proof were required of the desirability of extending the practical part of examinations, we need look no further than the book before us. If such "aids" are sufficient for the student who is going up for his examination, so much the worse for the profession. We will pass over such funny equations as  $KClO_3 + \text{heat} = KCl + O_2$ , or  $S + \text{heat} = SO_2$ , but must protest against the unsystematic manner in which the testing of the pharmacopœia is placed before the student, and the impractical

(a) "Aids to the Chemistry and Tests of the Pharmacopœia." By James Davison, L.R.C.S.I., L.K.Q.C.P.I. Fannin and Co., Dublin.

selections made as regards the special tests. Besides, the general loose manner in which this part of the book is written is most objectionable. For instance, we find "alumen" given as a metal, and the student is left to find out by his own acumen the difference.

#### A GERMAN-ENGLISH MEDICAL DICTIONARY. (a)

At the present time it is essential for every medical man who wishes to keep up with the medical literature of the day to be able to read German works and journals. Unfortunately years ago the study of German in our schools was not so general as it now is, and therefore many of the present generation of doctors are ignorant of the language. Some, with commendable energy, set to work to remedy the defect, and learn to read the language; but they are soon met by a difficulty, viz., the frequent occurrence of technical terms which they are unable to find in the ordinary dictionaries. Dr. Barnes has set himself to provide a means of overcoming this difficulty, and very ably has he done the work. He has included most of the technical words used in botany, chemistry, zoology, anatomy, physiology, medicine, midwifery, and surgery.

The difficulties of compilation of such a book must have been many, by no means the least of them being, as Dr. Barnes says in his preface, "the collection of the ever-multiplying legion of new words." We know how peculiarly fond the Germans are of coining new words and new combinations of words, and it is evidently impossible for a dictionary writer to grapple with this propensity. We have personally made use of Dr. Barnes's work, and have not found it fail us, and we can therefore conscientiously recommend it to those in want of such an aid.

A word must also be said for the manner in which the work is got up. The type used is well adapted for the purpose, and the printing and binding are unexceptionable.

Dr. Barnes's work is an acquisition and an indispensable companion to all who study German medical literature.

### Medico-Parliamentary.

#### HOUSE OF COMMONS.—MAY 5TH.

##### SMALL-POX.

IN answer to Baron H. de Worms, Mr. Dodson said the Local Government Board had been pressing upon guardians, vestries, and district boards the necessity of supplementing the accommodation for small-pox patients which was at the disposal of the Asylums Board, and he was happy to say that in several cases effect had been given to the Board's representations. At the same time he was quite sensible of the urgent necessity for further accommodation for the isolation of such cases; the Board were earnestly endeavouring to procure it.—Mr. Dawson asked whether arrangements had been made for convalescent homes to receive patients who came out of hospital at a dangerous stage.—Mr. Dodson said no steps had been taken in that direction.—Mr. Dawson gave notice to call attention to the subject.

##### THE CONTAGIOUS DISEASES ACTS.

IN reply to Mr. Hopwood, Sir W. Harcourt said it was true that a girl, named Elizabeth Burley recently threw herself into Dover Harbour through fear of the police officer appointed to carry out these Acts at Dover. The police seemed to have showed great want of discretion and judgment in making their inquiries, and they had accordingly been reprimanded. The girl was promptly rescued from the water, and there was reason to believe that, owing to the attention which had been drawn to the case,

(a) "A German-English Dictionary of Words and Terms used in Medicine and its Cognate Sciences." By Fancourt Barnes, M.D., M.R.C.P., Physician to the British Lying-in Hospital, &c., &c. London: H. K. Lewis, Gower Street, W.C. 1881.

the girl had been saved from the unhappy life which she had been leading.

##### OLEOMARGARINE, BUTTERINE, ETC.

Mr. Dodson, in answer to Mr. Severne, said numerous convictions had taken place for selling these articles as butter. District inspectors received their instructions from the local authorities, but it was open to any private person to procure samples of suspected adulterations.

##### MAY 6TH.

##### SMALL-POX TENTS.

Replying to Colonel Makins, Mr. Dodson stated that the small-pox tents in the Imperial Road, Fulham, were near the Imperial Gas Company's Works, and the Fulham Waterworks; but to no other buildings whatever.

Colonel Makins gave notice to ask whether application had been made by the Asylums Board for permission to erect a temporary hospital at Wormwood Scrubs; whether the application had been refused, and, if so, on what grounds?

## Correspondence.

#### NEW SCHEME OF EDUCATION AND EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

##### TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Council of the Royal College of Surgeons in Ireland having, at their meeting on Thursday last, finally adopted the Report of the Education Committee recommending a new scheme of education and examination, it is right that the Fellows of the College and the profession at large should be made acquainted with it and its objects.

The scheme has been referred back to the Committee to be put into the form of a code of regulations, and to have the details filled up, when it must again come before the Council previous to its being put into operation. That it should meet with opposition at this stage is not improbable, for it is calculated to remove abuses, and perhaps injure the pecuniary interests of some, and to introduce reforms that may alarm the timid and shortsighted. Under these circumstances I beg to be allowed to relate its history and make some comments on its provisions.

Some two years ago the General Medical Council forwarded to the several licensing bodies in the three kingdoms a series of recommendations for the improvement of the education and examination of students. These recommendations had reference, in the first place, to the enforcement of a full period of four years study. Secondly, to the improvement of the preliminary education of students, urging that they should be encouraged to prosecute the study of the natural sciences before they engage in studies of a strictly professional character. Thirdly, to the improvement of the professional education, making it more practical, and less theoretical.

The Council of the College, desirous that the Irish College should, as ever, hold the first place in the advancement of professional interests, applied themselves earnestly to the consideration of these recommendations, and, as a first step, adopted on the 20th December, 1879, those intended to enforce the four years study.

Hitherto students had been able, by ingenious adaptations of the regulations of the Irish, as well as of the other colleges, to obtain their diplomas at the end of a period of actual study extending over not more than two years and nine months, or even two years and six months. Moreover, those who were idly inclined, were able, by the aid of skilful "grinders," to cram all their preparations for examination into the latter months, devoting the remainder of their period of nominal study to idleness and pursuits not calculated to improve their moral or professional reputation. On a careful examination of the recommendations of the General Medical Council, it became evident that the same course of nominal study—idling and cramming—could be pursued with impunity under their provisions,

and that to carry out the object, and to make the education of the student more thorough and practical, a further reform of the system was necessary. With this view, and after consultation with some members of the Council, an outline of a new scheme of education and examination was prepared and laid before the Council on the 7th July last, and was by them referred to the Education Committee. The Committee elaborated and worked out the scheme, devoting thirteen meetings, many of them extending over several hours, to its consideration, and sent it up in an improved form, recommending its adoption; and the Council of the College have, after most careful consideration, and devoting numerous meetings to its examination, adopted it with further amendments; and it is to be hoped it will now without much further delay become the law of the College. It is to the scheme as elaborated that I desire to direct the attention of your readers, believing it all important for its working that it should have their assistance and hearty co-operation.

In another letter I shall, with your permission, enter into an examination of the clauses of the scheme.

Yours faithfully,  
GEORGE H. KIDD.

\* \* \* We shall publish the amended scheme referred to by our correspondent in our next.—Ed.

#### THE DATE OF ANNUAL MEETING OF THE IRISH COLLEGE OF SURGEONS.

THE meeting of the Fellows of the College, at which the Council presents its annual report, has hitherto been held on the last Monday in May, being the day week preceding the meeting for election of Council and officers, and as this has been found very inconvenient for provincial Fellows, who could hardly be expected to make two journeys to Dublin with an interval of a week between, it has been decided to change the day of the report meeting. This alteration was recommended to the Council by the meeting of Fellows last year, and a plebiscite has, since then, been taken by the Council, the result of which was an overwhelming majority for the change, which therefore, we believe, will be carried into effect. We hope the new arrangement will induce the provincial Fellows to come to Dublin in larger numbers than usual this year. It will be possible for them, henceforth, to be present at the general meeting of the College on Saturday, enjoy private hospitalities on Saturday evening and Sunday, partake of the annual breakfast of the Irish Medical Association on Monday morning, attend the election at the College, and the annual meetings of the Irish Medical Association and the Royal Medical Benevolent Fund Society, wind up the day with the dinner of the Association, and return home by the night mail trains or by the early trains on Tuesday.

It is greatly to be desired that the profession throughout Ireland should make an effort to be present at this yearly gathering, and we hail with satisfaction the new arrangements which afford them facilities for attending.

#### POOR-LAW MEDICAL OFFICERS' COMPULSORY SUPERANNUATION.

MR. DODSON, President of the Local Government Board, having consented to receive a deputation from the Poor-law Medical Officers' Association on the subject of compulsory superannuation, has fixed Tuesday, the 17th inst., at 2 p.m. precisely, at the Board's Offices, Whitehall. It is earnestly hoped that all Poor-law medical officers and others interested in this question will make an effort to attend, and that they will use what influence they possess to induce such M.P.s as they may happen to know to be present in support of the object of the Association.

## Obituary.

### DR. R. WILBRAHAM FALCONER, OF BATH.

THE very sudden death of this gentleman, who for many years has occupied a prominent position as consulting physician at Bath, for many years Treasurer, and in 1878 President of the British Medical Association has cast quite a gloom over the old "city of waters." So recently as Thursday last, says the *Bath Herald*, he might have been seen driving through the streets on his professional rounds with no trace of disease palpable to the casual observer. But before he had finished seeing the whole of his patients, he stopped at his club exhausted, where he remained for a short time before proceeding to his residence in Bennett Street, which he never again left. Here the prostration increased despite the best medical skill, which was immediately summoned to his aid, and at half-past seven on Friday evening death ensued from syncope, coupled with congestion of the lungs, at the age of 65.

Dr. Falconer inherited a name which for more than a century has been honourably distinguished both in the medical profession and the paths of literature. His grandfather, Dr. W. Falconer, the *Bath Herald* states, was the son of the Recorder of Chester, and came to Bath in 1770, where he practised as a physician. His son was the Rev. Thomas Falconer, who became a Fellow of Oxford in 1794, and entered Holy Orders. He was an accomplished scholar, and subsequently he took at the same University the M.D. degree and practised medicine, besides officiating as curate at St. James's Church. He left five sons and two daughters, the youngest son being Dr. R. W. Falconer, the subject of this memoir. Like his father before him, he attended the medical classes at Edinburgh, and received the degree of M.D. in 1839, commencing his professional career at Tenby, where he remained for several years; but preferring his native city he returned to Bath in 1847, where he soon acquired a prominent position, both in his profession and as a citizen.

Anxious for the reputation of the city, he was a zealous advocate of sanitary reforms, but interested himself particularly in maintaining the prestige of its mineral springs, in connection with which he wrote one or two works, the chief being entitled "The Baths and Mineral Waters of Bath." For many years down to his decease he was the senior physician to, and subsequently president of, the Mineral Water Hospital, besides being consulting physician at the Royal United Hospital. In 1857 he served the office of Mayor of Bath, and was unanimously re-elected the following year in testimony of the esteem in which he was held by his fellow townsmen. Dr. Falconer was also a Justice of the Peace, besides filling many other posts of honour at the time of his decease. He was a F.R.C.P. Lond., M.D. Q.U.I., M.D. Ed., F.K.Q.C.P.I., and D.C.L. Durham.

University of Cambridge.—At a court holden Thursday, May 5th, the following obtained the degree of Bachelor of Medicine:—

John Mackern, Caius College; Herbert George Cronk, Jesus College.

Royal College of Surgeons in Ireland.—At a meeting of the College held on Monday, May 2nd, the following were elected examiners for the ensuing year:—Examiners for the Letters Testimonial and Fellowship: Henry Gray Croly, William Frazer, Benjamin G. McDowell, Edward Stamer O'Grady, Benjamin Wills Richardson, Edward A. Stoker, Robert S. Swan, and Wm. Thomson. Examiners in Midwifery: John J. Cranny, Henry Croly, and William J. Smyly. Examiners in General Education: Michael Joseph Malone, Robert Morton, and Henry Tweedy.

University of Aberdeen.—At a meeting of the University Court on April 22nd, the degree of M.D. of this University was conferred on the following gentlemen:—

Frederick Theobald Keyt  
Alfred Henry Burton, M.B., C.M.  
John Kerr Butter, M.B., C.M.  
Alexander Bruce Cheves, M.B.  
Harry Edward Dixey, M.B., C.M.  
Ernest Field, M.B., C.M.  
Andrew Fowler, M.B., C.M.  
Donald Manson Fraser, M.B.  
Henage Gibbes, M.B., C.M.  
Giles Forward Goldsborough, M.B.

Douglas Dent Malpas, M.B.  
William Mearns, M.B., C.M.  
James Noble, M.B., C.M.  
Andrew Norrie, M.B., C.M.  
Thomas Wade Richards, M.B.  
George Jolly Shand, M.B., C.M.  
Frederick Henry Spooner, M.B.  
Winckworth Tonge-Smith, M.B.  
Herbert Redwood Vachell, M.B.  
Augustus Desiré Waller, M.B.

The degrees of M.B. and C.M. were conferred on the following:—

William Allardes  
William Milne Anderson  
William Cooper  
John Cowie  
Alexander Dey  
James Duffus  
George Powell Doyle  
David Duncan  
Robert Hume Fallon  
Charles Andrew Ironside, M.A.  
James Lawson, M.A.  
Frederick William Lerew  
James Leith Leslie  
Thomas Marsden

Harrie Michie  
James Gowing Middleton  
James Millar  
David George Prothero  
Charles Boards Richardson  
James Bernhardt Klingner Robb,  
M.A.  
Edward Wagstaff Robertson  
Hermann Rogers-Tillstone  
George Shires  
Dyne Steel  
William Wilfred Webb  
John Alexander Williams.

**University of Durham.**—At the First Examination for the degree of Bachelor in Medicine, concluded on Friday, April 29th, the following candidates satisfied the Examiners:—

Austen, Henry Hinds, M.R.C.S.  
Beasley, William Crump  
Brown, Arthur Trecco Franklyn  
Brown Richard  
Cock, Frederick W.  
Dowdney, George Herbert  
Hardie, Robert  
Hepworth, Arthur  
Howitt, George Grahamsley  
Hudson, Theo. Joseph, L.R.C.P.,  
M.R.C.S.  
Hutchinson, Joseph Armstrong.  
Lingard, Alfred, M.R.C.S., L.S.A.  
Morgan, Llewellyn Arthur  
Norry, William Anagnatus  
Paley, Wm. Edm'd, F.R.C.S. Eng.

Price, William Elliott  
Prowle, Edwin Longstaff, M.A.  
Cantab.  
Ridley, George Walter  
Selvage, John Valentine  
Shuter, Charles Yalden  
Spencer, Frederick  
Tomson, Walter Bolton  
Turnbull, William  
Triay, Abelardo Joseph, B.A.,  
L.M. & S.  
Vise, Christopher, M.R.C.S.  
Walker, Basil Woodd, L.R.C.P.,  
M.R.C.S.  
Wigan, Charles Arthur

Thirty-eight candidates entered for the examinations, two withdrew, and nine were referred to their studies for a period of six months.

## NOTICES TO CORRESPONDENTS.

**DR. EDWARDS.** By all means forward the MS., but we make no promise about it other than to carefully consider it.

**F.R.C.S. (Cambridge).**—Your views on circumcision and Christianity are somewhat confused. When sending communications to this Journal your card should be enclosed, not necessarily for publication but as evidence of good faith.

**DISPENSARY DOCTORS AS CORONERS.**—W. M. asks if the Irish Local Government Board will permit a dispensary doctor to hold in addition the office of coroner for the same county, and what is the law in the matter?

[There is no law to prevent a dispensary medical officer holding the coronership, but the Irish Local Government Board does not approve of the arrangement, and will not sanction the appointment of a coroner to a dispensary, but it cannot prevent the appointment of a dispensary doctor to be coroner, nor dismiss him if so appointed.]

**SILEX.**—The principal substances used in the fitting of fixed bandages are, plaster of Paris (sulphate of calcium), silicates, and a compound of shellac and plaster. It has been suggested that for limbs a good jacket might be made from ground coke and shellac, but we have not seen it tried.

**ALPHA.**—Not at all. There were only three present, and of them two were incapacitated by age from joining in the exercise. Perhaps in about two months' time we shall be able to reply more satisfactorily. Apply again then.

**DR. BRUCE.**—Letter received as we were at press, will appear in our next.

**DR. CULLIMORE (London).**—Communication received, will appear as soon as space permits.

### THE NOTIFICATION OF INFECTIOUS DISEASE IN IRELAND.

It was said in the House of Commons by Mr. Gray in his speech on the second reading of his Bill, that all the representative medical organisations in Ireland were in favour of the measure, a statement which—as we have already pointed out—was entirely contrary to the facts, inasmuch as not one single medical body in Ireland, collegiate or other, had approved of Mr. Gray's propositions. We have already published the condemnatory resolutions of the Irish Medical Association and of the North of Ireland Branch of the British Medical Association, and we have reason to believe that the decisions arrived at by the Irish College of Physicians and the Dublin Branch of the British Medical Association were also hostile to the method of notification proposed by Mr. Gray. There only remains, then, the verdict of the Council of the Irish College of Surgeons to make complete and unanimous the disapproval of the Bill by the medical profession in Ireland, and, to put the nature of this verdict beyond doubt, we publish below the resolutions arrived at by the Council of the College:—

*Resolved, July 15, 1880.*—That the following report of the Parliamentary committee be received and adopted: "That the Council be recommended to state in reply to the letter of the Hon. Sec. of the Dublin Branch of the British Medical Association that the College fully recognises the great desirability of registration of infectious diseases, and would approve of any measure which would make efficient provision for such registration *without interfering with the confidential relation of the physician to his patient, or imposing upon him a*

*responsibility inconsistent with his professional practice.* That the College considers that in any legislative proposition the onus of reporting to the sanitary authority ought to devolve upon the responsible occupier of the house in which the disease occurs."

Subsequently, on the approach of the second reading of the Bill, it was furthermore resolved—

"That the Council of the College, while approving of the principle of the notification of infectious diseases, are of opinion that the Bill should be referred to a Select Committee with a view to removing certain objections to the details of the Bill."

**J. S. C.**—The character of the spots is, from your description, unmistakable to us, and taken with the previous history of the case, makes its nature abundantly clear. Under the circumstances we would advise you to withdraw from the treatment, as where by agreement between consultants is impossible, no benefit to any one concerned will result from the association. The adverse opinion should have been expressed to you alone; by informing the friends that your diagnosis was different from his, coupled as it was with invidious remarks, the consultant was guilty of a grave breach of etiquette. We should be glad to see the letters of justification.

**A SECOND YEARS' MAN** cannot do better than to get Harris and Power's little manual for the "Physiological Laboratory," Hentfrey's "Small Botany," and Griffith's "Materia Medica."

**DUBIOUS.**—Read "Fasting and Feeding Psychologically Considered."

**HONORARY SECRETARY.**—You need not trouble to send us any more touting circulars, we shall not again place you in such good company by mentioning your name.

**HABITUAL DRUNKARD.**—A meeting is to be held in London on Tuesday next at the Mansion House, under the presidency of the Lord Mayor, for the purpose of promoting the establishment of a model retreat for the care and treatment of inebriates. The meeting is open to the public, and the chair will be taken at 3 p.m.

**ROYAL INSTITUTION.**—Thursday, May 12, at 3 p.m., Prof. Tyndall, "On Magnetism."

**OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.**—Thursday, May 12, at 8.30 p.m., Mr. Spencer Watson, "On a Case of Retinal Hemorrhage, with High Arterial Tension."—Dr. Allen Sturge, "On Paralysis of both Third Nerves after an Apoplectic Attack."—Mr. Jas. E. Adams, "On Embolism of Both Eyes in a Case of Endocarditis."—Mr. Lang, "On Optic Neuritis in a Case of Corneal Ulcer (microscopical sections)."—Living Specimens at 8 p.m. Mr. Brudenell Carter, "On a Case showing the result of previous Neuritis from Injury to the Head."—Mr. McHardy, "On Persistent Hyaloid Artery."—Mr. Nettleship, (1) "On Dislocation of Lens between Choroid and Sclerotic;" (2) "Ophthalmoplegia Externa;" (3) "Card Specimen of Tumour at Cavernous Sinus, causing Uncomplicated Ophthalmoplegia."

**ROYAL INSTITUTION.**—Friday, May 13, at 9 p.m., Mr. F. Galton, "On Mental Images and Vision."

**CLINICAL SOCIETY OF LONDON.**—Friday, May 13, at 8.30 p.m. Report of the Committee on Excision of the Hip-joint.—Dr. Whiphram, "On a Case of Aneurism of the Aorta, demonstrated during life by the Laryngoscope."—Dr. T. Stretch Dowse, "On a Case of Anorexia Nervosa."—Mr. A. P. Gould, "On a Case of Rapid Death after Antiseptic Osteotomy of the Tibia."—Dr. Wiltshire, "On a Case of Traumatic Rupture of an Ovarian Cyst."

## APPOINTMENTS.

**AVERILL, A.**, M.R.C.S.E., Medical Officer to the Cavenswall District of the Cheadle Union.  
**BOWIE, A.**, L.R.C.P.Ed., L.R.C.S.Ed., Resident Surgeon to the Royal Maternity Hospital, Edinburgh.  
**BREW, Dr. H. B.**, Medical Officer for the Bray (co. Dublin) Dispensary District.  
**CLARK, H. E.**, L.R.C.S.Ed., L.F.F.S.G., M.R.C.S.E., Surgeon to the Glasgow Royal Infirmary.  
**HAMILTON, A.**, F.R.C.S.Ed., L.R.C.P.Ed., Hon. Surgeon to the Chester General Infirmary.  
**HARVEY, A.**, M.B., Surgeon to the Hockley Provident Dispensary, Birmingham.  
**KEILLER, A.**, M.D., F.R.C.P.Ed., F.R.C.S.E., Acting Physician to the Royal Maternity Hospital, Edinburgh.  
**LIVETT, H. W.**, L.R.C.P.Ed., M.R.C.S.E., Medical Officer of Health for the Wells Urban Sanitary District.

## Births.

**FIRTH.**—May 3, at St. Giles Street, Norwich, the wife of Chas. Firth, F.R.C.S., of a daughter.  
**MCCARTHY.**—May 1, at Bridgmont, Abbeyleale, the wife of John P. McCarthy, M.D., of a daughter.  
**WRIGHT.**—May 2, at 17 Alexandra Road, Southport, the wife of S. H. Wright, M.D. Ed., of a son.

## Marriages.

**BOSS-M'CLOGHRY.**—April 28, at St. John's Church, Sligo, William Ross, M.D., to Frances Elizabeth, eldest surviving daughter of the late Henry M'Cloghry, Esq., of Riverstown, co. Sligo.

## Deaths.

**DAVIES.**—April 21, at The Poplars, Oswestry, John Sides Davies, M.R.C.S.E., aged 44.  
**HALL.**—May 2, at Ladbroke Road, Bayswater, Nathaniel Francis Hall, M.R.C.S., aged 47.  
**NOYES.**—May 2, at Brandram Road, Lee, Kent, Henry George Noyes, M.D., in his 64th year.  
**SIMPSON.**—April 24, William Simpson, M.R.C.S.E., of Bradmore House, Hammersmith, aged 78.  
**SMITH.**—May 3, at St. Mary Cray, Kent, Thomas Heckstall Smith, F.R.C.S., aged 74.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 18, 1881.

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## Original Communications.

### ON THE NEGLECT OF LOCAL AND GENERAL BLEEDING.

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VENESECTON is now almost a forgotten remedy, and cupping glasses are rarely seen. The last of the cuppers, Mapleson, of Dublin, called on me a few years ago to take tickets for some readings he was about to give in this town, and he pathetically remarked that "his occupation, like Othello's, was gone." Leeches are even now at a discount.

Amongst the younger members of the profession there are some who never even saw venesection performed, and in that number I was reckoned, until, in the course of my reading, I came across the Gulstonian lectures of Dr. Markham. I was so struck by the lucidity of his views, his logical arguments, sound deductions, and physiological facts, that I was tempted to examine the subject practically and theoretically; when I had tested its efficacy, and weighed in the scale of thought the arguments *pro* and *con*, I was converted to his opinion, that blood-letting does not hold at the present time its proper position as a therapeutical agent, and so far the interests of our patients are prejudiced.

I would be far from advocating its indiscriminate use, or a return to those dark ages of medicine, when everyone was bled, in health and disease, when the physician reckoned his successes by the number of gallons of blood he had abstracted. As we pass along the streets at the present time, we have a reminiscence of the sanguinary epoch of medicine, in the variegated pole of the barber, representing the blood, bandages, and staff used during the operation. In the course of my remarks I will briefly state the class of cases in which bleeding, local and general, may with propriety be adopted, founded on the more advanced views of the pathology and physiology of the present day.

In the progress of society we find certain periods when

revolutions spring up, in politics, religion, and science; when extremes are rushed into and men yielding to the wave of public opinion follow the most extreme leader; of which fact in politics, the French revolution furnishes us a notable example with all its train of horrible consequences. It was followed by a reaction until ultimately a happy mean was arrived at. Medicine has passed through such changes, of which the anti-blood letting mania is one of the most prominent. Such revolutions, though extreme, are productive of some good; formerly we had indiscriminate bleeding, then no bleeding; now, when the first heat of the reaction has cooled, the time has arrived when we may dispassionately reconsider both sides.

In the brief outline which I venture to lay before the profession of the cause of the change, and the effects of blood letting in certain affections, we shall see that there is something to be gained by a modified form of bleeding.

Dr. Markham, in his lectures, set himself the task to trace the progress of this change, to show how blood-letting, after being sanctioned by antiquity and by names high up in the fame roll of medicine, was first tabooed; how the cry was taken up by the metropolitan schools; how it was thundered out from the professorial chairs; how it was eschewed in the provinces, until the non-medical public joined in the chorus. Though the subject may seem, superficially, one of not sufficient importance for consideration, yet, if we look at it closely, we shall find in it much interesting matter for discussion, and this must be my excuse for reviving the topic at the present time.

We are first naturally struck by this question—Why men ceased to bleed? We have heard, in the medical and non-medical world, much of a change of type in disease, in a gradual deterioration in the human family, whereby patients could not bear the exhaustion of blood; in consequence of this it was supposed that the practice of bleeding was discontinued.

This change of type or asthenic phase of disease is presumed to have set in about the year 1823, though its discovery and the term applied, only bear date 1857. We may briefly look at the grounds on which this change of type theory is based. It is founded on the assumption that the effects of blood-letting now are different to what they



were in former times, so that we have to make an estimation of blood letting at different and distant periods of time. We have to satisfy ourselves that the remedy which was a good one, in the hands of our fathers, is a bad one now.

Such an investigation is surrounded by many and grave difficulties, and the first that will strike us is the difference between the practice, the therapeutics, and the diagnosis of the practitioners of a former time, and those of the present day. If we look at the treatment of fever by bleeding, we shall find that, before any extreme wave had set in or was even thought about, thoughtful physicians were observing its effects and arguing on its *rationale*. Amongst them I must mention the name of Graves. Fever in his day, 1827, was treated on the depletory plan; the floors of the Meath hospital ran with blood from phlebotomised patients. But we find at that time Graves was questioning the judiciousness of the treatment, and was pointing out to his class not the necessity of depletion, but showing them that nourishment was necessary. To Graves belongs the credit of introducing into the Irish schools of medicine clinical instruction, and a rational system of medicine founded on pure physiology. I am told that the visitor to Glasnevin cemetery will find on his tombstone, to commemorate his change of treatment the following words:—GRAVES FED FEVER.

His conversion was not brought about by any change of type theory.

This change of type theory is not supported by the records of parturient women, who bear the enormous loss of blood they sustain in post-partum hæmorrhage as well now as they did formerly. Nor by the surgeon is it complained that the great loss of blood during operations is worse in its effect now than formerly; whilst the practitioners, who still largely bleed in fever, maintain that loss of blood is as well sustained now as ever it was. We find then, without having recourse to a change of type theory, that venesection was abandoned, not from a deterioration of the human family, but owing to the strides which medicine was making; owing to the researches of Prout, Majendie, Bernard, &c.; from improved scientific knowledge. Modern pathology was showing that venesection never could have been a proper remedy in fever, acute rheumatism, tuberculosis, &c., &c. This brief glance at this change of type theory is essential to a proper understanding of our subject; for if we have an æsthetic wave or believe in it, few will bleed even with leeches or cupping glass: disabuse our minds of this idea and we can again have recourse to the lancet, not blindly or because it is the fashion, but in accordance with the light of modern rational scientific medicine.

We have again in estimating the value of blood-letting to consider the following points,—viz., the direct and indirect abstraction of blood, the one being local, the other general. Take, for instance, an inflamed part visible to the naked eye, an inflamed ankle-joint, or conjunctiva; general blood letting would be, in such a case, useless, but if we apply leeches round it relief is obtained, and an excellent influence over the progress of the inflammation is established; the heat, the redness, the swelling, and the pain subside. Now the *rationale* is as follows:—By the leeches a certain quantity of blood is drawn from the part, the congested vessels are relieved, the contractility of the vessels is enabled to be kept in action to complete resolution. By venesection, or general bleeding in such cases, no good result would be obtained, its effect would only be transmitted through the general circulation, and the influence over the inflamed part would be only in the same ratio to that exercised over all other parts of the body, the main influence being a reduction of the heart's power. The amount of blood drawn from the body would be equal in all parts, and that from the ankle-joint would probably not be as much as that extracted by a single leech.

In the case of external inflammation, we use leeches, cupping; there the effects are visible and patent to the eye. Next comes the question of bleeding in internal inflammation. What is true of inflammation ex-

ternally, must be equally true of inflammation internally. If, for example, venesection has no directly beneficial influence over an inflamed ankle, neither can it have any direct influence over an inflamed peritoneum, and so, if the direct abstraction of blood be beneficial in the case of external inflammations, equally beneficial should it be in internal inflammations, if capable of being practised. We have, however, a useful example of venesection in those cases where the play of the organs of respiration and circulation are interfered with, as in pneumonia, and the bleeding is a secondary operation relieving, not the inflammation, but its results.

Bleeding has been highly lauded in pneumonia, where we have great difficulty of breathing, and where the obstruction is marked and is sudden; even while the blood is flowing we find the patient is relieved, but here the relief is of a mechanical character. When pneumonia entirely pervades a lung suddenly, a large aerating surface is rendered useless, and there is an undue relation between the mass of blood and the aerating surface; the lung is doing the work of two, the blood is obstructed in its passage to the lungs, and the right side of the heart is engorged. Engorgement gives rise to loss of the natural force of the heart's power. By bleeding, the heart is enabled to take on fresh action, while the lung is secondarily relieved. In cases of pneumonia, where respiration and circulation are not interfered with, bleeding has been ignored. In the local abstraction of blood in internal inflammations, the same facts hold good as in external. Where we have a vascular connection between the skin and the inflamed part, this influence is seen, as in pleuritis and pericarditis. In the latter affection the removal of the pain may result from the direct abstraction of blood from the pleura, local pleurisy being an almost invariable associate of pericarditis; a branch of the internal mammary artery, which supplies the skin and intercostal arteries, over the præcordial region, is distributed to the pericardium, forming a direct vascular connection between the skin and pericardium.

Leeches, likewise, give relief in pericarditis, and for a similar reason. Leeches, again, give relief in affections of the liver, and after death, we find extensive adhesion between the anterior surface of the liver, and the parietal layer of the peritoneum.

Now, in cases where leeches are applied over a part with which it has no vascular connection, we have no specific or peculiar influence, although so near the seat of inflammation, and the abstraction of blood can only act as venesection would—that, is through the general circulation. Brown-Séquard and Claude Bernard suggest, that any good effects by leeches over internal inflammations—in which there is no capillary communication between the skin and inflamed part—may be ascribed to the excitement of reflex action of the motor nerves of the part, producing contraction of the inflamed capillaries. If there is not such an action it is difficult to account for the beneficial influence of blisters and plaisters over the lungs. We know, empirically, they give relief.

Speaking of motor nerves, it may be alleged, now that we have a vaso-motor theory, that we have medicines which will control the circulation, increasing or diminishing the calibre of blood vessels, producing arterial tension or dilatation; that it must be better to resort to such drugs than abstract any of that fluid, on which life so much depends. Thus, aconite is most useful in pneumonia, it relieves the pain and tension, and does so by vaso-motor action. But though, valuable in the early stages of vascular excitement it cannot act, as venesection would, by relieving the mechanical disturbance of the blood so often existing in pneumonia; nor has it any beneficial action in the secondary results too often found attending this disease. Again, its effects are not so speedily or surely produced in other affections, say cerebral diseases; the local application of ten or a dozen leeches will give more direct and speedy relief than can be obtained from any medicines, however specific, or noted

for their action on disturbed intra-cranium circulation.

I could narrate a number of cases where relief has been given by local bleeding. I give one item amongst many, where the effect was most marked.

Margaret Dale, æt. 17, had been under my care for 8 or 9 days, for typhoid fever; and on the 10th I found her complaining of internal pain in the side, with considerable difficulty of breathing, arising from inflammation of the pleura, pulse being 110, temperature high. I advised the application of 10 leeches with other appropriate treatment; on calling next day, the pulse had become soft, the breathing had become calm, and the pain had subsided as to be almost scarcely felt. The fever progressed to recovery. I have not seen many cases of pneumonia where it was necessary to bleed, but I would have no hesitation, if all the conditions I have mentioned, of impaired respiratory and cardiac function, were present, to open a vein and proceed according to the old mode.

The following propositions may be maintained:—

1. Venesection has no direct influence over inflammation, external or internal.
2. Venesection is useless, in the case of all external inflammations.
3. Venesection is of use in these inflammations, where the cardiac and respiratory functions are interfered with.
4. Local bleeding in external inflammations is most useful, its effect is patent.
5. Local bleeding in internal inflammations, where there is a direct capillary circulation between the skin and inflamed part, is of manifest service.
6. The benefit of local bleeding, when there are not such conditions, is neither clear nor positively ascertained.

I may sum up and close my paper in the following words of Dr. Markham:—

“Is it credible that a remedy which, through evil report and through good report, has steadily held its own in the catalogue of curative agencies, from the days of Hippocrates to our own, can all at once have ceased to be of service to humanity? Must we believe that all the great minds, who, through the long ages of past medicine, have resorted to this remedy, have been using it under a delusion? Surely, the very fact of the antiquity of the remedy, its universality, and its persistence, during all times as a curative measure is strong *a priori* evidence of its possessing value and excellence as such.”

There are many questions in connection with this subject which I have omitted, and my reason for doing so is, that it would lead me into too wide a field; I may mention—bleeding in apoplexy and puerperal convulsions.

I have not done my subject the justice it merits, but I shall be sufficiently repaid if it leads to further discussion or elicits the experiences of those who are my seniors in the profession.

### ON THE ERECTION OF DWELLINGS FOR THE LABOURING CLASSES. (a)

By C. A. CAMERON, M.D.,

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ONE of the most urgently required measures for the improvement of the sanitary condition of Dublin is the erection of a large number of dwellings for the lowest classes of the industrial population.

The buildings, which have been erected by the Dublin Artisan's Dwellings Company, and the Industrial Tenements Company, afford excellent accommodation for a large number of persons. The former have now 270 tenements, containing 1,243 inhabitants. Their large two-storied cottages, containing four rooms, let at 7s. 6d. per week. Smaller sizes are rented at from 3s. 6d. to 6s.

(a) Read before the Society of Metropolitan Medical Officers of Health.

weekly. The accommodation given for 3s. 6d. is two rooms, a settle bed, yard, water supply, scullery, and water-closet. The lowest rent 2s. is given for two rooms in a large house, but even for this low rent, a separate water supply and water-closet are given.

This Company are erecting upon the Coombe area, which the Corporation has recently cleared, 220 separate cottages, and at Manor Street, 54 cottages will soon be built. The dwellings, which we owe to the zealous and truly philanthropic exertions of the Company, are hardly available for labourers. Very few of the tenements are let at so low a rent as 2s. per week. It seems, therefore, desirable that the good work done for artisans, clerks, and other persons earning a pound or more weekly, should be supplemented by the erection of dwellings for still more humble classes of the community.

There are, probably, at least 10,000 married men,—labourers, porters, and messengers, whose weekly earnings do not exceed fourteen shillings. There are some thousands of poor widows, with or without families, old worn-out men and single women, earning a precarious living, and residing in wretched dwellings. To all these classes of persons the tenements of the Artisans' Dwellings Company are as inaccessible as are the houses in Fitzwilliam Square to ordinary mechanics. It is more especially the dwellings of these classes that urgently require amelioration. No doubt the homes of artisans are, for the most part, defective enough, but still their condition is much better than that of the homes of the very poor. The weekly rents paid by several thousands of the poorest classes, vary from eightpence to two shillings. A very large number of families occupy each a single room, for which a rent of from one shilling to eighteenpence weekly is paid. In some cases the sum of two shillings is charged for one apartment.

In the houses where the rooms are let at a shilling each per week, a filthy state of things is the rule. From four to eight families often occupy such houses, and they seldom adopt any systematic arrangements for the cleansing of the common hall and stairs, or for keeping the sanitary accommodation in a proper state of cleanliness. In some instances the landlord appoints a person to keep the house and out-offices clean, but the person so appointed is generally an old woman, whose remuneration for her labour is a free room. Those house-owners, or renters, who possess a large number of the lowest classes of tenemental dwellings, employ men to clean the yards. They make incessant complaints of the filthy and destructive habits of the occupants, and protest against erecting water-closets for their use on the ground that the fittings would soon be destroyed. The dwellers in the lowest class of tenemental houses have been so long familiarised with their filthy surroundings that time is necessary to educate them into the proper use of water-closets, and other improvements, which are being steadily introduced into even the humblest class of dwellings.

In the tenements which I have just described, circulates no inconsiderable proportion of the poisons of the zymotic diseases, and more especially those of small-pox (when epidemic), and typhus fever. These, and other contagious diseases, are nursed, so to speak, in the lowest classes of dwellings, and continually spread therefrom, through many direct and indirect channels, into the abodes of all classes of the community. What a substantial gain to public health would it not be, if the, say five thousand families who now occupy the worst houses in this city, were provided with healthful dwellings!

It seems to me that the time has arrived for effecting some substantial amelioration in the condition of the lowest class of dwellings. This amelioration is not likely to be effected by any kind of building societies. It must be done either by benevolent associations, with no stinted means, or by the municipality. It is within the power of the Corporation, acting with the consent of the ratepayers, to erect, not only dwellings for the labouring classes, but also furnished lodging-houses for their use.

There are three Acts relative to the erection of dwellings for the labouring classes, namely:—

The Labouring Classes, Lodging Houses, and Dwellings Act (Ireland) 1866 (29 & 30 Vic., cap. 44).

The Artisans and Labourers' Dwellings Act, 1868 (31 & 32 Vic., cap. 130).

The Labouring Classes Dwelling Houses Act, 1867 (30 Vic., cap. 28).

Under the first-named of these Acts, the corporation (and other municipal governing bodies) are empowered to purchase, or rent land, for the purpose of erecting upon it dwellings for the labouring classes. They can also provide lodging-houses, and supply them with furniture, gas, water, and other necessaries.

When a corporation, or other municipal governing body, proposes to consider the advisability of adopting this Act, notice to that effect must be published not later than 28 days, or not earlier than 42 days, before the day upon which the question is to be discussed. If, upon that occasion, a memorial from ratepayers, representing one-tenth of the rateable value of the property liable to assessment for the purposes of the Act, be presented, requesting the consideration of the question to be postponed for a year, the prayer must be granted.

After the expiration of one year, the municipal authority may again consider the advisability of putting the Act into force, and may do so provided that a majority of the members present agree to the proposal.

The expense of executing the Act may be defrayed out of the funds available for paving, lighting, cleansing, or otherwise improving the borough, and if the funds be insufficient for the purpose, they may be increased by means of a special rate, but only with the approval of the Local Government Board, loans of money may also be raised for the purposes of the Act.

The closing of tenements unfit for habitation, is now a daily occurrence, and the evicted persons are complaining, and with justice that they cannot find proper habitations, unless at much higher rents than they can afford to pay.

The provisions of the Artisans' and Labourers' Dwellings Act, July, 1868, relate chiefly to the improvement of tenement and lodging-houses. If they are not in a fit condition for human habitation, their owners are liable to be compelled to improve or rebuild them; and if they refuse to do so, the municipal authorities are empowered to do the work. Of course, in all cases under the provisions of the Act, the owners of premises, which the local authorities desire to have improved or rebuilt, can appeal to the courts of law.

At the present time there are houses situated in a great many parts of the city, which have been closed by magistrates orders on the certificates of the medical officers setting forth their unfitness for human habitation. I have no doubt that such of these houses, as require rebuilding, could be taken down by the sanitary authority, should the owner refuse to do so. Many of these houses have been closed for periods of one or more years, and not a few are little better than ruins. They are not only an eye-sore, but they are liable to be the receptacles of filth. If the owners of these houses fail to rebuild them within a reasonable time, they should be compelled to do so, or to allow the local authority to take, and, if considered desirable, rebuild them. This matter is now occupying my attention, and I intend, very soon, issuing certificates that certain houses now closed up are, under any circumstances, short of being rebuilt, unfit for habitation, and recommending their total demolition.

The erection of dwellings for the poorest sections of the working people is a sanitary measure, which, in my opinion, is urgently required, and which should at once be set about. It is proposed to erect dwellings for artisans upon the property at the north-western end of the city, which will soon come into the possession of the corporation.

It is most desirable that the homes of the labourers should be as near as possible to the places where they work. Men employed at the North Wall, or at Sir John

Rogerson's quay, would not care to take lodgings at Barrack Street, if they could get any kind of a dwelling nearer to the seat of their employment. There should be, say ten or twelve district sites selected upon which to erect labourers' dwellings. The following places would be very suitable for the purpose on the north side of the city:—

No. 1. The corporation property at Oxmantown.

No. 2. Bull Lane and Fisher's Lane.

No. 3. White's Lane and Eccles Lane.

No. 4. North Circular Road, near Sherrard Street.

No. 5. East Road.

South side—

No. 1. Cow Parlour.

No. 2. Bow Lane.

No. 3. St. Michael's Hill to Cook Street.

No. 4. Wood Street, Oliver's Alley, and Arthur's Lane.

No. 5. Gloucester Street, South.

No. 6. Boyne Street.

With respect to each of these proposed sites, a few observations is necessary.

*Southern Sites.*—No. 1. As the corporation will soon be the possessor of a large district in the north-west portion of the city, a large number of dwellings for labourers might be advantageously erected in that locality.

No. 2. Several of the old houses, which comprise Bull Lane and Fisher's Lane, have been closed on account of their unfitness for human habitation; several of the remaining houses have either fallen down, or have been taken down. These two lanes comprise some of the worst tenemental dwellings in this city. They run parallel to each other from Pill Lane (in older times, a street in which dwelt many practitioners of the healing art) to Mary's Lane. The removal of the houses which remain in these lanes would leave a good open space, upon which about fifty houses for labourers could be built without encroaching unduly upon the air space. The clearance of the wretched houses in Bull and Fisher's Lane; houses, too, which are only a few paces distant from our handsome courts of law, would be a great sanitary improvement.

No. 3. White's Lane and Eccles Lane lie between Eccles Street and Blessington. These houses consist of very small cottages, and some dwellings, which were originally coach-houses and stables, attached to the houses in Eccles and Blessington Streets. The demolition of these houses would make room for about fifty dwellings for artisans, due provision being made for air space, and for a small playground for children. Most of the houses are worth very little, and some of them are in ruins.

No. 4. On or near to the South Circular Road, between Summer Hill and Upper Dorset Street, there are several pieces of land at present unoccupied. Upon one or more of these, or upon unoccupied plots of ground nearer to the canal, there is ample room for building a large number of houses.

No. 5. There are several unoccupied sites on the Wharf Road, East Road, and other places in the eastern part of the city lying to seawards of the canal, available for the purposes of the Labouring Classes Dwellings Act.

*South Side.*—No. 1. At or near Cow Parlour, in the south-western extremity of the city, there are waste spaces upon which houses could be built without any clearance of existing dwellings being necessary.

No. 2. Bow Lane and Bow Bridge. Many of the houses in these places have recently been closed up. It would be desirable to make a clearance of them, and of some others, and to erect, in their place, forty or fifty new dwellings. There are alternative sites not far off; for example, at the rear of Upper James Street, Mount Brown, &c.

No. 3. St. Michael's Hill and Cook Street. A large block of buildings at St. Michael's Hill, extending to Winetavern Street. It has been closed for about a year past. I had certified that it was unfit for human habitation. Some houses in Cook Street, close by, have been pulled down, and close to Schoolhouse Lane there is an open space. It would be most desirable to build a sub-

stantial number of labourer's dwellings on a space provided by a clearance from Winetavern Street, to about midway up Cook Street. This site would be a convenient one for the working classes, as it is situated in the most densely inhabited part of the city.

No. 4. Wood Street, and Arthur's Lane. The greater number of the houses in Wood Street have been tenanted and closed up by magistrates' orders, at the suit of the sanitary authorities. The street has long been an unhealthy one, and it would be desirable to clear away all its houses—they are very old—and make an open space, extending to Golden Lane, or, at least, to the rear of Golden Lane. Wood Street has decayed to such an extent that this year reference to it is omitted from Thom's Street Directory.

No. 5. Gloucester Street, South. This is a very poor street, and there are places near to it equally decayed. A site might be got cheaply in this locality. It would be convenient to the coal porters, many of whom reside in the district.

No. 6. Boyne Street. Many of the houses in Boyne Street, and in the courts and lanes near to it, are in a bad state, and it would be desirable to raze them. Boyne Street, or some place close to it, would be a good situation for the residence of labourers employed in the south-eastern parts of the city. There is a large open space in Boyne Street, upon which a large number of houses might be built. This, and the other sites mentioned, might be procured at no great cost, simply because they are of very little value, and also owing to there being alternative sites procurable, their owners would not ask much more than their actual value.

I do not suggest that labourers' dwellings should be erected on that quarter of the city lying south of Upper Mount Street, and east of Stephen Green and Harcourt Street, as the sites there would be expensive. Nor is it desirable that the most fashionable quarter of a city should be selected for the erection therein of dwellings of the humblest kind.

I shall now enter into a brief description of the kind of dwellings which, in my opinion, should be erected.

Each should consist of a two-storied house, containing four rooms. The dimensions of two of these should be 12 feet in length, 12 feet in breadth, and 12 feet in height, a capacity of 1,728 cubic feet, and 2 rooms 10 feet  $\times$  10 feet  $\times$  12 feet = 1,200 cubic feet. The house need only be of the plainest kind, but the stairs, doors, and window frames should be heavy and strong, so as to withstand rough usage. Water and water-closets should be provided. The cost of such a house would not be more than £120 or £125, and of the site, say £25. If each house cost £150, then 666 could be erected for the sum of £100,000. The average number of individuals per family is about 4.5; therefore, the 666 tenements would provide for (at the rate of two families per house) 6,000 persons.

For each tenement of two rooms, the rent should be 2s. per week. This is somewhat more than many labourers pay; but I am sure there would be no difficulty in getting tenants for two good rooms at such a low rent. The existence of such 1,332 tenements would stimulate the owners or renters of the ordinary low class tenemental dwellings to a healthy competition, which would be the means of causing a general improvement in the condition of the homes of the people.

It is a serious question for the ratepayers, would the erection of 666 tenement houses, such as I have described, entail a permanent burthen upon the city? I do not think it would. Let at £10 8s. per annum per house, the revenue would be £6,926. £4,500 a year interest, which would gradually extinguish the debt on the loan required to build the houses would be paid out of the rent, supposing that even a considerable number of tenants were defaulters. £1,000 per annum would be more than sufficient to keep the houses in repair.

## ANIMAL VACCINE, HOW IT IS PROPAGATED.

We are indebted to Dr. F. W. Campbell, editor of the *Canada Medical Record*, for the following account of animal vaccination as practised in Montreal, which will be read with especial interest in this country, now that the subject of small-pox is attracting universal attention.

Small-pox may be said to scarcely exist in Montreal at the present time, and the closing of the small-pox hospital is seriously contemplated. There can be no doubt that this very satisfactory state of things is largely due to the supply of pure lymph which has been at the disposal of our public vaccinators for the past three years.

Through the courtesy of Dr. Bessey our reporter visited his vaccination stables, and was shown the vaccine disease in a well-developed stage on a handsome young heifer. None but the best animals are fit for the purpose. This animal, which had been vaccinated seven days previous on the inside of the buttocks, previously cleanly shaven for the purpose, was literally covered over the vaccinated region with well-defined genuine cow-pox pustules, singly and in groups of six to ten.

Fig. 1 gives the appearance presented on this heifer.

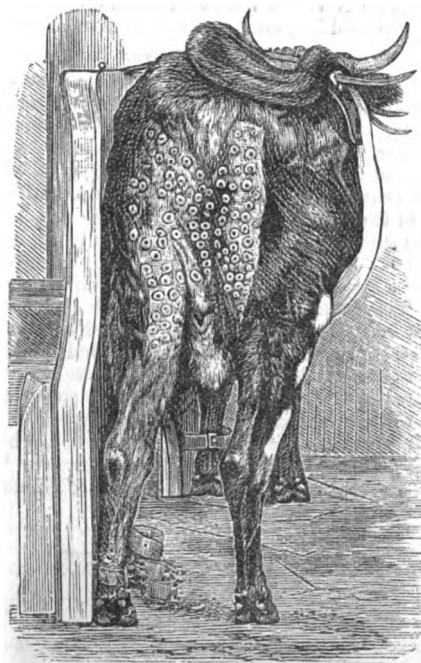


FIG. 1.

Another choice heifer stood in a stall awaiting vaccination from this animal, one being vaccinated from the other consecutively. This has been kept up in uninterrupted succession from the original cases of spontaneous cow-pox found upon the Leney Farm, Longue Pointe, in November, 1877, of which Fig. 2 is a representation.

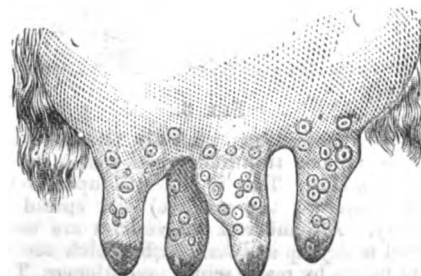


FIG. 2.

There has already been furnished from this source

lymph for the vaccination of over 50,000 persons, with uniformly mild and gratifying results. It is now used by the profession from Halifax to Winnipeg in Canada, and by a goodly number of the profession in the border States. Lymph has been sent to members of the profession in England interested in vaccination, and to Dr. Buchanan, of the National Vaccine Establishment, Whitehall.

During last winter vaccine was furnished from this stable for the vaccination of the viceregal household of the Princess Louise at Ottawa, and used by Dr. Grant, physician to H.R.H. At that time a variolous epidemic prevailed in many parts of Canada, and to meet the increased demand several heifers were vaccinated at one time, but the number is diminished to one every eight days in ordinary times, which is absolutely necessary to keep up the succession and prevent delays. The city is furnished once a month at present with a fresh stock direct from the animal, and most of the city physicians obtain their supplies here, so that the absolute purity and the protective power against small-pox of true Jennerian vaccination is guaranteed. Dr. Bessey is full of hope that one day the Government may be able to spare sufficient money from their railway and other enterprises to establish a National Vaccine Institute where this mode of supply would be perpetuated to future generations.

#### HOW IT IS DONE.

Two appliances for managing the animal stood in the stable—one, a strong wooden frame held together with iron bolts, supported a suspended sheet of canvas over two rollers. This is used for large animals, which are driven in and the head securely fastened, after which the sheet of canvas is adjusted under the belly, and by a turn or two of the rollers the animal is suspended a few inches from the ground, the feet being fastened to prevent kicking, while the shaving and vaccinating goes on. The other is a strong wooden frame supporting a tumbling table. This being upright the animal is brought alongside and securely strapped thereto, as shown in Fig. 1. It is then upturned, and the animal finds itself on its side and perfectly helpless, unable to make the slightest resistance to the operator, who proceeds either to vaccinate or collect the lymph as the case may be.

Fig. 3 illustrates the plan of construction of this table, which is modelled on the plan of those in use by Prof. Depaul, France, and Dr. Martin, Boston, U.S., no originality being claimed for it.



FIG. 3.

The animal being thus perfectly secured, the vessels are pinched up and ruptured, when a clear watery-looking lymph exudes. This is collected upon ivory points (specially made for the purpose) and spread out on a shelf to dry. A number of the vesicles are usually left untouched to dry up and form scabs which are still preferred to points by many senior practitioners. The points are then carefully wrapped up in cotton wool, to prevent the absorption of moisture from the atmosphere, and

next in blue paper to prevent the action of the sunlight, which rapidly destroys any virus exposed to it. They are then wrapped in tin-foil to preserve an equal temperature, and finally enveloped in rubber tissue, hermetically sealed, to preserve them air-tight when transmitted to a distance. With each package sent out, bearing date and registration, is a printed sheet of directions and observations on the use and preservation of vaccine. Any package proving inert is also replaced with fresh active virus. By this means the public sentiment among the masses of the City of Montreal has been entirely changed in favour of vaccination. Small-pox is so far extinguished that the Board of Health have decided to abolish the Small-pox Hospital, and we hear no more of ulcerated arms from vitiated virus, or small-pox following vaccination with degenerated lymph.

In a fortnight all traces of the disease disappear from the animal, which is then disposed of, and fresh animals are provided to take their place, these not being again susceptible to the infection.

The history of the Longue Pointe stock of vaccine may be given briefly as follows:—On November 6, 1877, Dr. Bessey visited the farm of Mr. John Leney (since deceased), at Longue Pointe, opposite the Provincial Lunatic Asylum, and found there six animals affected with cow-pox in various stages of development. From these cows sufficient lymph was taken to make a beginning, and on November 7th the first child in Montreal (one Michael O'Mara) was vaccinated successfully with this stock of lymph. Animals at Logan's farm were also inoculated with it, and thus, from animal to animal, and child to child, the stock has been kept up ever since. Whenever it has been used, the results have been mild and satisfactory.

#### ADDRESS

ON THE

OCCASION OF CONFERRING THE LICENSE  
OF THE R.C.S.I., THE 5TH DAY OF MAY, 1861.

By A. H. McCLINTOCK, M.D., LL.D., &c.,  
President of the College.

GENTLEMEN,—I gladly avail myself of the privilege accorded to the President on occasions like this, to address you with a few words of counsel and advice. But first let me offer you hearty congratulations on passing through the ordeal of your final examination, and thus being qualified to attend here to-day and to inscribe your names on the long roll of licentiates in surgery of this College. I hope that none of you feel surprised at this result of the examination, as though it were a matter of chance, but that you are rather disposed to regard it as the expected, legitimate consequence of honest exertion, diligent study, and careful preparation. Where these are used, any man of moderate abilities may reckon with confidence on passing the examinational tests required by this College, and may do this by his own honest exertions, without any adventitious aid whatever. Let me earnestly impress on you, gentlemen, that the same diligence and application which have triumphantly carried you through the portal of surgery, and made you legalised practitioners, will need to be continued, though under different circumstances, if you are actuated with an honourable ambition, to be conscientious successful practitioners, and to

“Snatch the meed of envious fame.”

Do not imagine because you are possessed of the much coveted Letters Testimonial, that your studies are over and your period of probation at an end. If you entertain any such delusive idea the sooner it is dispelled the better, for no notion more fatal to your advancement, more obstructive to your prosperity, could enter your heads.

Up to this epoch in your career the tribunal of a court of examiners formed the boundary and ultimatum of your hopes and fears, but failure in this ordeal could be repaired by a few months of diligent application. Henceforward, however, you



stand before quite a different, and a more important tribunal; one from whose decision there is no appeal, namely, the bar of public opinion. This tribunal, let me tell you, is slow in forming and slow in pronouncing its dictum; but though it has leaden wings, it has iron claws. It notes your moral and professional conduct, it measures your skill and your abilities, it makes itself acquainted with your habits at home and abroad; it will scan your motives, and seldom fail to find out whether the mere acquisition of lucre, or the faithful discharge of your noble calling, is the end and aim of your studies and exertions; and woe to him on whom it pronounces its sentence of condemnation! How necessary, therefore, is it that you should be duly furnished and prepared before you submit yourselves to so searching a scrutiny!

How is this to be done? you'll ask. Well, I need hardly answer this question; your own sense must tell you it can only be done by steady application and unremitting self-culture. Keep pace with the improvements in your profession, and above all things lose no opportunity of studying disease at the bedside, and thereby strengthening your powers of observation and your skill in diagnosis. Without this constant perusal of the book of Nature, all your reading will avail but little towards making you sound practitioners.

Gentlemen, I have said that ours is a noble calling. In dignity, in importance, in its capacity for good or evil, there is only one profession its superior—the clerical profession—whose members occupy themselves with the interests of our immortal souls; whilst our vocation is to preserve the tenement which the soul inhabits during its sojourn in this world. Of all the material works of the Divine Artificer, the human body is at once the most perfect and the most complex; truly, in the words of the Psalmist, we are *fearfully and wonderfully made*. To correct its aberrations, rectify its faults, preserve the due balance and harmony between its several parts, to counteract the progress of decay and resist the disturbing influence of disease, to repair the manifold injuries and accidents to which it is exposed—all these, and much more, is the business of the physician and surgeon.

Thus, you see, gentlemen, what a high trust and great privilege are committed to us medical men; but proportionately great are our responsibilities for the faithful and diligent discharge of this trust. If in disregard of its sacredness we negligently or wantonly trifle with it, we must expect not only disappointment and failure in this world, but the censure of the Supreme Judge, when called to account for the use we have made of the precious talent entrusted to our care.

Did time permit, I would like to make some remarks bearing on the *ethics* of our profession, in its relations to the public, to our patients, and to our medical brethren. A great deal has been said and written on this subject, but the sum and substance of it all is comprehended in one sentence; and if in all cases and under all circumstances you act up to the letter and spirit of the golden rule—"To do as you would be done by,"—and you let it be seen that such is the rule and main-spring of your conduct, depend upon it you will seldom get into trouble. And if, unfortunately, you do, you will stand acquitted in the judgment of every right-minded man who knows your true motive and your *bond-fides*.

Gentlemen, I need hardly tell you that, as Licentiates of this College, its charters confer upon you the privilege "to exercise and enjoy all rights of practice in the art or science of surgery." You have "free access to the library and museum of the College," and "are eligible or admissible to the rank of Fellowship of the said College." But they do not invest you with any corporate privilege. You have, therefore, no direct influence in the management or administration of the affairs of the College, having no voice in the election of the Council, which is the governing body of the College, "exercising the powers and privileges, and performing the duties and functions of the said body, politic and corporate, as the Governing or Executive Council of the said College as lawfully representing the same." In order to participate in these privileges, and to possess a real substantive interest in the College, as well as to gain for yourselves a higher and more respectable status in your profession and before the public, I would urge each and all of you to obtain the honourable distinction of Fellowship as soon as you possibly can.

Of the interests of its Licentiates, as well as of its Fellows, the College is ever mindful. On this you may

fully depend, so long as you keep inviolate the declaration you have just now solemnly taken, and prove obedient to the statutes, bye-laws, and ordinances of the College, always endeavouring "to the utmost of your power to promote the reputation, honour, and dignity of the said College."

Now this declaration does not impose any hard obligation upon you. Far from it. Be assured that in carrying out the latter part of it, you will also be doing what is most calculated to serve your own welfare, and promote your own individual advancement. For, by a coincidence not often met with in the affairs of life, the duty you owe to your College will in truth coincide and run parallel with your own self interest; and the higher you stand for professional skill, the more you elevate your own position in the social scale, and the greater the estimation in which your moral character is held for integrity and principle, by so much will you add to the reputation, honour, and dignity of the College whose diploma you now hold:

## Clinical Records.

### MEATH HOSPITAL AND CO. DUBLIN INFIRMARY.

#### BRIEF NOTES OF OPERATIONS.

Under the care of LAMBERT H. ORMSBY, F.R.C.S.,  
Lecturer on Clinical and Operative Surgery.

Reported by Mr. PERCY NEWELL.

#### OPERATION I.—*Removal of Large Tumour in close proximity to the Right Parotid Gland.*

John H., admitted to Meath Hospital April 16, 1881, suffering from an encysted tumour, growing apparently from the anterior surface of the right parotid gland. Its growth had been very slow, and it was freely moveable. Operation performed on Wednesday, April 20, 1881, the patient being fully etherised. The skin over the tumour was pinched up, and transfixed with a sharp bistoury, the anterior portion of the growth was then laid bare, but it was found to have some very deep attachments, and it was no easy matter to detach its posterior connections, with the aid of the finger nail of the operator and the handle of the scalpel—and at the same time seizing the tumour with a vulsellum forceps, the growth was thus removed. Smart hæmorrhage followed from three vessels which were commanded, and the edges of the wound were then brought together by silkworm gut sutures, and direct union took place. In a fortnight the patient left the hospital with no bad symptoms or deformity of facial muscles.

#### OPERATION II.—*For Bent Knee from Contraction of Hamstring Tendons.*

George W., æt. 11, admitted to Meath Hospital with contraction of right knee-joint—the result of a fall received some months since.

Operation performed on Wednesday, April 20, 1881. The patient being placed under the influence of ether, the tendons of the semi-tendinosus and semi-membranosus were divided subcutaneously with a sharp tenotome, a straight splint was then applied, and the malposition of his limb rectified.

#### OPERATION III.—*Excision of Right Breast.*

Mary K., æt. 60, admitted into Meath Hospital on March 28, 1881, suffering from a tumour of right breast, which on examination, after the operation, proved to be scirrhus. History states that she was the mother of a number of children; always enjoyed good health till about twelve months ago, when she noticed a kernel in her breast, which gradually got larger and she experienced severe darts of pain from time to time through the affected part.

Operation performed on Wednesday, April 6, 1881. The patient being placed under the influence of ether,



two semi-elliptical incisions were made parallel to the great pectoral muscle, the arm at the same time being well abducted from the side. The tumour having been removed, two vessels were tied, and the wound well syringed out with cold water so as to remove all blood clots, and having been swabbed out with a 40-grain solution of chloride of zinc, the edges of incision were evenly brought together without any unnecessary tension with silkworm gut sutures, a large pad of lint was placed over all, the arm was bandaged to the side, and the operation thus completed. Nearly the whole of the wound healed by the first intention.

#### OPERATION IV.—*Epithelioma of Lower Lip—Removal.*

Daniel S., a countryman from co. Meath, æt. 65, was admitted into the Meath Hospital on March 23, 1881, suffering from epithelioma of the lower lip.

*History.*—Patient states he first took notice of the disease as a small scab or sourf about 8 months ago, and can assign no cause whatever for the condition of his lip, as he is not much of a smoker, and when he does smoke he always uses a pipe with a long shank.

As there was no submaxillary glandular contamination and the man was in a very healthy condition, an operation for its removal was determined upon.

Operation performed on Wednesday, April 6, 1881. The lower lip at each side of the disease being compressed, a V-shaped incision was made, and the disease thus removed. Two hare-lip pins were inserted to bring the parts together, and kept in position by the figure of 8 twisted suture; the parts united by first intention; needles removed in four days, and the man left the hospital eight days after the operation, with very little appreciable deformity of mouth.

## Special.

### THE PROPOSED SYSTEM OF EDUCATION AND EXAMINATION IN IRELAND.

*Adopted by the Council of the Royal College of Surgeons in Ireland.*

THE Council has unanimously received and adopted the following Report of its Education Committee, in which is embodied the proposed Scheme of Education and Examination:—

The Committee report that they are of opinion that the following recommendations of the General Medical Council, should be enforced by it on all students commencing their studies after that date, viz:—

8. "No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council, and has produced evidence that he has commenced medical study."

The Committee recommend that the following, or any one of them, be considered by the Council of the College as the commencement of professional education:—1. Attendance on the practice of an hospital, or other public institution recognised by the College for that purpose. 2. Instruction as the pupil of a legally qualified surgeon, holding the appointment of surgeon to a hospital, general dispensary, or union workhouse, or where such opportunities of practical instruction are afforded as shall be satisfactory to the Council. 3. Attendance on lectures on anatomy, physiology, or chemistry, by lecturers recognised by this College.

9. "The commencement of the course of professional study recognised by any of the qualifying bodies shall not be reckoned as dating earlier than fifteen days before the date of registration."

15. "The several branch councils shall have power to admit special exceptions to the foregoing regulations as to registration for reasons which shall appear to them satisfactory."

17. "The several qualifying bodies are recommended not to admit to the final examination for a qualification under the Medical Acts, any candidates (not exempted from registra-

tion) whose name has not been entered in the medical students' register at least forty-five months previously. In the case of candidates from other than schools of the United Kingdom, the branch councils shall have power to admit exceptions to this recommendation."

19. "That the age of twenty-one be the earliest age at which a candidate shall obtain a licence to practice, and that the age shall, in all instances, be duly certified."

20. "That no licence be obtained at an earlier period than after the expiration of forty-five months subsequent to the registration of the candidate as a medical student."

#### SCHEME OF EDUCATION AND EXAMINATION.

The Committee recommend the adoption of the following regulations:—Each student should be required to pass a preliminary examination and four professional examinations as follows:—

##### *Preliminary Examination.*

The preliminary examination shall be in the following subjects, with the permission to the student to substitute French or German for Greek.—1. The English language, including grammar and composition. 2. Arithmetic, including vulgar and decimal fractions. 3. Algebra, including simple equations. 4. Geometry, first two books of Euclid. 5. In Latin, the first and second books of the *Æneid* of Virgil, or of Jugurthine war of Sallust, or the third book of Livy. Alternative subjects.—One to be selected by the student: 1. Greek, the gospel of St. John, or the first book of Xenophon's *Anabasis*, or the dialogue of Lucian, entitled "Menippus or the Necromancy." 2. French, and 3. German, subjects to be fixed hereafter.

##### PROFESSIONAL EXAMINATIONS.

The First, Second, and Third Professional Examinations shall be held in the July and October of each year, at either or both of which the student may present himself.

That, in special cases, it shall be possible for the Council to exercise a discretion and permit students for what appears sufficient cause to pass an examination after the succeeding year has been entered.

##### *First Professional Examination.*

Candidates are recommended to attend a course of lectures on Practical Anatomy, and one on Chemistry, before the First Professional Examination. The Examination shall include the following subjects:—\* (a) *Physics*—The elements of mechanics, hydrostatics, pneumatics, and hydraulics; heat, light, and electricity. (b) The elements of chemistry. (c) Botany; physiological, structural, and descriptive. The subjects to be fixed hereafter, following as closely as may be judged right the programme of examinations of the intermediate Education Board for Ireland. (d) *Anatomy*—Human osteology. (e) *Practical pharmacy*—Elementary.

##### *Second Professional Examination.*

Candidates are required, before admission to the Second Professional Examination, to produce evidence of having passed the First Professional Examination, also certificates of having subsequently attended—Medico-chirurgical hospital, nine months. Winter courses: Practical anatomy, demonstrations and dissections, physiology, surgery, chemistry (unless attended in first year). Summer courses, three months: Practical chemistry, practical physiology, materia medica.

Candidates should be examined in—*a. Anatomy*: bones, joints, muscles, and topographical anatomy of the viscera of the chest, abdomen, and pelvis; *b. Histology*, and the physiology of the circulatory, respiratory, and digestive systems; *c. Surgery*: The signs, terminations, and treatment of inflammation, wounds, hæmorrhage, burns and scalds, ulcers, bandaging; *d. Chemistry*; *e. Materia medica*.

##### *Third Professional Examination.*

Candidates are required, before admission to the Third Professional Examination, to produce evidence of having passed the Second Examination, also certificates of having subsequently attended—Medico-chirurgical hospital; nine months as an extra pupil; or six months as a resident pupil.

Winter courses—Practical anatomy (unless attended in the first year.) Demonstrations and dissections, surgery, and medicine.

Summer three-month course, medical jurisprudence. Candidates shall be examined in—*a. Anatomy*. *b. Physiology*. *c. Surgery*—Operative, clinical, and ophthalmic surgery being reserved for the Final Professional Examination.

*Fourth and Final Professional Examination.*

The fourth professional examination shall be held in July and October, and in the April of the following year, at any or all of which candidates may present themselves.

Candidates are required, before admission to the final examination, to produce evidence of having passed the third professional examination, also certificates of having subsequently attended—Medico-chirurgical hospital, nine months as extern pupil, or six months as resident pupil, unless a certificate as resident pupil has been offered in the third year. Midwifery hospital, or maternity six months, (may be attended in the third or fourth year.) Practical instruction in vaccination. Clinical ophthalmology, three months. (may be attended in the third or fourth year, winter or Summer.)

Winter Courses—Dissections and demonstrations. Midwifery. Operative surgery—(Between 1st of April and 1st of October, in either third or fourth year.)

To be examined in—Surgery—Clinical surgery, including ophthalmic surgery, operative surgery, with surgical anatomy. Medicine. Midwifery and diseases of women. Medical jurisprudence. Candidates who possess a Diploma or Degree recognised by this College may be exempted from the necessity for compliance with this scheme in such respects, and on such terms and regulations as the Council may deem expedient.

**Department of Lunacy.**

**THE IRREGULARITIES AT THE SCOTTISH NATIONAL INSTITUTION FOR IMBECILES.**

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article in your issue of May 4, the subscribers to the Scottish National Training Institution at Larbert are called upon to inquire thoroughly into the working of the Institution for the last two years, and to insist that the imbecile children should be put under the guidance of an experienced medical man. There are above one hundred and twenty imbeciles in the Institution, most of them weakly in health, and many of them afflicted with epilepsy and other nervous diseases, and it seems both a foolish and a heartless arrangement that, instead of a physician in the house, they should only have a medical officer, living about three miles off, call twice a week, at a salary of £40. This is contrary to the Lunacy Acts, which requires the visiting officer to call every day at all asylums which have above 50 patients, and requires a resident physician when there are more than 100 patients. But it is probably not known that the action of the directors in appointing a lay superintendent with no resident physician, is contrary to the printed constitution of the Scottish Institution for the Education of Imbecile Children, which is given in the third and fourth reports. In paragraph 17 it is laid down that "the Institution shall be under the management and direction of a superintendent and a resident physician, but both of which offices may be held by the same person."

The directors have no power to depart from this arrangement, for it is provided in paragraph 12 that "no alteration of the constitution shall be made except at an annual or extraordinary meeting of subscribers, and notice of any such proposed change must be given to the directors at a previous meeting, and be approved of by two consecutive meetings of contributors."

As a few of the directors have, without any proper warning to their fellows, broken through the constitution made for their own guidance, any subscriber is competent to challenge this arrangement, and demand that the directors should forthwith appoint a resident physician.

For many years the directors have been virtually self-selecting; those who retire by rotation are always re-elected. The public evidently requires to be informed that it is provided that "the appointment of the board of directors and

\* The Examination in Physics may be passed either at the Preliminary or the first Professional Examination.

+ The anatomical examination of the second and subsequent years shall include dissection by the Candidate of the parts indicated for his examination and demonstration by him of dissected parts.

their chairman, and also of the treasurer and secretary, shall rest with the annual meeting of subscribers." For many years back the subscribers have simply witnessed the election of directors carried on in their presence.

I am, sir, yours, &c.,

DAVID BRUCE.

13 Cornwall Street, Edinburgh.  
6th May, 1881.

**The Mineral Waters of Europe.**

THE "MEDICAL PRESS"  
ANALYTICAL REPORTS ON THE PRINCIPAL  
BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.  
President of the Pharmaceutical Society of Ireland, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 339.)

*Bilin.*

THIS very strong alkaline water is situated at Teplitz (Bohemia). It contains—

	Grains.
Bicarbonate of sodium ... ..	261.14
Carbonate of calcium ... ..	27.53
Carbonate of magnesium ... ..	10.66
Bicarbonate of lithium ... ..	0.50
Carbonate of protoxide of iron ...	1.00
Sulphate of sodium ... ..	51.35
Sulphate of potassium ... ..	17.56
Chloride of sodium ... ..	26.91
Phosphate of alumina ... ..	0.31
Silica ... ..	2.40
Nitric acid trace	
Ammonia trace	
Manganese trace	
Total solids ... ..	399.30

Free carbonic acid not determined.

Dr. Hassall gives the nitrogenous matter (albumenoid ammonia?) as being .022 per 100,000 parts; we found the sample which we examined remarkably free from albumenoid ammonia, containing nothing like the amount given in his analysis. We are therefore justified in stating that the albumenoid ammonia only amounted to a minute trace.

*The skeleton analysis of this water gives in the half-pint (10 fluid ounces).*

Total Solids.	Antacids.	Purgatives.	Saline
25 grains.	19 grains.	4½ grains.	1½ grains.

The Bilin water is something like the Vichy waters. It is strong and permanently alkaline—as evidenced by its action on phenol-phtalein. The alkalinity is mainly due to the large quantity of carbonate of sodium, the amount of earthy carbonates deposited on boiling being comparatively small. Therefore, the Bilin water may be considered (excepting the Vichy) as the most alkaline or antacid water that we possess. It is slightly more aperient, owing to the sulphate of soda which

is present in somewhat considerable quantity. The chalybeate quality of the water is small, but well marked. It is said that this water is much richer in carbonic acid gas than the Vichy waters, and it is claimed as an "advantage of indisputed superiority." We can hardly see that this applies to the bottled waters, as mineral waters are not bottled under pressure, like the ordinary table, soda and seltzer waters—but its keeping tendency may possibly be improved by the super-saturation of the water at the fountain head. It contains lithium, although the presence of that metal is ignored in Dr. Hassall's analysis, published about eighteen months ago.

#### Ems.

These celebrated waters, perhaps, owe their renown very much to the situation of the springs, and the mild climate. The waters may be considered as mild alkaline waters, owing their properties chiefly to bicarbonate of sodium. Their aperient action is very slight, and is due to chloride of sodium, with small quantities of Glauber's salts. The Ems waters have been very frequently analysed, and with the usual discordant results, but as they have quite recently been re-examined with great care by Fresenius, we will content ourselves with giving his analyses of the two principal springs. We have converted his calculations, however, into the usual form of grains per gallon, to correspond with our previous analyses.

The Ems waters are rather of a complicated nature.

#### Krahnchen.

Bicarbonate of sodium ...	...	148.370
Chloride of sodium ...	...	70.840
Sulphate of sodium ...	...	1.370
Sulphate of potassium ...	...	3.280
Bicarbonate of lime ...	...	17.240
Bicarbonate of magnesium ...	...	15.050
Bicarbonate of protoxide of iron ...	...	0.160
Bicarbonate of magnesium ...	...	0.072
Bicarbonate of baryta ...	}	0.011
Bicarbonate of strontia ...		
Phosphate of alumina ...	...	0.032
Silica ...	...	3.790
<hr/>		
Total solids ...	...	260.215
Free carbonic acid ...	...	...

#### Skeleton analysis of $\frac{1}{2}$ a pint 10 fluid ounces—

Total Solids.	Antacids.	Purgatives.	Salines.
16 $\frac{1}{2}$ grains.	10 $\frac{1}{2}$ grains.	$\frac{1}{2}$ grain.	4 $\frac{1}{2}$ grains.

Of the deaths last week in the large towns from diseases of the zymotic class measles showed the largest proportional fatality in Sheffield, Bristol, and London; scarlet fever in Wolverhampton and Hull; and whooping-cough in Sheffield and Salford. The 30 deaths from diphtheria included 12 in London, 7 in Glasgow, and 4 in Portsmouth. The deaths referred to fever (principally enteric) were exceptionally few; the death rate from this cause was highest in Liverpool and Glasgow. Small-pox caused 94 more deaths in London and its outer ring of suburban districts, one in Dublin, one in Oldham, and not one in any of the other large towns,

## Transactions of Societies.

### CLINICAL SOCIETY OF LONDON. FRIDAY, MAY 13.

JOSEPH LISTER, F.R.S., President, in the chair.

THE report of the Committee appointed to consider the question of hip-joint disease and operation for it, was read by Mr. Howard Marsh, and will be printed in the "Transactions" of the Society.

Dr. THOS. WHIPHAM on

A CASE OF AORTIC ANEURISM ENROACHING ON THE TRACHEA AT ITS BIFURCATION DEMONSTRATED DURING LIFE BY THE LARYNGOSCOPE.

A carpet cutter, æt. 49, was admitted into St. George's Hospital, under Dr. Wadham, on March 7th, 1881, almost speechless, and suffering severely from dyspnoea. The man had had no serious illness in his life and had not suffered from syphilis. There was no history of asthma, and his occupation did not involve any severe strain. He had never before experienced an attack like the one for which he was admitted. He had for some weeks suffered considerable pain under the right scapula, and he had been treated for dyspepsia. On the morning of March 7th, when he was going to his work he was suddenly seized with a most severe attack of dyspnoea, which rendered him speechless and almost unconscious. He was brought at once to the hospital, and on his admission at 8 a.m., was in a state of extreme dyspnoea, ashy pale, unable to speak, and heedless of anything said or done. His hands were cold, and his breathing stridulous. Leeches were applied to the throat, and he was ordered a mixture of ether and chloroform. By 10.30 a.m. his respiration had become perfectly natural, and his voice, though weak, was natural in tone. The heart was not obviously out of position; a systolic bruit was heard over the base, and to the right of the sternum. No abnormal pulsation or thrill was detected. The pulses in the radial arteries were equal and rather hard—126. Wheezing and stridulous sounds were audible throughout the chest. At 2 p.m., at Dr. Wadham's request, Dr. Whipham made a laryngoscopic examination. The vocal cords were faintly pink, but there was no swelling of the larynx, and all movements of the cords were perfect. The first two or three rings of the trachea were visible and normal in appearance, but below them, about three inches below the vocal cords, the posterior wall of the trachea was bulged; the mucous membrane covering the swelling was much congested. At 4 p.m. there was a sudden recurrence of dyspnoea, and without in the slightest degree aggravating the patient's distress, a second laryngoscopic examination was made. The bulging of the trachea was visible as before, and the movements of the larynx were perfect, in fact the extent of the abduction of the cords was unusually great. The various remedial measures proved unavailing, and the patient was suffocated at 8 p.m. At the post-mortem examination an aneurism was found involving the descending portion of the aortic arch, and the commencement of the thoracic aorta, from the right of the upper part of the sac a secondary aneurism with thin soft walls arose, and this secondary aneurism had flattened and produced a certain amount of atrophy of œsophagus, and had caused the bulging seen just above the bifurcation of the trachea. The diagnosis during life was that a tumour (in all probability an aneurism was the cause of both the appearances and the symptoms) and the case was adduced as being a rare instance of actual demonstration of an aneurism pressing on the trachea at its bifurcation. The sudden access of the symptoms were possibly explained by sudden dilatation of the thin walls of the secondary aneurism.

Dr. WILLIAMS asked if there were no physical signs of aneurism observed? The tumour in the case described was so large that it should have yielded some sign of its presence. The case was evidently a rare one.

Dr. SEMON described a case which had been under his care last year, and in which, although aneurism was suspected, there was no positive symptom of it. Tracheotomy had been suggested for relief of severe attacks of dyspnoea. In such cases he urged, the chances should be fully described to the patient,

and no doubt be allowed to remain as to the perilous nature of an operation. In his own case the patient was relieved by surgical means, but died ten days afterwards from bursting of the aneurism. Dr. Semon presented a theory in explanation of the varying conditions of paralysis affecting the laryngeal muscles, according to which the recurrent laryngeal nerve is constituted of numerous distinct bundles of fibre, these being in communication with separate ganglionic centres, whence special stimuli proceed to particular groups of muscles. In agreement with this supposition arises the need for considering not alone local injuries in such cases, but that also occurring in the central organ.

Mr. GOLDING BRID detailed the case of a man under treatment in Guy's Hospital. In this patient were observed certain symptoms of a pulsatile tumour suggestive of aneurism of the arch of the aorta. There was intense pain of the right shoulder also. A few weeks ago the man had returned again to hospital, after having been some time absent. At that time the right wall of the trachea was, when he examined with the laryngoscope, plainly seen to be bulging in, breathing was stridulous, there was a pulsatile tumour in the neck, and the right pulse was smaller than the left. On coughing, the pulsation of the tumour ceased, but its size was much increased if the breath was held, slowly returning again subsequently, to its usual dimensions. There was no inconvenience produced by laryngoscopic examination. A swelling within the tube, first seen by the house surgeon, was not apparent at the earliest examination made. Operation was resorted to, the tumour being cut down upon, and its aneurismal nature demonstrated. A ligature was put round the common carotid, and improvement in the patient's condition resulted. He subsequently died, however, when the post-mortem showed a large innominate aneurism, with others in other parts of the body.

Dr. ORD had observed two instances in dead bodies in which the paralysed cords were permanently adducted, the abductors being wasted away and the recurrent laryngeal nerve much affected. The introduction of laryngoscopic examination would prevent the repetition of errors formerly committed in performing tracheotomy to relieve dyspnoea due to aortic aneurism.

Dr. LONGHURST commented on the remarkable way in which aneurism continues for years. He asked if the pupils had been examined in Dr. Whipham's case and to what precise cause death had been attributed?

Dr. WHIPHAM said no other signs of aneurism than those enumerated in the paper had been observed. Nothing more than had been done in the case was possible. The laryngoscopic examination showed tracheotomy to be impossible. The recurrent laryngeal nerve was unaffected; there was no paralysis of the cord, neither any alteration in the size of the tumour from time to time. The pupils were not examined. The patient died from suffocation.

Dr. DOWSE on

#### A CASE OF ANOREXIA NERVOSA.

A. T., *æt.* 14, was admitted into the Hospital for Epilepsy and Paralysis on July 5th, 1880, with the following history. Family history good; her parents are healthy and strong, also her brothers and sisters. She was always considered to be a delicate child, and during her infancy cod-liver oil was given to her on account of her weakness. In the early part of last summer she began notably to decline, stating that she could not swallow food, and exhibiting great obstinacy of disposition. She would cry at the slightest opposition to her wishes, and often without any apparent reason. Being a delicate child she had always been treated with more indulgence than the rest of the children, and in her sullen fits at this time she would never speak to her mother except in tones of the greatest insolence. She grew from bad to worse, and in February last year she went thirteen days without taking anything besides a little water—at least, not to anybody's knowledge. She became so weak that her parents sat up with her for nearly a week, and one night she was thought to be dying. It is supposed she had a fit on one occasion, and it was thought she was dead. She would never begin a conversation or join in one, and it would sometimes be difficult to get a reply from her even in a monosyllable. Her aversion to food of any kind was most marked. When she first came under Dr. Dowse's care she was unable to stand without assistance. The eyes were downcast, and the cheek bones were prominent, from wasting of the cheeks, and the angles of the mouth were drawn down, so that she looked the picture of misery. The

voice was scarcely audible. She was taciturn, shy, and reserved. There was a general morbid state of functional inactivity; all her movements were slow, and her mind was equally inactive. The breath was offensive, the tongue fairly clean, the bowels obstinately confined, and the evacuations were pale and clay coloured; the temperature was never over 98° Fahr., and frequently below it. The extremities were cold, and of a bluish colour. The special senses were normal; the pupils of the eyes were sluggish; pulse 120, resp. 20. There was no marked anaesthesia of the fauces; no globus, or other hysterical symptoms. Upon her admission considerable difficulty was experienced in getting her to take food, but forcible feeding was never had recourse to. She was in the hospital for two months, and her condition upon admission and departure was very striking and characteristic. She had gained considerably in weight, and instead of being taciturn and reserved, she was cheerful and agreeable to all about her, and took food without any reserve or hesitation. The cure was unquestionably brought about by the frequent administration of fluid nourishment. It was made compulsory for her to take in the course of twenty-four hours three eggs, one pint of the strongest beef-tea, three pints of milk, and three ounces of brandy. No medicine was administered, excepting half a drop of croton oil occasionally to relieve the bowels.

Dr. WILLIAMS had seen several similar cases brought to hospitals as consumptives, but he did not think their diagnosis at all difficult. They were always markedly cold, and could with difficulty be induced to take food. He had succeeded in persuading them to do so by stimulating their vanity, hinting at improved personal appearance, &c. When persuasion, however, failed, he considered force must be employed.

#### Mr. A. PEARCE GOULD on a CASE OF RAPID DEATH AFTER ANTISEPTIC OSTEOTOMY OF THE TIBIA.

J. T., *æt.* 8, a healthy country lad, was operated on for a bad rickety deformity of the left tibia. At 2 p.m., on Oct. 27th, 1880, strict antiseptic precautions were observed, the bone was divided with a chisel which, on account of the extreme hardness of the bone, had to be introduced into the wound three times. The lad slept through the night, and next morning was free from pain, and apparently well; he ate a light breakfast of bread and milk. At 11 a.m. he was sick, and vomiting and diarrhoea continued through the afternoon and evening, when collapse set in, and in spite of vigorous stimulating treatment, he died 36½ hours after the operation. When seen by Mr. Gould five hours before death, he was conscious, blanched trunk, and lower extremities warm, pupils small, pulse hardly perceptible, and very rapid, and respirations 44, but unimpeded; there had been complete suppression of urine since the early morning; the vomited matter was abundant and watery. At the autopsy the blood generally was fluid and dark, in the largest veins were partial soft clots; no staining of endocardium; no petechiæ. Spleen, liver, heart, and brain, healthy. Trachea and bronchi intensely congested with excess of mucus. The other organs were apparently healthy, but on microscopic examination of sections, prepared by Dr. Gibbes, and shown at the meeting, the minute pulmonary vessels were found to be filled with blood clot, and minute foci, of commencing inflammation, were found scattered through the parenchyma. Similar minute inflammatory foci were found in very small numbers in sections of the kidneys. Sections through the stomach showed the mucous membrane to be intensely inflamed, the glandular structure being almost entirely destroyed; the inflammatory exudation extended also into the sub-mucous tissue. The wound itself showed no unhealthy appearances; the medulla of the divided bone was not crushed, and no sign of fat embolism was anywhere apparent. Mr. Gould remarked that the clinical and pathological features of the case excluded, as the cause of death, shock, anaesthesia, the acute specific diseases, erysipelas, pyæmia, and fat embolism, but they pointed to the presence of some intense irritant in the blood. The presence of septic intoxication was negated by the absence of any sufficient source of infection, and of pyrexia, by the presence of inflammation of the stomach, kidneys and lungs, by the absence of general visceral congestion, and capillary congestion. As the ingestion of any irritant might be excluded, Mr. Gould discussed the question of the production of the fatal illness by carbolic acid. He showed that the vomiting, diarrhoea, nervous symptoms and temperature, were quite

in accord with the symptoms undoubtedly produced by carbolic acid, although suppression of urine was a new fact. As nothing was before known of the minute changes in the apparently healthy organs in carbolic intoxication, we had to rely upon the symptoms only for deciding the cause, but it was held that the pathological changes did not contra-indicate the influence of carbolic acid. The quantity of the acid absorbed was probably very small indeed, but children are more susceptible to its influences than are adults. Idiosyncrasy also plays an important part in such cases, and there is no evidence of the minimum fatal dose of the acid in man. In conclusion, Mr. Gould maintained that his case was one of carbolic intoxication, and he was led to this view from the absence of other cause of death, and of any facts to negative it, and because the symptoms and post-mortem signs, with few exceptions, were those observed in that affection.

The President agreed in the conclusion as to the cause of death, though he thought it a misfortune the urine had not been examined. The patient happened to be extremely susceptible to carbolic poisoning, like a lady he had treated in whom the application of carbolic dressing induced vomiting, which ceased on the substitution of boracic dressings, but came on again each fourth day when fresh dressings were applied under carbolic spray. Oil of eucalyptus, he had discovered, was a perfect substitute for carbolic acid, and was both non-irritating to the skin, and non-poisonous to the system. The volatile oil could be fixed by dammar-gum; and for gauze he recommended a mixture containing oil, 1 part; dammar, 3 parts; paraffin, 3 parts.

#### SOCIETY OF METROPOLITAN MEDICAL OFFICERS OF HEALTH.

THIS Society met on Wednesday, 20th April, at the Royal College of Surgeons, Dublin. The President, Dr. C. A. CAMERON, in the Chair.

It was resolved that the term metropolitan should, in future, be omitted from the designation of the Society, the membership of which would therefore be open to all the medical officers of health in Ireland. Applications for enrolment to be made to the Hon. Sec., Dr. Pollock, Royal College of Surgeons. The President read a paper on

ERECTION OF DWELLINGS FOR THE LABOURING CLASSES, which will be found on page 417.

The Right Hon., the Lord Mayor, proposed a vote of thanks to Dr. Cameron, and during his observations, strongly supported the proposition put forth in the paper, as did also Mr. Drew, R.H.A., who seconded the resolution. The Hon., the Recorder, and several members and visitors, also spoke strongly in favour of the adoption of Dr. Cameron's suggestion, and on the motion of Dr. Moore, seconded by Dr. Chapman, a resolution to the effect was adopted, and ordered to be submitted to the corporation.

A MURDEROUS attack was made on Wednesday last upon Dr. Wall, one of the physicians of the Cork workhouse, by an able-bodied inmate named Keller, who, having concealed himself in a recess, attacked the doctor as he was entering the workhouse, and delivered several blows on his head with a poker. One wound was over an inch long, but fortunately there was no fracture. Keller was arrested and placed in the bridewell.

On Wednesday last the annual dinner in aid of the funds of St. Mary's Hospital, was held at Willis's Rooms, Earl Stanhope in the chair. The munificent bequest of £25,000 by the late Mr. Stanford, for the purpose of enlarging and improving the building, was mentioned; and in reference to the maintenance of the new wing, the chairman suggested that paying wards, similar to those in use at St. Thomas's, should be established, and that the payment of a certain sum should be required of out-patients.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MAY 18, 1881.

#### ANTISEPTIC DRESSING.

WITHIN the past few months there have been recorded, both in home and foreign papers, a very considerable number of accidents due to the toxic influences of the carbolic acid used in operating under Listerian precautions. Naturally, as more has become known concerning the facility with which some susceptible constitutions yield to these poisonous effects, increasing anxiety has arisen lest the greatest benefit of the century should be brought into disrepute by reason of the misfortune attending its employment in some cases. And that the fear has not been an idle one has been occasionally demonstrated already, the opponents of antiseptic surgery having been quick to seize on the evidence of carbolic acid poisoning as proof against the value of the system. Every case in which serious or fatal consequences have followed the application of the phenol is promptly turned to show the mischief to be anticipated from a departure along new paths; and, in the same way as anti-vaccinators are prone to lay all deaths among the vaccinated to the door of impure lymph, so, in turn, as the non-antiseptic school gathered strength in its growth, might we have had to contend against assurances that the evils of aseptic surgery were worse than those it was destined to remedy.

Not long ago an American contemporary contained the account of a case in which death ensued after hyper-distension of an abscess with carbolic solution, 1 in 40; and in this instance there were the unmistakable evidences of poisoning due to the antiseptic agent. In recent months somewhat similar cases have, from time to time been stated in the medical journals, while it is by no means unusual in ordinary hospital practice to meet with individuals who exhibit a greater or less constitutional antipathy to even the odour of carbolic acid.

On Friday evening, at the Clinical Society of London's ordinary meeting, Mr. A. P. Gould read notes of a case under his care at Westminster Hospital, in which death most unmistakably occurred as a consequence of the toxic action of the antiseptic. Patient was a boy in whom a defective limb was improved by subcutaneous osteotomy. Rigid antiseptic precautions were observed throughout the operation, and the boy died some few hours afterwards, presenting symptoms that leave little possible doubt as to the cause of the fatality. It is true, the urine was not examined, but the post-mortem examination revealed sufficient renal mischief commencing to justify the assumption that it would have confirmed the opinion formed. In a certain sense this case is likely to become historical—not so much on account of its presenting any feature of extraordinary interest, but as being that in connection with which the great apostle of antiseptic surgery announced a discovery, second only in importance to that by which he is already so well known. Commenting on the case described by Mr. Gould, Professor Lister briefly referred to the proven fact that there is a class of persons who are peculiarly susceptible to carbolic poisoning, and said that he had been for some time engaged in devising a dressing and protective which, while being perfectly innocuous, should, at the same time, be absolutely aseptic. The result of his experiments has been to demonstrate that the oil of eucalyptus possesses those advantages; but, by virtue of its extreme volatility, it presented what seemed to be a difficulty in the way of its use. After trial, however, of numerous substances, he at length obtained one possessed of the power of "fixing" the oil, this being the dammar gum employed by microscopists for the preservation of histological specimens. In proof of this statement, Mr. Lister exhibited a sheet of gauze prepared according to his method, and this was strongly odorous of eucalyptus oil. The full formula according to which the solution for coating the gauze is prepared is—

Oil of eucalyptus, 1 part;  
Paraffin, 3 parts;  
Dammar gum, 3 parts;

and the process of preparation is similar to that by which the ordinary carbolic gauze is made.

We are disposed to attribute to the announcement of this discovery an importance which, for the moment, may appear extravagant; but a little reflection will convince that it is not really so. Each year—indeed, one might say each month—the limits within which antiseptic surgery obtains grows wider and wider, and thus an ever-increasing number of people are brought under its influences. Consequently, the number of those likely to be injuriously affected by carbolic acid is always being added to, and the sphere of its mal-effectiveness enlarged.

We cannot anticipate that surgery will retrograde to the position of indifferentism regarding septic conditions; rather must we feel assured that every movement will be further towards the attainment of perfect aseptic surroundings—that is, towards more and more extended application of preserving agencies. Hence the need that these shall be at once wholly beneficial in the way of protection, and absolutely innocuous to the constitutions of those they influence; else, with the progress of antiseptic surgery, will there be need to regret a constantly-increasing mortality from the very causes to which hopeful attention had been directed in the way of ultimate safety. These misgivings have agitated the minds of most of us, as we have witnessed the triumph of antiseptic surgery, and the few accidents we had been compelled to attribute to it. It is, therefore, with relief and gladness that we hail the discovery made by Dr. Lister—a discovery of which we cannot just yet foresee the whole consequences, but one which we shall be forgiven for terming "epoch-making," in the sense that it will mark the starting-point of a new era in modern surgery. How anxiously the discovery had been awaited they know who have watched with expectant dread the case which will do well, unless—the constitution is susceptible. The abolition of this unspoken dread is another laurel in the wreath of Mr. Lister's triumphs.

#### THE HELENSBURGH ENDEMIC INFLUENZA CRAZE.

TOWARDS the end of last year a series of papers appeared in the *Glasgow Medical Journal* from the pen of Dr. Henderson of Helensburgh, describing a peculiar form of "endemic influenza" with diphtheritic symptoms, as having for some time prevailed in Helensburgh and the surrounding districts, and due, as he unhesitatingly affirmed, to the "polluted waters of the Clyde—the sewage and filth of Glasgow." In common with one or two friends, and notably with a venerable and accomplished member of the profession now laid aside from its active duties, we were at the time struck with the recklessness of the deductions contained in these papers, and the palpable insufficiency of the data on which Dr. Henderson's premises were based. While Dr. Henderson's personal respectability and honesty are above the slightest suspicion, we feel constrained to believe that like too many hobby-horsical members of the profession of medicine, indigenous to certain neighbourhoods, he hastily conceived a notion which he cherished to the extent of perverting his judgment and weakening his understanding. The scientific *furors* which begot the "Glasgow [Scientific] Dairy Company," and the sewer-gas agitation, are examples of a similar mental nightmare, whose inevitable result is to hold the profession of medicine as a science up to the ridicule of the intelligent laity, and drag the conflicting testimony of medical men into the papers for the delectation of sarcastic and irreverent outsiders. Apart from the professional aspect of the question raised by Dr. Henderson, there was another, but for which we probably should have heard nothing further of Dr. Henderson's endemic, there was the money question affecting the pockets of the good people of Helens-



burgh; and it is needless to say that neither questions of Church nor State, however much they do agitate the hyperborean mind, can touch it so acutely as the one at issue. Helensburgh is a decidedly beautiful watering-place, it is a favourite summer resort for Glasgow citizens, a large number of its permanent inhabitants derive a living from house-letting in the season, and it requires no further demonstration to satisfy any one that the publicity of Dr. Henderson's endemic, and the seriousness of its nature were not, from the popular point of view, at least, of the most reassuring description.

Recognising the gravity of the situation, the Local Authority appointed a joint committee to investigate and report on the allegations as to the foreshores of Helensburgh and the Gareloch, and the consequent validity of the scientific aspect of the case as published by Dr. Henderson. The report has been made public; it is exhaustive. Eminent chemists have been employed in the investigation, and the result must be said to be not only gratifying but creditable to the Helensburgh sanitary authorities. The salient features of the case may thus be summarised:—

The sewage from the large city of Glasgow, according to Dr. Henderson, was deposited along the Helensburgh shores and adjacent localities, and in course of decomposition evolved gases which occasioned the peculiar endemic which he "discovered." In his own words, "We do not attribute much of the contaminated condition of the air to Helensburgh sewage. The quantity is very trifling compared with what is carried to our shores. Besides, the same condition is discernible over a very wide area about Cardross and at various points of the Gareloch. At Garelochhead the state of the shore and the resulting emanations are quite out of proportion to the amount of local sewage, and must therefore be caused by organic matter conveyed to the place by currents."

It will be obvious that three positions are involved in this inquiry, and that the *onus probandi* lies with Dr. Henderson. 1st. The existence of this alleged sewage contamination. 2nd. The existence of the endemic; and 3rd. The relation of cause and effect as between the two. Now, what is the evidence thereon? The denial of the committee that the Clyde is in any reasonable sense polluted as it flows along the shores of Helensburgh and Gareloch, is supported by the testimony of Dr. Angus Smith, an authority quoted by Dr. Henderson to support an opposite conclusion. From Dr. Smith's paper, "The Mud of the Clyde," Dr. Henderson quotes in support of his theory. But Dr. Smith's paper, properly viewed, is a two-edged weapon. As the amount of sewage impurity is estimated by the quantity of oxygen required to decompose the organic matter, Dr. Smith gives the amount of oxygen required to oxidise the organic matter of given quantities of various waters. Thus, with water taken from the Clyde five and a-half miles above Glasgow, 4.55 grains of oxygen were required to oxidise 100 gallons, while with water taken from the Clyde near Dumbarton, the same amount of oxygen was required to oxidise a similar quantity of water. The water is thus as pure at Dumbarton as it is five and a-half miles above Glasgow, notwithstanding the vast amount of sewage contained in the river around Glasgow. Confirmation is thus given to a very general belief among chemists that in a very short course

the organic matter contained in sewage is precipitated in water, and thus rendered innocuous. It will be obvious, therefore, that in proportion to the distance from Glasgow, the water of the Clyde becomes purer; and hence according to the authority quoted the water off Helensburgh is as pure as the water at Lochgoilhead, Wemyss Bay, Inellan, and even in the open sea within forty-six miles from Liverpool. The purest water found by Dr. Smith was off Ailsacraig, requiring as it did .35 grains compared with the foregoing.

Not content, however, with the authority of Dr. Smith, the local authority employed other chemists, viz., Dr. Stevenson MacAdam, of Edinburgh, and Wallace, of Glasgow; and the result of their labours is entirely confirmatory of those of Dr. Smith. According to these well known authorities, and employing the usual test for organic impurity, it was found that the water taken from near the pier at Helensburgh is purer than that from Lamlash, Gourrock, Dunoon, or Garelochhead; and very much purer than that from Tighnabruich or Row, though none of them are in any sense impure. The total quantity of organic matter in any sample is exceedingly minute. At Helensburgh the amount is seven hundredths of a grain of oxygen for 70,000 grains of water; the highest being little more than 1-10th of a grain. The pure open sea water from the Isle of May requires two and a half tenths of oxygen to oxidise the organic matter in a gallon. In respect of saltness, the Helensburgh water is about three-fourths as strong as the open sea water. Tested by the amount of albumenoid ammonia found in the water, the following results are disclosed:—In the Helensburgh sample of water there is eleven-hundredths of a millionth part. A small difference exists in the different samples. Compared with the published analysis of the London water supply, the following obtains:—In West Middlesex, .10; Chelsea, .13; Southwark and Vauxhall, .18; Lambeth, .16; New River, .09; East London, .18; the Edinburgh water supply from Swanston, .10; and Loch Katrine, .08. It is thus obvious that the inhabitants of London drink water having a half more albumenoid ammonia than the sea water at Helensburgh and Garelochhead. There are few cities which can boast of a finer supply of water than Glasgow, yet its inhabitants drink water, so far as this test is concerned, almost as impure as the water of the Clyde at Helensburgh. Taking the whole ammonia of the waters the case is not much altered. Selecting as pure water that off the Isle of May, Dr. MacAdam found it to contain ten hundredths of a millionth part of total ammonia, as compared with nineteen hundredths with Helensburgh water. The normal sea water selected by Dr. Wallace contained twelve thousandths of a grain to the gallon; the Helensburgh water eleven thousandths of a grain to the gallon. Several London drinking waters yield more total ammonia than our sea water. So much for the water. As the result of the examination of mud or sand from the foreshores, Drs. MacAdam and Wallace found the material on the shore at Helensburgh and the Gareloch to be in a similar chemical condition as that on the beach at Dunoon, Gourrock, Tighnabruich, and Lamlash. Lamlash beach taken as the model contains fifteen parts of ammonia and seventeen of phosphoric

acid in 100,000. The Helensburgh samples contain certain only a-half more ammonia. Another sample from Lamlash contains nearly six times as much as the model one, and four times as much as the Helensburgh shore material. There is twice as much ammonia in the shore matter at Tighnabruich as at Helensburgh. The Dunoon specimens contain, the one nearly twice as much ammonia, and the other eight times as much as the Helensburgh sample. There Garelochhead sample is similar to the Helensburgh one, and are described by Dr. Wallace as "comparatively pure." Tried by the amount of organic matter in the samples, leaving out the purer Lamlash sample, the Helensburgh and Garelochhead samples are much the purest. There is also only a small percentage of mud to the pure sand. In one of the Helensburgh samples there is only a-half per cent more mud than in the pure Lamlash sample. Without knowing the localities from which they were taken, Dr. Stevenson MacAdam selects seven which, he says, are the most pure, and four samples from the shore at Helensburgh are of the seven so selected. Turning to the sewage of Helensburgh which, to remedy the alleged local condition, requires attention, Dr. Henderson recommends the adoption of the Aylesbury plan. The effluent current at an hour when, according to the allegation of Dr. Henderson, it may be expected to be strongest being collected by the committee. The liquid from all the pipes was mixed and samples sent for analysis along with the other samples of water. Dr. MacAdam designates it a "very mild sewage;" and remarks that as it flows from the drains at Helensburgh it is nearly as free from sewage impurity as that of Aylesbury after being chemically treated by the A B C process. Dr. Wallace gives the total amount of ammonia in the final effluent at Aylesbury at 1.302, and the effluent of Helensburgh at 1.129—considerably purer than the purified Aylesbury sewage. Surely, then, if the evidence of these distinguished experts is to be trusted, and we have no earthly reason to doubt its accuracy, the death blow is dealt to Dr. Henderson's first proposition. In painful contrast with the evidence of the chemical experts, is the evidence of the local medical men as to the existence of the alleged disease. Thus, Dr. Messer, a gentleman in good practice in Helensburgh and its neighbourhood, denies all knowledge of the disease, and does not recognise any local conditions which might occasion it. Dr. M. Cameron, who practised for about two years in Helensburgh, makes a similar statement. Of course, it may be alleged that Dr. Cameron, being an eminent Scotch obstetrician was not likely, from the nature of his specialty, to see much, if anything at all, of the "endemic." Dr. Dunbar, of Garelochhead, a man of undoubted ability, is clear in his declaration that he has seen nothing of this endemic influenza. Intelligent laymen resident in Helensburgh for periods varying from ten to seventy years, declare they know nothing of the "endemic," and never suspected its existence until the publication of Dr. Henderson's "discovery." Drs. McEwen and Findlay support Dr. Henderson's contention. Surely this is a lamentable disclosure, as affecting the statements of about half-a-dozen respectable practitioners in a fashionable watering-place. The committee may well remark that if it were possible to treat the allegation as to the existence of the disease in

like manner with its alleged cause, a similar fate would unquestionably befall it. Altogether, the local authority have signally vindicated the salubrity of Helensburgh, and have laid other towns on the Firth of Clyde under an obligation. The rapid precipitation of sewage by water has been demonstrated, and the purity of the water in the Firth of Clyde made equally manifest. At the same time, by more than implication, the profession of medicine, or that section of it represented in Helensburgh, has been placed in a position which we would rather not characterise.

We hope future good may ensue. There is no section of the profession more fussy and self-sufficient than the West of Scotland medical sanitary reformers, who, with Florence flask, glass tube, and coloured water, possess a refreshing facility of *scientific* demonstration. The reign of sanitary nebulosity was inaugurated in Glasgow under the dominion of Dr. W. T. Gairdner, and the obfuscation has been ably kept up by the inconsequential prelections of his faithful lieutenant, Dr. J. B. Russell. It is all very well to hoodwink a Glasgow bailie, but rash assumption, impertinent interference with public property and public rights, and ultimate destruction of ephemeral hobbies by ruthless scientific investigation do not redound to the credit of sanitary science. We trust the "discoverer" of a new hobby will henceforth well digest it before soliciting its public acceptance, and be warned in time by the pathetic fate of Dr. Henderson's Helensburgh "endemic influenza."

#### THE CORONERS' (IRELAND) BILL.

We reported recently the rumour that the Parliamentary Committee of the College of Physicians in Ireland had recommended for adoption by the College a suggestion that medical practitioners should be excluded from coronerships.

A contemporary informs us further upon this subject. It says that the College are about to take immediate steps to communicate with Her Majesty's Government on the subject before the measure proceeds further in Parliament. In the opinion of the College the Bill is objectionable, because it proposes to continue the most objectionable features of the existing coroners' law in Ireland. The College suggests that any measure for the reform of coroners' law, which may receive the support of Her Majesty's Government, should contain as fundamental provisions:—1. That all coroners should be appointed and paid by the Crown, as other judicial functionaries are at present. 2. That every coroner should be either a barrister or a solicitor. 3. That every coroner should have at least two deputies to take his place in case of absence or overwork, and that these deputies should be qualified in like manner as the coroner. 4. That every coroner should have a skilled medical expert attached to his court; such expert to be appointed by the Government, and to determine in all cases whether a post-mortem examination is or is not necessary, and to act as assessor to the coroner. 5. That, in all cases where a medical practitioner has been in attendance shortly before or immediately after death, he should be examined as a witness, except in cases where he is charged with

causing such death. 6. That all other matters of detail as to salary and retiring allowances of coroners, should be regulated on the usual principles followed in paying judicial officials. 7. That the medical expert should be paid partly by salary and partly by fees for each inquest. 8. That all other medical witnesses should be paid fees for attending and giving evidence, in addition to expenses incurred; and that such fees should not be less than three guineas a day. 9. That a proper place should be provided, where practicable, for the performance of post-mortem examinations in connection with coroners' inquests.

We have already protested with all emphasis against the proposal to exclude medical men from coronerships, because we consider that—if the combination of both legal and medical knowledge cannot be attained, it is better that the coroner shall be acquainted with the diseases and injuries which cause death, and be ignorant of general law, than that he should have a knowledge of the law and be ignorant of the usual causes of death. But we deny on the one hand that there is any difficulty—for the doctor—in acquiring the limited knowledge of law, which the coroner needs, while on the other, the knowledge of medical science, which is necessary to form a judgment on the cause of death, is quite impossible for a lawyer. But the chief objection we make to the "medical assessor" project is that it is impracticable. Such a functionary must devote his whole time to his duties, and must be well paid, and we ask where would such officers be found to act as a medical expert and jurist for every county in Ireland?

Another objection which we raise to the proposal is that such assessor would, in great measure, supersede the medical man who was last in attendance on the deceased, and whose evidence we consider most essential to the elucidation of the cause of death, for it does not seem likely that the public will consent to pay two medical men at every inquest—*i.e.*, the doctor who gives the evidence, and the assessor, whose duty it is to translate that evidence for the benefit of the coroner, and to put the verdict into his mouth.

Of the other suggestions of the Committee we heartily approve, and hope that they may be accepted by those in charge of the Bill.

## Notes on Current Topics.

### The Small-Pox Epidemic.

SMALL-POX is now quite epidemic in some parts of London, so is the rush for vaccination both among the upper and lower classes. Each week the difficulties of the Metropolitan Asylums Board increase, for no sooner do they decide upon the erection of some temporary building to meet exigencies, than their action is met by one at law to restrain them. At the fortnightly meeting of the Board on Saturday last, an alarming increase of the disease was reported from the various fever hospitals. At Homerton 48 fresh cases had been admitted during the fortnight, 7 had died, and 42 had been discharged, leaving 141 under treatment, and no beds available; at

Stockwell 61 had been admitted, 6 had died, and 56 had been discharged, leaving 119 under treatment, and no beds available. At the Homerton Fever Hospital, which had been utilised for the reception of small-pox patients, 230 had been admitted, 20 had died, and 24 had been discharged, leaving 186 under treatment and no beds available. At Fulham 112 had been admitted, 14 had died, and 108 had been discharged, leaving 289 remaining under treatment, and 11 beds available. At Deptford 179 had been admitted, 28 had died, and 196 had been discharged, leaving 357 under treatment and 43 beds available. The total showed that 630 had been admitted, 75 had died, and 426 had been discharged, leaving 1,092 under treatment, and 54 beds available. These figures show an increase as compared with those of the previous fortnight of 300. In the city proper the authorities, with their known promptitude, have found a way out of the great difficulty of removing from their midst small-pox cases—a difficulty which up to the present has been one too much for the other sanitary authorities of London. The Port Sanitary Committee have made arrangements with the Commissioners of Sewers to receive cases on board their hospital ship *Rhin*. By this plan patients are at once isolated and at the same time removed to a healthy part of the river, and placed under circumstances favourable to convalescence.

### Medical Heroism at Maiwand.

THE *Pioneer* of India has the following account of an act of great bravery on the part of an army surgeon at the battle of Maiwand.

The Afghan guns were allowed to approach so near to the British line of defence, that shot and shell fell even into the Field Hospital tents, where the surgeons were busy at work dressing the wounded men. In one of these tents Surg. E. A. H. Roe, Army Medical Department, was attending to a British soldier whose leg had been shattered by a shell. It was just at this time that the troops broke and the retreat began; and Dr. Roe, looking up from his work, found that he was alone with his charge in the tent. He then saw the Afghans were in the midst of our men, and were plainly masters of the field. With true heroism, he determined to save the wounded man, if possible, and lifting him in his arms, he carried him in the open. A mob of camels and baggage animals was close by, and for this Dr. Roe made, hoping to place the man upon a spare camel. The Afghan cavalry were, however, too close, and they were quickly in the midst of the animals, cutting down the drivers, and looting the baggage. Dr. Roe dragged the soldier along, and by keeping in the thick of the press saved himself from the Afghans, who were soon too busily engaged with their looting to follow far in pursuit. Eventually he came upon the chaplain, and with his aid the wounded man was carried still farther away from the enemy. The soldier died in their arms, and they were forced to leave his body in order to provide for their own safety. Dr. Roe presently overtook his syce leading his horse away, the man having been told that his master had been killed. This good fortune, enabled the brave surgeon, already almost exhausted by his hard struggle, to overtake the brigade, then in full retreat. Is it too late to ask that some official recognition should be

made of the incident described above? The facts could be verified by the authorities.

### State Allowance to Soldiers' Families.

A ROYAL WARRANT has been issued which provides increased allowances to the families of soldiers who are separated from their wives by the emergencies of the service. Fourpence per day is allotted to the wife, and three halfpence to each child, per day during the separation of the husband from the wife, for the United Kingdom. If the soldier is ordered on active service the amount allowed is eightpence per day to the wife, and fourpence for each child.

This is as it ought to be; the tendency of the day is to discourage marriage in the ranks of the army as far as that can be done by "orders and regulations." Besides, soldiers who marry "with leave" and whose wives and children come within the provisions of the above warrant, there are others married without leave, and consequently not officially recognised, whose condition, at all times very wretched, becomes doubly so when their husbands are absent. These women often left as strangers at the port of embarkation without any means of subsistence speedily pass into pauperism or vice, disease too often follows, and thus our population of poor-houses and hospitals is added to, in the first instance by these women, in the next by their sickly and diseased offspring. As a measure of public health it is most desirable that their cause be taken up.

### The Health and Sanitary Work of Dublin.

THE report of the Dublin health for the month of April is remarkably favourable. The death-rate was only 31·78 per 1,000 of the population, which, for the second city in the empire, is a very happy state of things.

The deaths from the seven principal zymotic diseases numbered 41, being one under the previous month, 34 under February, and 71 under January, 1880. As compared with April, 1881, the comparison is very striking. Total deaths from zymotic diseases 134 in 1880, 63 in 1881; from the seven principal zymotics 168 in 1880, and 41 in 1881. In 1880 small-pox killed 22, and measles 21 persons, whilst in 1881, not a single death from either of these diseases was recorded. As the deaths from zymotic diseases which occurred in five weeks are recorded in the returns for April, the average weekly number of deaths from these diseases was only 13, the lowest probably ever recorded in Dublin.

The list of sanitary work done throughout the city affords promise of greater activity on the part of the Public Health Committee of the Corporation, stimulated no doubt by the Superintendent Medical Officer of Health, Dr. Cameron. We would be glad to be informed as to the reason for the apparent inactivity of the medical officers of health whose duty it is to report to the Public Health Committee the sanitary defects observed by them. Of these fifteen officers, four made within the month, no report at all, five made no more than two or three reports, and the most active of them all only made thirteen. Is this so because the Public Health Committee has been wont to ignore these reports and has thus discouraged the sending of them by the dispensary medical officers? or is it that the Corporation won't pay these gentlemen, and

therefore does not ask them to work? or is it that the medical officers themselves are neglectful and lazy? No doubt many of the sanitary defects which are detected by them are reported verbally or remedied upon their verbal advice, but we cannot regard this method of performing important sanitary work as either businesslike or effectual, and we say it is not creditable to the profession, and still less so to the Corporation, that medical or other officers should be encouraged or permitted systematically and habitually to neglect the duty for which they are paid, while so much remains to be done for the improvement of the health of the city.

### A New Oil.

OUR scientific contemporary, *Nature*, has the following as a "Note":—"A new medicinal oil has just been introduced into this country by Messrs. Burgoyne and Burdidge, the well-known chemists, of Coleman Street. It is known as Oolachian Oil, and is said to be scarcely distinguishable from cod-liver oil. It is obtained from a fish called by the North American Indians Oolachan, or candle fish, from the fact that when dried the fish itself can be used as a torch or candle, on account of the large quantity of oleaginous matter it contains. The fish is met with on the coasts of Vancouver's Island and British Columbia, and in the bays between the Frazer and Skuna rivers. Similar in its habits to the salmon, it ascends the rivers to spawn once a year, but remains only for a very short period, sometimes not more than a day, and as this is the only time they can be caught by the Indians, the manufacture of the oil is somewhat precarious. The fish itself, which is about the size of a herring, is much esteemed by the Indians, on account of its delicacy of flavour and valuable medicinal properties. In America the oil has already a great reputation as a valuable and efficient substitute for cod-liver oil, and there is every probability, as it becomes known in this country, of its taking a prominent place as an important medicine."

### Professor Gegenbaur.

THE well-known comparative anatomist, Professor Carl Gegenbaur, was recently declared to be dangerously ill, and the cause of his indisposition was said to have been blood-poisoning, contracted during dissection. With the announcement of his being on the way to recovery, this explanation of the attack is refuted, and the chief danger experienced was from erysipelas, for which no cause can be assigned. Peritonitis complicated the case, and for a time much anxiety was felt for the well-being of the illustrious patient. Much satisfaction will be generally felt that all danger is, by the physicians in attendance, considered to be past, and although convalescence will be a lengthened and tedious affair, there is every prospect that many years of labour are probably yet before the great anatomist.

### Colour Blindness.

THE subject of colour-blindness has been selected by Mr. Brudenell Carter as Cantor lecturer to the Society of Arts. Mr. Carter's course is the fifth and last of the present season, and will consist of three discourses, the first having been delivered on Monday last, the 16th

inst. The course includes a general sketch of the subject; description of the methods employed to test colour-blindness; its prevalence, the mistakes committed by those affected with the defect, and means taken to remedy it. A descriptive account of legislation, with a view to limit the accidents due to colour-blindness, will be given, and also an account of the chief industries in which it is attended with serious consequences.

### The Election of Council of the Irish College of Surgeons.

THIS election will take place on the first Monday in June. Mr. Baker, dental surgeon, of Dublin, and Dr. Edward H. Bennett, professor of surgery in the School of Physic, have declared themselves as candidates.

### Management of Infectious Cases.

THE adjourned discussion on Dr. Richardson's address, entitled, "Suggestions for the Management of cases of Small-Pox, and of other Infectious Diseases in the Metropolis and Large Towns," will take place to-day (Wednesday) in the Sanitary Institute, at 8 p.m. We recently gave a brief account of the paper originally read, and it may be expected that the discussion appointed for this evening will be an unusually instructive and important one. Since the last meeting was held, the subject of the paper has received especial prominence in connection with the rapid growth of small-pox infection, and this will doubtless be dwelt upon by the speakers.

### Soiree at South Kensington.

ON Friday last a numerous and distinguished company assembled at the South Kensington Museum in response to invitations issued by Dr. S. O. Habershon, as President of the Metropolitan Branch of the British Medical Association. The galleries of the Museum were brilliantly illuminated on the occasion, and concerts of vocal and instrumental music were specially arranged for the amusement of the guests, while a military band added much to the pleasure of promenading. The gathering was a brilliant success, and included, besides a large number of ladies and non-medical visitors, the chief members of the profession in London and around.

### The New Infirmary at Notting Hill.

WE understand that the gigantic Infirmary, which is to accommodate 600 sick-poor of the parish of Marylebone will be opened early in June by their Royal Highnesses the Prince and Princess of Wales. From a private inspection, the design is excellently adapted to requirements, and every modern sanitary improvement appear to have been well carried out by the builders, Messrs. Wall and Co. The Committee chosen from the Board of Guardians consists of six members, amongst whom are Mr. Boulnois, J.P., Chairman of the Board of Guardians, and Dr. J. McGrigor Croft, a gentleman well qualified by his military medical experience and position, to direct such an establishment. The appointments of medical superintendent, house-surgeon, assistant-surgeon, and dispenser, are at the decision of the Infirmary Board. There are the enormous number of 100

applicants for the principal medical post, 32 for assistant-surgeon, and 137 for dispenser, involving no light task and anxiety upon the Committee of Selection.

### The Population Returns.

THE quarterly return of births, marriages, and deaths for the quarter ending March, 1881, gives the following figure for the United Kingdom: Births, 288,168, deaths 188,603, the natural increase being thus 99,605. In England the death-rate did not exceed 21.8 per 1000 of the estimated population, and was 2.1 below the average rate in the ten preceding corresponding quarters. So low a death-rate in the first quarter of the year has not been recorded since that of 1856, when a similar rate prevailed.

The 138,582 deaths included 70,889 of males, and 67,693 of females; the annual death-rate among males was equal to 22.9, and among females to 20.7 per 1000 estimated to be living of each sex. In equal numbers living the deaths were as 111 of males to 100 of females; this proportion in the first quarter of 1880 was 110 to 100.

Naturally, the deaths in towns and cities were in greater number than in rural districts, the proportions being 23.3 and 19.6 respectively. This urban rate is somewhat in excess of that recorded in the last quarter of 1880.

In twenty of the largest English towns, including London, having an estimated population of about seven and a half millions of persons, the death-rate averaged only 23.8 per 1,000, against 25.2, 27.4, and 25.5, in the three preceding corresponding quarters. The lowest rates in the twenty towns last quarter were 19.5 in Leicester, 20.2 in Bradford, and 20.3 in Portsmouth; the rates ranged upwards in the other towns to 25.2 in Plymouth, 27.3 in Oldham, 29.3 in Liverpool, and 30.2 in Manchester. These wide differences were but to a slight extent due to variations of zymotic fatality. In fifty other English and Welsh town districts, with an estimated aggregate population of about three millions, the death-rate averaged only 22.5, and was 1.3 below the average rate in the twenty larger towns. Among these fifty towns the death-rate did not exceed 15.6 in South Shields, 16.1 in Reading, 16.7 in Cambridge, and 16.8 in Maidstone; the highest rates were 28.3 in Bury, 28.5 in Swansea, 29.1 in Blackburn, 32.5 in Stockport, 32.9 in Macclesfield, and 35.2 in Ashton-under-Lyne. The high rate in Swansea was mainly due to the epidemic fatality of scarlet fever and whooping-cough. Of the zymotics scarlet fever and whooping-cough were the most fatal, the numbers being 3,145, and 3,017. "Fever" is put down for 1661 deaths, diarrhoea 1,480, small-pox 730, and diphtheria 657. The rate from zymotics was 1.91 per 1,000, against 2.90, the average of the ten preceding corresponding quarters, and shows a very low percentage. Again, it is recorded that 4.6 per cent of the deaths were not certified, this being an increase on former returns, and in Wales, north and south, the percentage of uncertified deaths rise to the large figures of 12.1 and 13.7. The reasons for this, and for the variations in other places might well occupy the attention of the Registrar General.

### The International Medical Congress.

WE learn that the King and Queen's College of Physicians in Ireland has followed the example of the Royal College of Surgeons, having voted a grant of 30 guineas from the College funds towards the expenses of the International Medical Congress.

DR. W. H. MIDDLETON has been unanimously appointed visiting and consulting physician to the Mullingar Asylum, subject to the approval of the Lord Lieutenant.

THE will and codicil of Dr. William Hardwicke, coroner for Central Middlesex, recently deceased, were proved on the 19th ult., by Mr. Arden Hardwicke, the son, and Mr. J. W. Marchant, the executors, the personal estate being sworn under £4,000.

At the thirty-third anniversary festival of the City of London Hospital for Diseases of the Chest, held last week, donations to the amount of £2,050 were announced. It was stated that £9,000 were required to carry on the work of the institution on its present scale, and the annual subscriptions represented only £2,400 of this sum.

WE much regret to report the illness from typhoid fever of Dr. William Thornley Stoker, Professor of Anatomy in the Irish College of Surgeons. The first symptoms of the disease manifested themselves on last Monday week, and we are glad to learn that, so far, the progress of the disease has been favourable.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their populations were:—Brighton 12, Leicester 14, Sunderland 16, Birmingham 16, Oldham 16, Portsmouth 16, Salford 17, Bristol 17, Norwich 18, Bradford 19, Manchester 19, Sheffield 20, Newcastle-on-Tyne 20, Leeds 20, London 20, Plymouth 20, Edinburgh 20, Glasgow 21, Liverpool 22, Hull 23, Nottingham 24, Dublin 27, and Wolverhampton 28.

IN the principal large foreign cities, the mortality, according to the most recent weekly return, was in—Calcutta 34, Bombay 36, Madras 49; Paris 29; Geneva, 22; Brussels 24; Amsterdam 24, Rotterdam 24; The Hague 30; Copenhagen 24, Stockholm 25, Christiana 22; St. Petersburg 58; Berlin 24, Hamburg 26, Dresden 31, Breslau 32, Munich 44; Vienna 32; Buda-Pesth 40; Rome 28; Venice 23; Alexandria 46; New York 31, Brooklyn, 21, Philadelphia, 24, Baltimore, 19 per 1,000 of the population.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

HEALTH OF EDINBURGH.—For the week ending with Saturday the 7th inst. 89 deaths occurred in Edinburgh, and the death-rate was 21 per 1,000 per annum. Only one death from fever was reported in the New Town. The southern suburbs still continue free from zymotic deaths.

DR. BELL'S INSTITUTION FOR DISEASES OF WOMEN AND CHILDREN.—The annual meeting of this institution was held in the Religious Institution Rooms, Glasgow, on the 10th inst. Mr. James Campbell, of Tillichewen presided, and was ably supported by the Rev. Albert Goodrich. We are always on tip-toe expectation for the amusement—the never-failing fun—annually derived now from the medical officer's report. It is invariably in the highest "flamfoozle" style, and on this occasion the literary merit is decidedly above the average. Dr. Bell states in his report that since the charity was organised it has been the means of palliating an incalculable amount of suffering, and of restoring to useful and active life, wives and mothers who were before martyrs to pain, and who were bowed down by weakness and unrest; and then the "incalculable amount of suffering" he proceeds to calculate with a refreshing simplicity. During the year 289 women had been patients in the institution. On an average, each woman had made fifteen visits to the institution, so that the number represented 4,335 consultations. Of this number 257 had been cured, 17 had been relieved, 9 had received advice which had not strictly come under the home treatment, and 6 had been dismissed as incurable. "Bowing down by unrest" may seem a puzzler to the most accomplished nosologist; but whatever it may mean, we have reason to thank a beneficent Providence that in the hands of Dr. Bell the affliction turns out of so signally curable a nature. We are not certain whether Dr. Bell has served a nosocomial apprenticeship in West Regent Street. We have culled but one flower from Dr. Bell's literary bouquet; we are certain it abounds in them, and the ardent student of "Belles Lettres," we are certain, could not do better than at once procure, at any cost, the Report of the Glasgow Institution for Diseases of Women and Children.

FEVER EPIDEMIC AT ST. VIGEAN'S, ARBROATH.—A meeting of the committee of the parochial board of St. Vigean's, being the local authority for the pariah under the Public Health Act, was held on Tuesday, the 10th inst., when a report on an epidemic of typhoid fever at Bridgeton of North Garry, St. Vigean's, was given by Dr. J. S. Crichton, the medical officer of health. It appeared that in the course of a few weeks there had been sixteen cases in the midst of a population of about fifty, and that only three families in the immediate district had escaped. There had been three cases also in a more distant part of the parish, and the persons affected had had communication with the infected district. Several deaths had occurred. The cause of the outbreak was supposed to be a well which had become polluted with surface water from highly manured fields, and which, Dr. Crichton suggested, might have contained the specific germs of typhoid fever. The water had been analysed, and was reported bad. It was proposed by the medical officer in his report that it should be conducted from the spring to the outflow in cast-iron pipes. The meeting concurred in this recommendation, and it was agreed to send a copy of the report to the proprietor of the place for his consideration.

THE COOMBE LECTURES.—The second lecture of this course was delivered on the 10th inst., in the Church of Scotland Training College, Edinburgh, to a crowded audience by Dr. Andrew Wilson. The lecturer began with a brief sketch of the actions and changes going on from day to day in the human body, with special reference to the action of the heart, and to the waste that was continually going on in proportion to the work done. Proceeding next to discuss what the body was composed of, he pointed out that there was not one element known in the human body



that was not found in the world outside. Protoplasm, which entered into the composition of every living thing under the sun, was made up of carbon, oxygen, hydrogen, and nitrogen, with traces of phosphorus and sulphur. They had not yet got any clue as to how life combined those substances to form protoplasm, though many compounds—such, for example, as urea—which had long been supposed to be manufactured by animals and plants alone, were now capable of being artificially made in the chemical laboratory. After observing that man had no type peculiar to himself, Dr. Wilson went on to describe, with the aid of a skeleton and diagrams, the structure of the body, especially the spine, exhibiting and classifying the various vertebrata, and referring in passing to the structure and composition of bone.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At a meeting of the College on Monday last, the sum of £225 was duly ballotted for, and will be added to the funds of the College with all due solemnity. Of the nine gentlemen contributing the above sum, five are members of the London College. At a future meeting, £150 will be added from a like source, but on this occasion only two of the six gentlemen claiming the "Fellowship distinction" are licentiates of the Edinburgh College; the Glasgow Faculty, in this case, being the contributing body. The Edinburgh College has much to be thankful for. The above looks very much as if the Glasgow Faculty was good enough to enter the profession, but that the Edinburgh "Fellowship distinction" was a little better in the colour of its plumage.

WANTED A PORT-SANITARY AUTHORITY.—In a report on the Health of Edinburgh, laid before the Public Health Committee of that city on the 11th inst., Dr. Littlejohn stated that he had received a communication from the medical officer of health in Glasgow, that small-pox had broken out among some emigrants from the Continent who had landed at Leith, and passed across the country by rail, *en route* for America. It was resolved to communicate with the Government on this matter, with the view of having all emigrants from the Continent landing at British sea ports, examined by the local medical officer before being allowed to travel inland.

EXTRA MURAL MEDICAL SCHOOL, EDINBURGH.—The classes are now in full working order. For practical anatomy Mr. Symington has a class of about two hundred. Dr. Croom discourses on the principles and practice of midwifery at Minto House to over a hundred students, the greater bulk of whom are University students anxious to get some practical knowledge of their subject. The course does not qualify for the University, but the University course is delivered with so many oratorical irregularities that it is somewhat difficult to follow the speaker. The other classes are fairly well attended, Dr. Hamilton having between forty and fifty students in his practical pathology class. He suffers like the other lecturers from the fact that the University proposes to examine as well as teach, which always commands a class although the students may require to sit with ear trumpets to catch the words of the lecturer.

"STRATHAVEN FASTING GIRL."—Under threat of being sent to a lunatic asylum, this prodigy has reverted to the usual conditions of humanity, and, beginning with porridge and milk, now partakes freely of ordinary food. For some prurient people a purpose has been served. Large numbers were thus permitted to write on behalf of the interesting patient, and offer wise suggestions; amongst others, that the patient's bed should be placed directly north and south, in order that participation in telluric magnetism should be as free as possible! We think

the application of a bunch of fresh nettles to the gluteal region would have a much more beneficial effect.

THE GLASGOW DEATH-RATE.—The mortality in Glasgow for the week ending with Saturday, the 7th inst., was at the rate of 25 per 1,000 per annum, being a decrease of one as compared with the previous week. The death-rate in the corresponding week of 1880, 1879, and 1878, was equal to 29, 26, and 24 per 1,000 per annum of the population respectively. The death-rate of 1881 is made up according to the census returns, while the returns of previous years, were based upon the medical officer's estimate.

## Correspondence.

### NEW SCHEME OF EDUCATION AND EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my letter of the 7th inst. I stated that the system formerly adopted by some students of "nominal study—idling and cramming"—could be pursued under the regulations suggested by the General Medical Council with the same impunity as before. Students who were so inclined could go in for the preliminary examination, get registered as medical students, then devote all their time for a year and three months to the washing of bottles, working behind the counters of a bank or haberdashery shop, or other less honourable or useful employment; then, entering for lectures and hospital practice but continuing to follow their former occupations or no occupations, they give as much time for a couple of years more, if industriously disposed, as their other pursuits will permit of, after which they grind and cram and prepare to run the gauntlet of the examination hall, when, if not detected, they emerge full-fledged doctors, and are entitled to be registered and appear before the public with the Government stamp testifying that they are fully educated, and conferring on them all the rights and privileges of "registered practitioners."

It requires but little experience among students to recognise the above as no fancy sketch. Honest, industrious, and conscientious men will thoroughly work out their studies under any system, but the idle and dissipated are led into temptation, and the ambitious, who are fired with the praiseworthy desire to advance themselves, are enabled to do so under false pretences, by the facilities afforded by the present system of entering the medical profession.

The only practical remedy for this state of things is to give the student work to do year by year, and see that he does it; and this is the key-note of the new educational scheme. A certain course of study is marked out for each year in such order as is thought most conducive to the attainment by the student of a sound and thorough knowledge of his business. At the end of the year he is examined in the year's work, and he must prove that he has sufficiently mastered it before being allowed to enter on further studies.

The system of sessional examinations has nothing new in it. In most Universities it is more or less fully adopted. The Irish College of Surgeons have been trying to introduce it for the last forty years, but have failed in their efforts because they did not make it complete and imperative.

The advantages of it, besides the foregoing, are numerous. I will mention some. 1st. The student is taught the order in which he should take up the subjects he has to study. 2nd. He is stimulated to study systematically and steadily. 3rd. Having proved that he has obtained a sufficient knowledge of certain subjects, he is allowed to pass on to a higher range, applying the knowledge gained of elementary subjects, without having his attention distracted by preparing for examinations in them. 4th. He pursues his studies step by step, and so does them more thoroughly. 5th. The sessional examination shows him whether he is working rightly, and in what he is deficient. 6th. It lightens his task, giving him his examination in stages, instead of concentrating all in one great critical examination, which is to prove the turning point of his destiny. 7th. It enables his parents and guardians to know whether he has been attend-

ing to his business or idling. 8th. If he should be unfit for the profession, this will be ascertained before his time and capital have been expended, and so he will be enabled to apply himself to some other pursuit.

I am, sir, yours, &c.,

May 14, 1881.

GEORGE H. KIDD.

[To the list of benefits likely to accrue from the proposed system of annual examinations Dr. Kidd might have added a ninth, which, though not directly conversant with education, would have immediate practical effect upon the student and his teaching, i.e., that the proposed system would compel his certificate to be taken out, and his fees paid once a year, and would thus put an end to the existing nefarious apprentice-farming or credit-fee system, under which the "farmer" appropriates the student's money for three years, and then, on the eve of examination, buys up a sheaf of certificates for courses which were never attended, or perhaps even entered for, from a lecturer who, having already given the required instruction, will be paid nothing for it unless he testifies to the "diligence" of the student, whom possibly he never saw. It is to be anticipated that the grinders and apprentice dealers, who are growing rapidly rich upon this disgraceful system, will do their best to decry the proposed reform, and will, with that view, disinter the worn-out argumentative bogie with which, for so many years, they have successfully frightened timid reformers in the Irish College of Surgeons. They will, no doubt, clamorously declare that repeated examinations and a strictly-enforced four years of study will drive away the great body of Irish students in one universal exodus to Glasgow and Edinburgh; that the Irish College of Surgeons will be speedily gazetted bankrupt; and, of course, that their warnings are solely animated by a love of the College, and a soul-stirring fear of its ultimate extinction. With those who are not acquainted with Irish students or Scotch colleges these statements may have force, but not with those who know that, as a matter of fact, Dublin students hardly ever go to Scotland for their diplomas, and that, if they did so, they would probably save themselves nothing in the way of examina-tional stringency; and we have no doubt that most sensible people will discount at its true value the new-born, [yet gushing, anxiety of the Dublin apprentice-farmer for the welfare of his beloved college.—ED. M. P. & C.]

## Literary Notes and Gossip.

DRS. HARVEY and DAVIDSON, of the Aberdeen University, have issued a new edition of their useful little "Syllabus of *Materia Medica*;" as, however, it is simply a reprint, we can add nothing by way of comment, to our former review.

PROFESSOR GRAINGER STEWART has issued, in pamphlet form, his interesting and instructive paper "On Paralysis of Hands and Feet from Disease of the Nerves," which appeared in the *Edinburgh Medical Journal* for April last.

PROFESSOR DE CHAUMONT'S lecture on "Sanitary Assurance," which was delivered at the London Institution in March, has been printed in pamphlet form, together with the speeches which followed from Mr. Erichsen, Sir Joseph Fayrer, and Mr. Brudenell Carter.

ANOTHER addition has been made to Churchill's manuals by the issue of Dr. W. H. Day's "Diseases of Children." A cursory glance has impressed us favourably, but we shall examine it critically anon. As several of the chapters have already appeared in the *Medical Press and Circular*, it could scarcely be other than a good book.

THE fourth edition of "Gaut's Guide to the Examinations,"

at the College of Surgeons of England, is a great improvement upon previous efforts. The various changes in the examinations, recently introduced at the College, are duly chronicled; the alterations and renumbering of the anatomical and physiological specimens in the museum noted, and the examination papers from 1869 to present date, given in systematic order. In fact, it may now be pronounced a "perfect guide."

THE new number of the *Journal of Psychological Medicine*, edited by Dr. Forbes Winslow, contains several very interesting articles, one on "Psychology in our Poets," bearing traces of the same facile hand that has contributed similar essays in former numbers. A very readable and suggestive little article on "The Mental Development of the Infant of To-day," is well worth reading, and likewise "The Causes of Insanity." The whole number is a good one in all respects.

To those of our readers who possess a garden, a little shilling work just issued by Messrs. Carter and Co., of High Holborn, London, entitled, "The Practical Gardener," edited by E. J. Beall, F.L.S., will be much appreciated at this season of the year. It is convenient in size, well-printed, and contains a large amount of information and instruction upon every-day matters connected with gardening, as well as illustrations of geometrical designs for elaborate carpet and other bedding.

THE "Index Medicus" has now started upon the third year of its existence, and though its past has entailed considerable pecuniary loss upon Mr. F. Leypoldt, of New York, its energetic publisher, he has such firm faith in the ultimate support of the profession, as to determine him to continue the publication for another year, in the hope that by the expiration of that time it may be placed upon a self-supporting basis, for which it requires only 200 additional subscribers. The work is so essential to students of medical literature, that we sincerely trust his confidence will be well repaid.

THE yearly volume of "House and Home," just issued, is largely filled with excellent advice and suggestions relating to domestic sanitation and hygiene, of a sufficiently practical nature to merit a very considerable degree of attention. The effort to improve the condition of our homes, had enough at the best, is a praiseworthy one, and deserves to be fully encouraged. The widespread perusal of such publications as "House and Home," is calculated to favour this end very completely, since the unpretending character of its essays brings them within the limits of even the most untrained comprehension. The work, moreover, contains a large number of ably written articles in biographical and other subjects of general interest, while the small price of the volume makes it easily accessible to all.

WE are informed that the great catalogue of books in the British Museum will, at the projected issue of five volumes a year, take forty years in completion. Altogether the catalogue is likely to comprise about three millions of titles, the total estimate for composition alone being roughly about £70,000. It has already been announced that the publication will commence with volumes specially devoted to certain subjects, or rather sub-headings, which have now become too voluminous for convenient handling in their present form. The catalogue when completed will be of great value and interest as a bibliographical work apart from its practical utility as a key to our great national library; but it is rather alarming to know that a single copy will cost subscribers £200.

KOPF, "On Diet and Hygiene," is the name of a little work (sixpence) before us, the perusal of which will smooth away many difficulties, and enable the reader the better to appreciate the all-absorbing question of which it treats. Parke, Pavy, Letheby, Thompson, and other authorities have been freely requisitioned; and the history of the various food products of, or into, this country from earliest times will afford valuable and instructive reading to all who take an interest in the subject. It has long been proven that we consume too much animal food in this country both for our health and our pockets, whilst soups, which are more nourishing, easier of assimilation, and cheaper, are frequently cast aside in summer time. These, and other matters are fully discussed within the fifty-six pages of "Kopf on Diet and Hygiene."

THE majority of the communications contained in the recently-issued volume (Vol. XII.) of "Transactions of the Institution of Civil Engineers of Ireland" are chiefly noticeable for a total absence of originality, and betray on the part of the writers a very superficial knowledge of the subjects they have attempted to deal with. Some rather eccentric papers of a semi-geological character offer suggestions relative to the form of sea walls, breakwaters, &c.; the author, however, could scarcely have been ignorant of the fact that the various phenomena he refers to had long before been observed and investigated. The discussion of one paper only, is published, and consists, for the most part, of a somewhat pretentious statement of facts and principles, familiar to every intelligent tyro in the profession. Of the few contributions possessing any merit, that on "Improvement in the Manufacture of Sulphuric Acid" displays considerable ability, originality, and mechanical skill.

A VALUABLE little pamphlet can be obtained from Mr. Newberry, the wholesale chemist, of 1 King Edward Street, E.C., entitled "Clinical Studies on Pepsical Peptones of Chapeaut." It contains histories of a number of cases in which the value of peptonised food is demonstrated by a narrative of the success attending its employment when the natural digestive powers are weakened, directly or indirectly, either in the organ, or in its secretions. The work is prefaced by an introduction descriptive of the general physiology of digestion, and the influence exerted on nutrition by the administration of peptones as food; a description of special peptone preparations is also added, and of the application of peptone to the cure of disease. There is much useful information in the *brochure*, and it cannot fail to afford important hints to practitioners who are perplexed by obstinate cases of non-assimilative indigestion. The importance of peptone foods has been well shown by recent inquiries, and the best forms in which to administer them is that especially of present interest, and is that which the pamphlet we call attention to, explains.

THE "Archives of Laryngology" has entered on its second volume, and deserves the attention of those to whom its contents are chiefly addressed. It is handsomely got up, and in every way worthy of the speciality it represents. The scope of the Archives embraces human and comparative morphology and physiology of the throat, and the pathology and therapeutics of throat diseases in the widest signification of the terms; but its conductors—wisely, we think—do not encumber their pages with contributions to otology, which has its own literature. Although the Archives is published in New York, its contents embrace so much that is of European origin, that it looks almost like an international production. It well represents Laryngology all over the world, and we wish it more success. The editors say they have enough material to produce six numbers a year, but we hope it will continue to be a quarterly, even if enlarged, for once a quarter seems to us often enough for a special journal of an almost international character.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, May 4th:—"On Anchylosis." By B. E. Brodhurst, F.R.C.S. (4th edit.) "Note-Book for Cases of Ovarian Tumours." By Spencer Wells, F.R.C.S. "Guide Medical à Contrexéville." Par le Dr. D'Estrées. "Clinical Studies on the Pepsical Peptones." By le Dr. Chapeaut. "Syllabus of Materia Medica." By Drs. Harvey and Davidson (5th edit.)

### MEDICAL REFORM.

At a meeting of the medical profession of Bradford and neighbourhood, held on May 5th inst., to consider the subject of medical reform, it was agreed to make the following recommendations:—

*1st Recommendation.*—"That this meeting recommends a one portal system of examination and admission to the medical profession for the whole kingdom, with various examining stations. The examiners should be appointed by the State. Say nineteen from the present examining bodies, six by the State, and six by the general body of the profession. That the qualification given shall be an all round one. Corporations still to give degrees when called upon."

*2nd Recommendation.*—"That preliminary examination be high, embracing as essentials, Latin (so as to read easy authors), Greek, so as to read the alphabet and look out roots in the dictionary. One foreign modern language also to be necessary. The above to be passed before the commencement of any medical studies whatever."

*3rd Recommendation.*—"Before commencing his more exclusively medical studies, the student should pass a second examination in physics, botany, natural history, and chemistry. A pupilage of at least twelve months with a qualified medical practitioner should also be required before obtaining his diploma or qualification to practise."

*4th Recommendation.*—"Medical curriculum to extend over three years after the above examinations have been passed."

*5th Recommendation.*—"Only duly qualified persons to practise as assistants."

### Medico-Parliamentary.

HOUSE OF COMMONS.—THURSDAY, MAY 17TH.

SMALL-POX IN LONDON.

MR. DODSON, President of the Local Government Board, in reply to Mr. W. H. Smith, said he was sorry to be obliged to state that the small-pox hospitals were full, or nearly so. He had no information as to persons affected lying in lodging houses in crowded districts, but he greatly feared such was the case. He had hoped that supplemental provision would have been made by the guardians and district boards, and to some extent this had been done, but he deeply regretted that in many cases the exertions made had been paralysed by the actual threat of legal proceedings. At the same time he was glad to be able to state that the Metropolitan Asylums Managers were exerting themselves to their utmost, and had provided on their own land accommodation for 300 or 400 convalescents, which would have the effect of relieving the hospitals to that extent. He would also add that the Local Government Board were exerting themselves to the fullest extent in respect to the making of further provisions.

### VACCINATION IN WORKHOUSES.

Mr. Dodson, in answer to Mr. Hopwood, said it was true that Dr. Stevens, one of the inspectors for St. Saviour's, Southwark, had recently suggested that all children born in the workhouse should be vaccinated before leaving; and that, subject to the opinion of the medical officer in any particular case, it should be done on the 6th day after birth. Dr. Stevens did not express any opinion of his own as to whether vaccination should be performed without the consent of the mother; but he did refer to an opinion of the Poor-law Board given as far back as 1848.—Mr. Hopwood asked the right hon. gentleman what his opinion was as to the law on the subject?—Mr. Dodson said his own opinion was that vaccination could not be enforced if the mother objected.

### Medical News.

Royal College of Physicians of London.—The following gentlemen were admitted Fellows of the College on May 16, 1881:—

John Wale Hicks, M.D. Lond., Sidney College, Cambridge.  
John Baptiste Potter, M.D. Ed., 20 George St., Hanover Sq., W.  
James Watt Black, M.D. Ed., 15 Clarges St., London, W.  
Francis de Havilland Hall, M.D. Lond., 46 Queen Anne St., W.  
William Ewart, M.B. Cantab., 28 Curzon St., W.  
David Bridge Lees, M.D. Cantab., 2 Thurloe House, S.W.  
Francis Charleswood Turner, M.D. Cantab., 15 Finsbury Sq., E.C.  
Joseph Ewart, M.D. St. Andrews, Brighton.

Royal College of Surgeons of England.—At the recent examinations of the Board of Examiners, the following candidates passed the primary examination in anatomy and physiology:—

Harry C. C. Shaw, Louis Robinson, Alexander Harper, Montagu Smith, Henry G. Wharry, Edgar W. Willett, Richard B. D. Burt, Herbert L. Downing, Charles O'B. Harding, Francis F. Walton, Arthur Hillaby, William R. de Morini, Stephen Paget, Constantin Spaekman, and Thomas Finch. St. Bartholomew's Hospital; Arthur E. Larking, Walter Fowler, Arthur H. Dodd, Charles S. Jago, Allan G. Minns, Herbert J. Dring, Edward W. Simmons, Henry T. Tressider, William H. Brenton, C. W. Creslock, Magnus M. Adler, and John H. H. Manley, Guy's Hospital; Thomas E. Gordon, Leonard J. Willan, William J. Best, Wilfred J. Hadley, Robert H. Nicholson, Edward H. Morgan, Daniel B. Spence, and Matthew G. Corner, London Hospital; Charles F. Clarke, William C. McDonnell, and Joseph J. W. Farr, Charing Cross Hospital; Thomas F. Foster, Nathaniel H. Turner, John H. Gostling, Charles L. Sanson, William Habgood, James T. Chivers, Herbert C. Dent, and Ernest Cusee, King's College; James A. J. Murray, Archibald McKenzie, Samuel G. Campbell, and Joseph J. Stapleton, Edin.; Thomas P. Gostling, John C. Jackson, Charles L. Lempreire, and James E. Blomfield, University College; Reginald M. Williams and Lewis D. Brown, St. Thomas's Hospital; Robert R. Williams, Glasgow and King's College; Gerald Callender and Arthur H. L. Stewart, St. Mary's Hospital; Jonathan Ruyston, Jose G. D'Arula, William Livermore, Philip B. Bentif, William D. Stevenson, and R. Mills, Middlesex Hospital; William Urwick, Westminster Hospital; Henry A. de Lom, Toronto and St. Thomas's Hospital; Laurie A. Lawrence, Henry F. Horne, and Frederick C. Wallis, St. Bartholomew's Hospital; William H. L. Mariner, Henry M. Sutton, and John L. W. Kitching, St. Thomas's Hospital; Owen W. Roberts, St. Mary's Hospital; Ernest J. G. B. rakey, Charing Cross Hospital; Charles D. Muspratt, Guy's Hospital; Thomas D. Richards, Edinburgh and King's College; Matthew R. Gooding, University College. H. H. Brown, Aberdeen, Thomas Birt, John F. Vinco, Edwin W. D. Kite, and H. Simms, Birmingham, John F. L. Whittingdale and Walter Dawson, Cambridge, Matthew Johnston, John T. Walker, Charles N. Benseley, Morris J. Williams, Francis J. Stevens, Alfred A. Lankester, William C. Dalley, Thomas Jones, Alfred D. Edginton, and James H. Mensies, St. Bartholomew's Hospital, Robert K. Peacock, Edinburgh, Edward H. Armitage, James C. Bates, Arthur C. Deare, Hugh Lamb, Francis Heathersly, George E. Stewart, and Alfred E. Taylor, Guy's Hospital, Edward Stewar, Middlesex Hospital, William Turnbull, James M. Robson, and Frederick W. Blackwood, Newcastle-on-Tyne, Robert C. Bruce, Edinburgh and Charing Cross Hospital, Richard A. Jackson, St. George's Hospital, Edwin Roberts, Leeds, John Williams, Liverpool, Cedwallier E. Evans, and F. W. Weir, Bristol, Thomas G. Farrott, and Edward S. Hasell, King's College, E. de C. Skeete, University College, L. P. Mumby, Westminster Hospital.

**Royal College of Physicians and Surgeons, Edinburgh.**  
**—Double Qualification.**—The following gentlemen passed their First Professional Examination during the April sittings of the examiners:—

Charles Walter Hemming, Gloucestershire, Lewis Gordon Lawson, Strathpey, Hugh Gough Haines, Bangalore, Horace Lynden Bell, county Cork, Walter Frederick Clark, Yorkshire, Louis Joseph Petrichev, Mauritius, John Nelms Hautin, Bristol, John Allen Carr, Bentham, Tom Bairston, Halifax, Walter Kinburne Harvey, Staffordshire, Robert Sinclair, Durhamshire, Arthur Kimberley Scattergood, Leeds, Alfred Evedley Taylor, Scarborough, Augustus William Thomas, Swaffham, Norfolk, Cyril John Williams, Yorkshire, John Joseph Mountain, Lincolnshire, Jeremiah O'Callaghan, Cork, Herbert Hartley, Yorkshire, John Francis Thomson, Linthgowshire, David Davies Roberts, South Wales, Fitzgerald Uniacke Anderson, Nova Scotia, Richard David Hartland, Cork, Walter Spencer, Bradford, Marcus William Alatson Kean, Whitby, Karl Wingvist, Hofva, Sweden, William John Sumner, London, Jam s Hilditch Bradshaw, Lancaster, John Smith, Coleraine, George Frederick Chadwick, Dewsbury, William Hawkins, Oswestry, John Rees, Carmarthen, Alfred Higginson, Lancashire, Francis James Power, Maidstone, John Small, Fife, William John Meharry, county Down, William Waddell, Ballymena, Thomas Hanson Smith, Keighley, Francis Edwin Mulliner, Northampton, Murdock Mackenzie, Stornaway, Philip Edmund Perot, Demerara, Arthur Nathaniel Barnley, Dunstable, Francis Joseph Salter, Leeds, Edmund Lewis Rour, York, Francis James Spilsbury, Devon, Harry Dugard Chapman, Staffordshire, Henry Horbury Preston, Manchester, John Clancy, Listowel, Anthony Bailey, Yorkshire, Thomas Patterson, Devlin, Belfast, Robert Farquharson Bowers, Bengal, William Patrick Kirwan, Galway, Edgar George Balield, London, Thomas Macdonnell Farr, Chatham, William Holberton Square, Kingsbridge, Edward Joseph Fernandez, Hong Kong.

And the following gentlemen passed their Final Examination and were admitted L.R.C.P. Edinburgh, and L.R.C.S. Edinburgh:—

James Booth Clarkson, Lancaster, James Daniel Ross, county Cork, William John Chibele, Nourse, Isle of Wight, Robert Webster, Australia, William Boulter Broadribb Parrin, Somersetshire, James Johnston, Dumfriesshire, Charles Swanson, Australia, David Carruthers, Dumfriesshire, James Arnott Hunter, Newcastle, Ontario, John Paulin Peel, Isle of Men, Frank Fraser, Portsmouth, Robert Roberts, Chester, George Daunt, county Cork, Thomas Henry, county Tyrone, John Philip Sullivan, Dublin, James Hilditch Bradshaw, Lancaster, John Dugdale Astley, East Langden, Dover, George William Macartney, Colombo, Ceylon, Francis James Power, Maidstone, Francis Harper Treharne, London, David William Johnston, Whitehaven, Richard Clegg, Burnley, John Gairford, Wexford, George Latham, Derby, William Abraham Dartnoll, Bochester, Titus Holden Harwood, Burnley, Henry Dobson Osborne, Londonderry, David Duncan Main, Kirkmichael, James Murdoch Cameron, Edinburgh, George Henry Ainley, Teddington, Charles Edward Watson, Herefordshire, Edwin Brunker Bayensdale, Lincoln, John Henry Dean, Sunderland, Frederick Francis German, Staffordshire, Thomas Hanson Smith, Keighley,

William Huey, Adelaide, S. Australia, Edmund James Armstrong Rogers, Ontario, Canada, David William Noble, county Leitrim, James Batterswaite, Lancashire, Charles Edward Lay, Suffolk, Isaac Kiddle, Surrey, Owen Frederick Beymour Evans, New South Wales, Eugene Joseph Geary, Cork, Isaac Holmes, Liverpool, Alexander Salvador Salbina Fernandez, India, Charles De Wolfe Heard, Prince Edward Island, Richard Ennes Delaney, county Mayo, Geoffrey McCarthy, county Kerry, George Thomas Webb, Poona, René Tubin Clément, Cape of Good Hope, Cornelius Maloney, county Limerick, John Murray, Aylth.

**Royal College of Surgeons, Edinburgh.**—The following gentlemen passed their First Professional Examination at the recent sittings of the examiners:—

Ernest James Flynn, Dublin, John Schofield, Bochedale, Kenneth Joseph Campbell, Yorkshire, Walter Stannes Snell, Plymouth, James Gurning, Castlere.

And the following gentlemen passed their Final Examination and were admitted Licentiate of the College:—

Allan MacLean, Lincolnshire, Robert McKensie Johnstone, Edinburgh, James Andrews, Glasgow, Alexander Mallagh, county Down, Michael Joseph Moyland, Galway.

The following gentlemen passed their First Professional Examination for the Licence in Dental Surgery of the College:—

Henry Wyles, Leeds, James Lindsay, Edinburgh, Edward James Aytton, Edinburgh, Frank Harrison, Sheffield, James Stewart, Perth, Thomas Gaddes, Carlisle, Joseph Smithson Thomson, Dublin, Hume Furdie, Alford, Robert Peel Thomson, Dublin.

And the following gentlemen passed their Final Examination and were admitted Licentiate in Dental Surgery:—

Frank Harrison, Sheffield, James Stewart, Perth, Thomas Gaddes, Carlisle, Edward James Aytton, Edinburgh, Maximilian Frank Simson, Lee, Kent, Hugh Fraser, Larga, Ayrshire, Henry Wyles, Leeds, Ernest Burt, Weymouth.

**Royal College of Surgeons in Ireland.**—At the April meeting of the Court of Examiners the undernamed gentlemen passed their Final Examination for the Letters Testimonial, and having taken the declaration and signed the roll were admitted Licentiate, viz:—

Howard W. Acheson, James A. Baird, Charles D. Barrett, John Brady, John G. W. Bullock, Richard Callan, John P. I. Coolican, Patrick I. Dempsey, John B. Dunlop, Frederick D. Elderton, John S. Galston, Walter Jones, Michael F. Kennis, Thomas W. Lewis, James C. MacMullen, John H. O'D. McGuinness, Gland H. Mac Swiney, Michael C. Moloney, Edmund Murphy, George Nellis, Augustus Nickson, Francis R. O'Brien, Joseph F. O'Carroll, Edward H. O'Doherty, Michael J. O'Doherty, John A. C. Penry, John A. Powell, Robert Power, James Quirke, Thomas O'G. Redmond, Alexander Ross, Ventry, A. J. Smith, Gones C. L. Stawell, Robert J. Tate, Macnamara M. Williamson, and Augustus W. Woodroffe, Esquires.

Eighteen candidates were rejected.

OVARIOTOMY AND PAROTITIS.

It is an established fact that orchitis and inflammation of the parotid may mutually complicate each other. Moreover there has been observed a relation between inflammation of the salivary gland in question, and that of the external genital organs and the ovaries. Facts in support of this opinion are found in the works of Bou-teiller, Meynet, Peter, and Billroth. Schroeder, who had never met parotitis as a complication of operations on the female genital organs, has just seen it as a sequel of five ovariectomies, two of which proved fatal (*Il Morgagni*). He comes to the conclusion that parotitis is a grave complication of gynaecological operations.

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.

LOCAL REPORTS AND NEWS.—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**READING CASES.**—Cloth board cases, gilt-lettered, containing 28 strings for holding each volume of the *Medical Press and Circular*, can now be had at either office of this Journal, price 2s. 6d. 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. PEARSE (Plymouth).**—Your paper is marked for early insertion.

**A PROVINCIAL PRACTITIONER.**—We believe the system was first introduced by Dr. Burggræve, of Paris, some five or six years since. It is in moderate use in France, but has not found many adherents in this country, not so much from opposition as from want of knowledge and interest in the matter. In Spain the Dosimetric system is extensively in use, and so much importance is attached to the subject that an international congress is to be held in Madrid for four days next week for discussion on "The Dosimetric as compared with other methods for the treatment of Disease."

**DR. BERNARD.**—We hope in our next number.

**STATIST.**—May 14th, 1796, is the date usually ascribed to Jenner as that on which he satisfied himself of the value of vaccination against small-pox. In a letter to his friend Garduer he writes: "A boy of the name of Phipps was inoculated in the arm from a pustule on the hand of a young woman who was infected by her master's cows. Having never seen the disease but in its casual way before, that is, when communicated from the cow to the hand of the milker, I was astonished at the close resemblance of the pustules in some of their stages to the variculous pustules. The boy has since been inoculated for the small-pox, which, as I ventured to predict, produced no effect." Somehow the anti-vaccinators forget to print this information in their tracts of discovery.

**DIPSOSIS.**—The preparation is a private one by a chemist in London. We have tried the efficacy of the lozenges, but are doubtful whether they possess the advantages claimed for them. Thirst is not a local affection, but is systemic in nature, being, in all probability, due to deficient dilution of the blood. Consequently, nothing will permanently relieve it which does not introduce fresh fluid into the circulation. The lozenges excite the secretion of saliva, but as this must be drawn from the blood, there is no real relief to the constitutional feeling of thirst attending their use. The only cases in which they will be serviceable are those in which dryness of the throat and mouth excite a sensation of thirst.

**DR. CLARK.**—Many thanks, but the subject does not fall strictly within our sphere. You declare that it is political in nature, and as we have no concern with politics as politics, we must be excused from dealing further with it. The cases shall be attentively considered, and if it is decided to publish them, you shall have the proof copies you ask for.

**H. J. Q.**—See answer to Dr. Clark. Authors are always supplied with proof-slips of cases contributed by them to our columns, free of charge, if applied for.

**STUDENT.**—The M. B. examinations at Oxford are unusually late this year; the first, or scientific, will commence on Monday, June 27th. Names must be sent to the Regius Professor of Medicine, University Museum, Oxford, on or before May 30. The November examination is discontinued.

**DENTIST.**—There will probably be endless litigation before the question is decided. We certainly are of opinion that the dental profession has been very seriously injured in status by the admission into its ranks, on terms of equality, of the innumerable and undesirable persons possessed only of the most questionable qualifications to practise dentistry.

**DR. T. T. P.**—Your little essay on "Man, a Creature of Imitation," is full of sound common-sense philosophy, though hardly suitable for our columns.

**PROF. GRAINGER STEWART'S** courteous note has been duly received. We are much obliged.

**DR. ANGUS McDONALD (Edinburgh)** will please receive our thanks. The paper will have our best attention.

**M. D. GLASGOW.**—Our attention has already been directed to the report of the "Glasgow Institution for the Diseases of Women and Children." Reference to it will be found under our "Northern Correspondence." It certainly would be interesting to know what the "incurable" diseases were, which at an earlier period could have been cured by Dr. Bell. It does seem a pity that public support is not more lavishly bestowed on this Institution seeing the power to cure that is found therein. The wall over so much human suffering must touch the tenderest cords of every human bosom.

"**A DISPENSARY HACK**" will find the information he requires in the second edition of Ashby's "Notes on Physiology." According to Dr. Anstie, a healthy adult man should not consume daily more than from 1 ounce to 1½ ounces of absolute alcohol in whatever shape it is taken, i.e., dissolved in ardent spirits, wines, cider, and in malt liquors.

**S. M. O. B.**—We don't know the constituents of Eno's Fruit Salt, nor do we think it much matters. Fools will continue to buy such things, no matter what they are made of.

**DIAGENES.**—No letter is ever inserted without the name of the writer being known to the Editors. The subject to which your letter refers is now out of date and cannot well be re-opened.

**AMERICAN LATIN.**—The following is the text of an invitation to the New York Medical Club by Dr. H. D. Paine, of that city, which reaches us through the medium of *Harper's Weekly*:—

"**SCIENS, SOCIALITE, SOBRIETE.**"

**DOCTORES.**—Ducam nex mundi nite Panes; triticum at ait. Expecto meta fumen tu te & eta beta pl. Super attento, uno. Dux, hamor clata pati, sum parates, homine, ices, jam, etc. Sideror hoc. Anser.

"**FESTO REASONAN FLOAS SOLE.**"

**ASSOCIATION OF SURGEONS PRACTISING DENTAL SURGERY.**—Wednesday, May 18, at 7.45 p.m., Council Meeting.—8.30 p.m., Ordinary Meeting.

**SANITARY INSTITUTE OF GREAT BRITAIN.**—Wednesday, May 18, at 8 p.m., Dr. Richardson, "On Suggestions for the Management of Cases of Small-pox and of other Infectious Diseases in the Metropolis and large Towns."

**ROYAL INSTITUTION.**—Thursday, May 19, at 3 p.m., Prof. Tyndall, "On Magnetism."

**HARVEIAN SOCIETY.**—Thursday, May 19, at 8.30 p.m., Mr. J. Ernest Lane, "On Two Cases of Popliteal Aneurism."—Dr. G. C. Henderson, "On Cold Bathing in Acute Fevers."

#### VACANCIES.

**Birmingham, Queen's Hospital.**—Surgeon on the Staff. Applications to the Secretary before May 30.  
**Brompton Consumption Hospital.**—Assistant Physician. Honorary. Applications to the Secretary before May 25.  
**Castlebury Union.**—Medical Officer. Salary, £50, and £10 as Medical Officer of Health. Election, May 28.  
**Croydon General Hospital.**—House Surgeon. Salary commencing at £100, with board. Applications to the Hon. Sec before June 1.  
**Drogheda Union, Monasterboice Dispensary.**—Medical Officer. Salary, £110, and £20 as Medical Officer of Health. Election, May 31.  
**Liverpool Dispensaries.**—Assistant House Surgeon. Salary commencing at £108. Applications to the Secretary, 34 Moorfields, before May 28.  
**Royal Free Hospital.**—Ophthalmic Surgeon. Applications to be sent in before June 1. (See Advt.)  
**Middlesex Hospital.**—Ophthalmic Surgeon. Honorary. Applications to the Secretary by May 31.  
**North Eastern Hospital for Children, Hackney.**—House Surgeon. Salary, £70, with board. Applications to the Secretary before June 1.

#### APPOINTMENTS.

**ASHDOWN, G. W. W., M.B., C.M., M.R.C.S.E.,** Resident Surgeon to the Royal Maternity Hospital, Edinburgh  
**BOLTON, R. E. N., L.R.C.P.Ed., M.B.C.S.Eng.,** Medical Officer for the Baillickmoyler and Newtown Dispensary Districts Carlow Union.  
**BRIGGS, H., M.B., M.R.C.S.E.,** Resident Medical Officer to the Liverpool Royal Infirmary.  
**CLARKE, Mr. F. H.,** House Physician to the Western Infirmary, Glasgow.  
**DAVIDSON, Mr. A.,** House Physician to the Western Infirmary, Glasgow  
**DICKSON, Mr. G.,** House Surgeon to the Western Infirmary, Glasgow.  
**DOWNE, Mr. J. W.,** House Surgeon to the Western Infirmary, Glasgow.  
**FINCH, H., M.D., M.R.C.S.E.,** Medical Officer of Health for the Colchester Urban Sanitary District.  
**HUNT, Mr. J. M.,** House Surgeon to the Western Infirmary, Glasgow.  
**KER, Miss, L.M.,** Senior House Surgeon to the Hospital for Sick Children, Birmingham.  
**PORTFOS, R. B., M.D., C.M., L.R.C.S.E.,** Hon. Physician to the Blackburn and East Lancashire Infirmary.  
**PRICHARD, Mr. R.,** House Physician to the Western Infirmary, Glasgow.  
**RICHARDS, G., M.R.C.P.Ed., L.F.P.S.G.,** Medical Officer for the Second District and the Workhouse of the Ross Union.  
**ROBERTSON, E. W., M.B., C.M.,** Resident Assistant Physician to the Aberdeen Royal Infirmary.  
**SHIRRES, G., M.B., C.M.,** Resident Assistant Surgeon to the Aberdeen Royal Infirmary.  
**SMITH, J. M., M.B., C.M.,** House Physician to the Western Infirmary, Glasgow.  
**WATKINS, C. J., M.R.C.S.E.,** House Surgeon to the Glamorgan and Monmouthshire Infirmary.  
**WHITHEAD, H. R., F.R.C.S.E.,** Assistant Surgeon to the Charing Cross Hospital.

#### Births.

**FRASER.**—May 11, at 7 Lower Church Road, Weston-super-Mare, the wife of Graeme B. Fraser, Surgeon, of a son.  
**GIBBONS.**—May 12, at 88 Cadogan Place, London, S.W., the wife of R. A. Gibbons, M.D., of a son.  
**JAMISON.**—May 11, at St. Helen's, Lancashire, the wife of Arthur Jamison, M.D., of a daughter.  
**NEWTON-CLARE.**—May 13, at 2 Priory Villas, Calne, Wilts, the wife of E. Newton-Clare, M.R.C.S.E., of a son.

#### Marriages.

**ALLEN—MAW.**—May 11, at St. Ann's Church, Bishop Auckland, Richard G. Allen, M.R.C.S., L.R.C.P., of Belper, to Annie Blythe Maw, of Bishop Auckland, co. Durham.

#### Deaths.

**CARR.**—Feb. 12, at Machinga, Central Africa, of tetanus, W. Ward Carr, M.D. Lond., formerly of Lee, Kent, aged 31, eldest son of the late William Carr, M.D., of Lee.  
**JENNINGS.**—May 7, at 3 Castle Avenue, Clontarf, J. B. Jennings, L.K.Q.C.P.L., L.R.C.S.I., late of Hull, aged 29, youngest son of D. C. Jennings, County Inspector of Dublin.  
**SANDWITH.**—May 16, at 29 Avenue Friedland, Paris, Humphry Sandwith, M.D., C.B., D.C.L., aged 63.  
**SHERLOCK.**—May 13, at Powyke, Worcester, after a short illness, James Sherlock, M.D., for 27 years Medical Superintendent of the Worcester County Lunatic Asylum, aged 63.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 25, 1881.

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## Original Communications.

### CLINICAL LECTURE

#### ON THE DIFFERENTIAL DIAGNOSIS BETWEEN CERTAIN HYSTERICAL CONDITIONS AND MYELITIS.

Delivered at the National Hospital for the Paralyzed and Epileptic.

By THOMAS BUZZARD, M.D., F.R.C.P.

GENTLEMEN,—The subject of nervous mimicry of organic disease in general has been, as you are well aware, admirably discussed by Sir James Paget. It is not my intention to take up your time by attempts to add anything of importance on the general question to the account which we owe to one whose unrivalled experience has been recorded with consummate literary skill. But I wish to bring before you to-day some cases of recent occurrence to illustrate the difficulties which often occur in distinguishing between certain forms of acute and chronic myelitis, and hysterical imitations of the symptoms belonging to such conditions. Opportunity will thus be given me for referring to points of diagnosis that may assist in preserving us from errors which are of very frequent occurrence. I may say at once that it is often extremely difficult, and occasionally for a long time impossible, to arrive at a confident opinion in cases of this kind. Yet, unless we can do so, should the case be one of hysteria, we stand little or no chance of curing our patient, and for obvious reasons it is a still more serious matter if we mistake a case of organic disease of the spinal cord for one of hysteria.

But, first, let me mention the forms of disease which, according to my observation, are the most likely to be confounded with hysteria, and I will here refer to Grasset's classification, which I have already introduced to you on a previous occasion. (a) On the side of systematic myelitis there is first spastic spinal paralysis from sclerosis of the lateral columns of the cord, and next acute anterior poliomyelitis, that affection of the anterior cornua upon which I

lectured last week. In my experience *tabes dorsalis* is rarely or never imitated by hysteria. I certainly did see not long ago a lady in whom a complete and temporary loss of the muscular sense in the lower extremities imitated one of the symptoms of locomotor ataxia, and produced a slight inco-ordination in the gait, but the diagnosis was easy owing to the entire absence of any corroborative symptoms. On the side of *diffuse myelitis*—*i.e.*, myelitis invading without distinction any or all of the regions of the cord,—two forms alone need special reference. Of the first, a circumscribed and subacute variety (most often, perhaps, when it attacks the dorso-lumbar region); of the second, that special form which we know as insular or disseminated cerebro-spinal sclerosis. Of this last I shall only say now that it is as regards this form of myelitis, and its imitation by hysteria, according to what I have seen, that an insuperable difficulty of diagnosis is very apt to occur. I propose to reserve this important variety for consideration in a future lecture. On the present occasion I shall refer to cases in which subacute myelitis, anterior polio-myelitis, and lateral sclerosis come in question.

The first case to which I shall draw your attention is that of a school girl, *æt.* 14, who was admitted into this hospital early last summer. She had never suffered from scarlet-fever or rheumatism, and there had been no phthisis in the family, nor was there any neurotic history. The catamenia had been regular. At twelve years of age she was one day leaning out of an open window, when a child at a window above let some water fall, in play, upon her head, and it struck her behind the right ear. She was much shocked, and all that night suffered from ear-ache. For some weeks after this she continued to go to school, but constantly complained of ear-ache and head-ache, and it was noticed that she was gradually becoming deaf. About three months after the occurrence she is described as having become childish and delirious, and rapidly losing her sight, hearing, taste, and smell. The sight was observed to fail first. It is said that she had quite an idiotic laugh. She continued to be "delirious" for a week. Then she suffered from very severe pain all over her, especially in the head. The pain is said to have been very intense in her ankles, and her mother says that "her ankles seemed to be dislocated" from the drawing of her legs. Then she had twitchings of the legs of such violence that they were thrown high in the air. The twitchings were not, it seems, confined to the legs, but the right arm and left shoulder were similarly affected.

(a) Vide *Medical Press and Circular*, January 26th, 1881.



There was also (from the description) some opisthotonos. The twitchings continued for two or three months.

The sight returned quite suddenly; "a flash seemed to pass before her eyes, and she recovered her sight," and with this improvement the spasms also became less. Then the hearing returned, and the spasms ceased.

Seven or eight months after the onset of her illness, she got into the state which she presented when admitted here, and she had remained in this condition for a whole year before she came to us. During the whole of her illness her general health, according to her mother's account, had been very good.

On admission here, the following report of her condition was taken by Mr. Broster, the then resident medical officer. She is a well-nourished and healthy-looking girl, who sleeps well, and does not suffer from head-ache or giddiness. Her hearing, sight, taste, and smell, are all normal. There is no want of symmetry in the face. The pupils, which are somewhat large, react to light. The upper limbs are well-nourished, and the cutaneous sensibility is normal. There is no pain, stiffness, or tenderness of the spinal column.

As regards the lower limbs, the patient says that she is unable to stand without support. She cannot walk, but with a stick in one hand, and leaning upon some one, she is able to "spring." This, indeed, is the way in which she gets upstairs; and her mother says that she is able to spring up three stairs at a time. She lies in bed with her legs extended, her ankles and feet tied together. In this particular position she avers that she is quite comfortable. She is able to flex the hip and knee-joints with as much force as ever she could in her life, and she can also readily flex and extend the ankle-joints, and move her toes freely. The cutaneous sensibility of the legs is perfect.

If one unties the bandage by which the ankles are fastened together, there is sudden and immediate adduction of the knees, with some rotation inwards of each lower extremity. This is accompanied by enormous rigidity of the anterior and internal muscles of the thighs. By the action the ankles are at once thrown apart, and the feet (each pointed strongly inwards) are crossed and locked rigidly one over the other. As all this happens she cries out and complains of great pain. The knees are so firmly locked together that it appears surprising that the portions of skin in apposition are not sore.

The muscles of the lower extremities react normally to the induced current. There is excess of patellar reflex on each side, and ankle clonus.

For five days the muscles of the thighs and legs were faradised with the strongest currents, whilst the feet were untied. A very slight relaxation of the rigidity was produced, whilst the current was being applied, but the effect was altogether temporary; the limbs instantly resumed the rigidly locked position when the application ceased. So strongly adducted were the limbs that, with my utmost force, I could not separate them. Placed on her feet, with the ligature removed, she was quite unable to stand, and sunk "in a heap" to the ground. To judge by the expression of her face and her tears, the rigid position which the legs assumed when unfastened, caused her great pain.

After being six days in the hospital, she was placed under the influence of ether, and as she became insensible, the muscles of the legs were felt to relax. She was then allowed to recover, but consciousness had not apparently completely returned, when the legs resumed, with extreme suddenness, their rigidly adducted and rotated position. We noticed, however, that they were now not so rigid as before. On regaining a certain amount of consciousness (being still intoxicated with the ether), she was induced to stand with help, and to walk, although feebly and clumsily.

She was now once more placed under the influence of the ether, and with the result of producing the same complete relaxation of muscles. This time she was more deeply anaesthetised, and before being permitted to recover the legs were abducted and rotated outwards and held in that position. As she recovered consciousness the legs did not resume their rigidity, and the girl expressed unbounded delight when she knew the position of her limbs. The left foot was perfectly straight, but there was a little inversion of the right foot when left to itself.

Ankle clonus could be obtained easily on the right side, but it was not of quite so prolonged and strongly marked a character as in spastic paraplegia. It was present though to

less degree on the left side. This time, whilst recovering from the ether, she vomited profusely. During the first application she was under the influence of ether for two minutes, and for five minutes during the second. The quantity of ether used was one ounce.

Next day we found there had been no return of rigidity, but there was an indisposition to walk. The ether apparatus having been sent for, she improved considerably.

On the following day she walked as well as ever, and two days later walked to church and stood at appropriate times during the service.

A week after the etherisation an endeavour was made to induce an ankle clonus, but without success in either foot.

She was discharged quite well within a fortnight of her admission. I learned a few days since that she has since continued in perfect health.

We had the advantage here of a complete history, and the diagnosis was easy. But I can quite understand that during the progress of this case there must have been difficulty especially in excluding cerebral and probably spinal meningitis, and that the rigidity with exaggerated reflex would have a *prima facie* resemblance to that arising from sclerosis of the lateral columns secondary to a lesion of the cord. But the course of the disease—the opisthotonos followed by sudden return of sight—was conclusive of hysteria. Moreover, had the rigidity depended on bilateral sclerosis, the jumping feats would have been absolutely impossible. Now, this girl recovered rapidly because we were absolutely sure of our diagnosis. You cannot cure a case of hysteria so long as you have any serious doubts about its nature.

On the other hand, I think that if you are able to be quite certain on this point and are prepared to act with sufficient energy, there are few cases that will not yield to treatment. The kind of treatment does not appear to be of so much consequence as its impressiveness. I feel sure that many of the cases which recover under the hand of the bone-setter are really cases of hysteria, which are cured by the administration of the anaesthetic, as this girl was cured. The Faradaic current is a very potent means of treatment in hysteria. A year or two ago a young lady whom I had seen on two or three occasions in the country with her medical attendant was sent up to town by him into lodgings near me in order to be under my observation. She had been for some weeks affected with periodical attacks of dyspnoea, the peculiarity of which was that they were of daily occurrence and commenced precisely at the same hour every morning. The morning after she had taken up her residence in town I was sent for to see her in one of the attacks and arrived within a few minutes of its commencement. I will read you the notes which I took at the time:—She is sitting up in bed, the eyelids closed, the hands down by her hips, clenched, the thumbs inwards, the muscles of the arms rigid.

There is a noisily drawn inspiration followed by expiration, which is very loud and hoarse, constituting a kind of extremely noisy harsh cough. This is followed by a series of short expiratory catches. The mouth is fixed unduly open, and mucus and saliva flow from it, and sometimes from the nostrils. During inspiration she raises her trunk to the perpendicular. During expiration she bends forward, so that her face nearly touches the bed-clothes. If she is touched during the attack, she shows impatience and turns suddenly away. There is general rigidity of the muscles of the trunk and extremities. The larynx is fixed. When I forced the eyelids open (for the orbicularis palpebrarum participated in the general rigid contraction of muscles, and the eyes were thus kept closed), I found the eye-balls turned upwards and inwards. The feet were in over-extension.

When the attack was over (it lasted some twenty minutes) I noticed that she seemed heavy and as though just awake, though scarcely aroused from sleep. Her face (naturally an intelligent one) was expressionless. A little later, when I obtained answers to questions she said that there was a feeling of pins and needles, which she felt during the attack, and which did not pass away immediately after its cessation. "During the attack," she said "she could not have got up and run away to save her life, if for example the house had been on fire."

I sent an induced current machine to the house, and next morning, when the attack commenced at 8.25, the regular hour, I was able to lose no time in applying electricity. The machine was arranged for its full strength. I placed one wetted rheophore on the neck over the larynx, and the other was then swiftly introduced within her open mouth.

The shock was very severe, there was a wild shrinking away, and an attempted scream, but it was some few minutes before repetitions of the painful application asserted their power, and the spasms gradually ceased, having, on this occasion occupied less than half their usual time. Next morning I took the precaution of arriving in her room at 8.20. After five minutes she had raised herself in bed, and the attack was commencing when the electrical application was swiftly called into action and she recovered in two or three minutes. On the following day I adopted the same plan of visiting her before the time, and it was then sufficient to show her the battery. She never had another attack, and has never suffered from hysterics since—now more than two years.

(To be continued.)

#### RAINFALL AND CLIMATE IN INDIA. (a)

By Sir JOSEPH FAYRER, K. C. S. I., M. D., F. R. C. P. Lond.,  
F. R. S., & c.,  
Hon. Physician to Her Majesty the Queen, and H. R. H. the  
Prince of Wales.

As introductory to the meteorological question, the geographical and physical features of India were described. The origin of rain, the theories of winds, more especially the trade winds and monsoons, were successively detailed. India, it was observed, presents in its different parts extreme modifications of climate and geographical features. The periodic variations of temperature, vapour, tension, and pressure, both annual and diurnal, are strongly marked and regular. As regards climate, India may be divided into—1. Himalayan; 2. Hindostan; 3. Southern India, or the Deccan. The rainfall varies according to latitude, elevation, and physical characters of the country. The effects of a dry or damp atmosphere at the same temperature are very different; dry air at a high temperature in motion is more tolerable than stagnant air loaded with moisture; the hot dry winds of Northern India more endurable than the cooler but saturated atmosphere of Lower Bengal or parts of Southern India. The seasons in India the hot are the rainy and the cold. The south-west monsoon commences with storms of thunder and wind; it bursts upon the Malabar coast in May, reaching places farther north later in the season, its force being expended ere it reaches the twenty-fifth of north latitude. The rainfall which attends this monsoon varies greatly, from 1.92 inches at Kurrahee, to 600 inches at Cherra Poonjee. The north-east monsoon commences in October. It is attended with dry weather throughout the peninsula generally, but on the Coromandel coast by rain till December, dry weather then till March, by variable winds and great heat till the end of May or beginning of June. When the south-west wind again sets in, first as what are called the lesser, and then by the regular rains of that season. At the hill stations generally, their elevation 5,000 to 7,000 feet, the climate is genial, the rainfall moderate, healthy in summer, bracing in winter.

In India there are areas of rainfall of various degrees of form and extent; these correspond to latitude, physical characters of the country, and proximity to sea or hills. The desert of the Thar is to a great extent rainless; in Scinde and part of the Punjab is under 15 inches; on the north and east is a zone, including Delhi and Agra, 100 miles wide, in which the fall is 15 to 30 inches; in the upper parts of the valley of the Ganges, Central India, and eastern parts of the Madras Presidency 30 to 60 inches. A southern dry zone extends from Nasick to Cape Comorin. The deltas of the Ganges and Mahanuddee, and lower part of the Gangetic valley, have a rainfall of 60 to 78 inches. There are two belts of excessive rainfall, one along the coast of Arracan, from the Irrawaddy to the Brahmapootra, the other on the west coast, from Cape Comorin to the Taptee, from sea shore to the top of the Ghâts. As in Britain the greatest condensation occurs at an elevation of 2,000 feet, so in the Khasia hills it takes place at 4,000 feet above the sea. At Mahabuleshwur, in the western Ghâts, conditions are somewhat similar, except that there the rainfall is about 300 inches. The heavy rainfalls at both these places, due to the south-east monsoon, presents an analogy to the heavy rains

on Ben Lomond, Glengyle, and the Cumberland hills, the result of warm moist air from the Atlantic and Gulf Stream. With regard to the influence of the solar spots on cyclical changes that involve recurrence of dry seasons, and consequent scarcity or famine, no very definite conclusions have been reached as to their value as causative agencies. The question of these spots in relation to rainfall is as yet a *questio vexata*.

The following are the conclusions quoted as to relations between climate and epidemics in India:—

1. Epidemic cholera is increased in intensity by continued dryness, evaporation, and high temperature; heavy rain will greatly diminish or wash it away.
2. Dryness, heat, and rapid evaporation reduce the intensity of fevers. After heavy rain, when the process of drying up begins, fever augments until the evaporation reaches a certain intensity, when it declines. In some places fever declines very much when the country is completely flooded, but increases in intensity when the rain ceases, and drying up begins.
3. Small-pox does not appear to be related to rainfall. It augments with increase of heat, and so continues till colder weather sets in, irrespective of the amount of rain.
4. Rain, with cold and high temperature range, appears to augment the liability to bowel diseases, but not to a considerable extent.

#### REMINISCENCES IN MIDWIFERY PRACTICE.

By M. C. BERNARD, M.B. Dub. Univ., L.R.C.S.I., & c.,  
Formerly Medical Officer to the Dundrum Dispensary  
District, Co. Dublin.

BEFORE the Medical Charities Act was passed in the year 1851, there were few qualified midwives attached to the dispensary districts throughout Ireland. In the district to which I was attached, the poor women, during the time of labour, were generally attended by ignorant old women, who either interfered unnecessarily or let nature take its course, when, however, imminent danger arose, the doctor was sent for in all haste. Under such circumstances I have often had most trying cases to treat, and had always to act on my own responsibility, as even during serious midwifery operations it would have been difficult to obtain the assistance of another practitioner. I was more frequently sent for in cases of retained placenta than from any other cause. The practice of the midwives at that period, when there was any delay in the expulsion of the placenta, was to place the patient sitting upright over a vessel of warm water, and whilst in this position the umbilical cord was pulled with force. Sometimes, by these means, the placenta was expelled, if not, the patient was put into bed again and the cord carefully tied with a string to the woman's thigh, lest it might return again into the uterus. I was sent for on one occasion, where the placenta remained in the uterus upwards of four days after the birth of the child, I at once introduced the hand and extracted it, as a matter of course it was in a state of decomposition, the stench was overpowering; we had little knowledge of the antiseptic treatment in those days, yet the woman recovered perfectly, without any of the results of blood poisoning, such as pyæmia, septicæmia, &c. Such a case occurring now-a-days would be sedulously treated with antiseptic injections and quinine.

I was sent for in another case, which although it occurred nearly forty years ago, the particulars are as indelibly imprinted on my mind, as if they were occurrences of recent date. I was called out of bed early on a summer morning to see a poor woman, whom the messenger told me was in a state of great danger after her confinement; she lived about three miles from my residence; when I arrived at the cabin in which she lived, I found my patient lying in bed in a state of syncope, almost pulseless, with cold extremities, I ascertained that she was confined of a living child about four hours before my visit, and that the placenta was retained. I had first some spirits and water given to her, which she swallowed with difficulty. I then made an examination and found that, although she was in a state of exhaustion, blood was trickling from the uterus.

(a) Abstract of a Lecture delivered before the Victoria Philosophical Institute, Adelphi, London, May 16th, 1881.

I immediately introduced my hand, and gently extracted the placenta, desiring one of the women at the same time to make pressure on the uterus. After the operation, the hæmorrhage immediately ceased, and the poor woman gradually recovered. I am aware that this practice is different from that laid down by authors, who for the most part recommend that the doctor should wait till the patient recovers from the state of syncope, before he interferes to remove the placenta, but as in this case the hæmorrhage continued uncontrolled by the state of syncope, I thought it better to act at once, as I considered that waiting for the woman to rally under these peculiar circumstances would be only waiting for her death.

I was more frequently sent for in cases of hour-glass contraction of the uterus than from any other cause. I have no doubt that in the majority of these cases, spasmodic contraction of the uterus was caused by the neglect of pressing on the fundus uteri immediately after the birth of the child, as well as by the malpractice adopted in these cases by the ignorant midwives. When called on to treat those cases, especially if hæmorrhage accompanied the retention of the placenta, I generally without any delay introduced the hand and arm into the uterus, and I have always found from the experience gained in operating in a great number of cases of this kind, that if the operation is done slowly, deliberately, and coolly, it is perfectly safe and without danger to the patient; the mode of performing the operation is well described in all standard works on midwifery. I have only to add, when you have gently worked your hand in the form of a cone through the spasmodic contraction of the uterus, which had divided the organ into two chambers you find at once your hand in the upper chamber, which often extends to the epigastric region—it is at this period in particular that the practitioner's presence of mind is required, the placenta being attached to the uterine walls, he must slowly introduce his fingers between the placenta and the uterine walls and gently peel off the placenta; when this is accomplished, the uterus will suddenly contract, expelling the placenta and the practitioner's hand simultaneously. To some it may appear scarcely credible that I should have met with so many cases of retained placenta, but I am certain that many medical men who have had the charge of dispensary districts before the passing of the Medical Charities Act can corroborate the accuracy of my statements. But I am happy to say, that such cases are seldom met with at the present day, as there are well educated midwives appointed to almost all the dispensary districts throughout Ireland.

A case of retained placenta with flooding, occurred when I was a pupil attending the Dublin Lying-in Hospital in Brittain street, the facts of the case are so vividly imprinted on my mind, that although I have no notes to consult, I can vouch for the accuracy of its most prominent details. Whilst on duty, together with other pupils, in the wards of the hospital, a young woman had a natural confinement, the child was born alive, there was not anything unusual in the progress of the case till after the child's birth, then hæmorrhage set in. According to the rules of the Hospital which existed at that time, the Master, the late Dr. Robert Collins and his two assistants, the late Dr. Jonathan Labatt and the late Dr. William O. B. Adams were quickly summoned to attend the case, the placenta was in the first instance extracted, and pressure made on the fundus uteri, the flooding however continued, the poor woman passed from one attack of syncope to another, tossing her arms about in extreme restlessness, until in about half an hour from the birth of the child, she ceased to breathe. All was done by those eminent accoucheurs to stay the hæmorrhage, the poor patient was supplied liberally with brandy, whether she got ergot or not I do not recollect, but buckets of cold water were poured from a height over the naked abdomen until both the bedding and flooring of the room were inundated with blood and water. Great progress has been made in the treatment of such fearful cases during the last few years. It is more than probable had the treatment recommended by Dr. Lombe Atthill been adopted in this case, either by cold or hot water injections into the uterine

cavity, the patient's life might have been saved, the liq. ferri perchlor. diluted with water has also been recommended by the same gentleman, although its use is not unattended with danger; as a last resource the transfusion of blood conducted by a skilful hand may ward off the fatal result.

I will mention another case which came to a successful termination, aided by the treatment recommended by Dr. Atthill. I was engaged to attend a lady, whom I had attended in five or six confinements on former occasions. When sent for, I was told by the nurse-tender on my arrival, that all was right, that the child was born, and that the placenta had come away. The nurse-tender was dressing baby, quite regardless of her patient, who was in a most perilous state. I went over to the bedside to see the lady, and, to my astonishment, found her in a state of syncope. Upon examination, I found there was profuse flooding. Having given her brandy, and desired the nurse-tender to press on the uterus, I quickly introduced the long tube into the uterine cavity, and with a syringe, injected a quantity of cold spring water. Its effects were instantaneous; the uterus contracted at once into a firm ball, and the hæmorrhage ceased. Had the cold water failed, I was prepared to have injected a solution of the liq. ferri perchlor., but, happily, it was not required. These two cases are of absorbing interest, as they clearly portray the modes of treatment adopted during the older times and the present period. They point out the vast improvements which have been made during the last quarter of a century in midwifery practice, and to Dr. Atthill, in particular, the credit is due for introducing this mode of treatment to the notice of his professional brethren. I have no doubt, had I not quickly adopted this method of injecting the uterine cavity, I would have lost my patient.

Before speaking of the mode of application of the forceps in tedious labour, I may state, that as a rule, I have seldom used chloroform during the progress of natural labour, but when the first stage became tedious, I have occasionally found it beneficial in hastening the dilatation of the os uteri. The medical practitioner must, however, be on his guard, when asked by a patient to administer chloroform by inhalation during labour. The following case may serve as an example of the difficulties he may have to encounter. I was sent for by a lady some years ago: she told me she expected her confinement at a certain date, and was anxious to know if I was in the habit of administering chloroform, as she gave me to understand that during her last confinement with her second child, the doctor, who attended her, used it nearly throughout the whole course of her labour. I told her that I did not approve of its use, except where it was absolutely necessary to relieve symptoms, or assuage continuous pain. When labour set in, I was again sent for by this lady. During part of the first stage, she remained tranquil enough, but as labour advanced, and when the pains became more severe, she cried out for the chloroform. I administered it in a teacup, after the method recommended by Dr. Braithwaite, the edge of the cup being allowed to rest under the lower lip, in order that there should be a sufficient admixture of atmospheric air during inhalation. From this time she continued to ask for the chloroform incessantly; as soon as one portion of the chloroform in the cup became evaporated, she quickly demanded more, and was quite disappointed unless anæsthesia was quickly produced. Every time she recovered from this state of insensibility, she imperatively demanded a further supply, and when refused—for I thought it only right to withhold my sanction—she got into a most excited state. I endeavoured to explain to her the great injury which might arise from continuance of the inhalation. The more, however, I reasoned with her, the more determined and excited she became, until, at last, she became most violent, hysterical, and almost maniacal. Fearing the consequences of this outburst of passion and violence, I had to yield to her caprices, and allow the uninterrupted continuance of the inhalation until the child was born. She ultimately got well after a slow convalescence. I may here state that

this lady had a large bottle of chloroform in the house, being determined in the event of my supply failing, to have sufficient to keep her under the influence of the drug until her troubles were over.

I have been frequently sent for by the midwife in cases of tedious labour; it was the usual custom of those nurses to trust altogether to Nature's efforts. I have, on that account, been in the habit of impressing on their minds the necessity of sending for me immediately, when the pains would appear to be inefficient. When I was a pupil in the Dublin Lying-in Hospital during the mastership of the late Dr. Robert Collins, the rule of practice in cases of tedious labour was to wait for several hours after the pains proved inefficient, before assistance was given by the forceps, acting on the assumption that the uterine powers might again return and complete the labour. During the last few years this practice has been completely changed; it is now the rule, when Nature's efforts fail to expel the child within a reasonable time, to give assistance with the forceps at once. If the operation is performed before the nervous energies become exhausted, the uterine pains will act harmoniously with the traction of the forceps, but if exhaustion sets in, this traction seldom succeeds, but often causes incalculable injury to both mother and child. Acting on this principle, I have always had the greatest success in the use of the forceps. I never lost either mother or child, when the case was under my care from the commencement of labour; but when sent for by the midwife, after the child's head had been in the pelvis for many hours, subjected to continued pressure, and the mother in an exhausted state, it was scarcely to be expected that the child's life could be saved by any operation, even when skilfully performed. During my practice I have never met with cases requiring the use of the long forceps or those peculiar cases in which Dr. George Johnston has so successfully operated when the os uteri has been rigid and undilatable. My experience has been confined to cases of tedious labour, arising, for the most part, from inertia of the wound, and I have never applied the forceps under such circumstances until the os uteri was fully dilated.

The plan I have adopted in applying the forceps is very simple, and differs from that laid down by most authors who have written on the subject; it will not succeed where the head is impacted, or where there are deformities of the pelvis, but it may be applied with ease in the different forms of presentation of the head. I have been so successful in applying them in every case that my assistance was required, that I do not hesitate to recommend the plan to others. Dr. Churchill, in his treatise on "Midwifery," mentions a mode of introducing the forceps in cases of midwifery. He says (a) "both blades being introduced posteriorly, we may gradually slip them to either side." Dr. Braithwaite also adopts a plan much similar to that recommended by Dr. Churchill. Its peculiarity consists in (b) "both blades being introduced at once, directly into the hollow of the sacrum, the blades are then to be glided round the head in opposite directions, and locked in the ordinary way;" but the mode I adopt differs essentially from the plans recommended by these practitioners. I will endeavour to explain this method as clearly as I can. Having first emptied the bladder and rectum of their contents, the patient being placed on her left side, with the legs drawn up towards the abdomen, take one blade of the forceps—Churchill's I prefer—warmed and oiled, introduce the blade into the vagina along the floor of the perinæum, at almost right angles with the sacrum, then depress the handle, and gently press the blade upwards between the child's head, and the hollow of the sacrum, until the blade enters the uterus. In the event of uterine pains coming on during the application of the instrument, the operator should, at once, stop his efforts till the pain subsides; the next step is to bring this blade from left to right, describing half a circle over the child's head, until

the blade reaches over the os pubis. I need scarcely say that the greatest gentleness is required in this part of the operation, force should not be used under any circumstances. Keeping, then, this *in situ* anteriorly, you give its handle to an assistant or to the nurse-tender, whilst you proceed to introduce the second or posterior blade. This you do in the same manner as described for the introduction of the first blade, conducting it between the child's head, and the hollow of the sacrum, until the second blade enters the uterus. In introducing this second blade, you must be careful that the instrument is passed *over*, and not under the shank of the anterior blade, otherwise, when you draw the hands together, they will not lock, but if applied accurately, when brought together, they will lock with ease. This plan I have successfully adopted in numbers of cases, without injury to mother or child; it is very probable that other practitioners have adopted a similar mode of applying the forceps. I have not, however, seen any account of it published. It must, however, be understood that neither this, or any other mode of applying the forceps, will prove successful in all cases. Where there is either narrowing of the pelvis, or enlargement of the child's head, the practitioner must use his own judgment, and adopt any plan which will be likely to succeed.

The following case occurred in my private practice about eight years ago, and shows clearly with what facility the forceps can be used according to the method described above. The lady was about 36 years of age; her first confinement. Labour was tedious from the commencement; the os uteri slow in dilating, and when the head descended into the pelvis, after upwards of thirty hours suffering, the pains, though continuing, ceased to be effective. After having waited for upwards of two hours, and having tried ergot, there appeared little chance of my patient getting well without assistance. The lady also became impatient, worn-out with the tediousness of the labour. Under these circumstances, I explained to the husband of the lady, the difficulties of the case, and asked him if he would wish to get the opinion of another medical practitioner before I gave any assistance. His answer was, I have every confidence in you: do what you think is right. I went immediately to work, applied the forceps, after the manner described, used gentle traction with each pain, the uterus responded to my efforts, and a living child was born. I then told the nurse-tender to inform the husband of his wife's safety. This gentleman told me afterwards, it was exactly ten minutes from the time I had his permission to operate, until the child was born. I do not relate this case for the purpose of encouraging others to perform this operation quickly; on the contrary, I think that the greatest deliberation should be used in carrying out its various details. But I think the case worthy of being placed on record, as it shows, not only the facility, but the success with which the operation was performed.

I may casually remark that I had two cases under my care in which the arm presented. I felt no difficulty in turning the child, as soon as the os uteri was fully dilated, without the aid of chloroform, but I would not hesitate to put a patient under its influence, if the contractions of the uterus were continuous, violent, and grasping the body of the child with firm spasmodic action. Under these circumstances, it would be impossible to turn the child safely in the uterus, without the anæsthetic effects of this drug being first produced.

Amongst other reminiscences in midwifery practice, I can bring to my recollection cases of puerperal convulsions and puerperal insanity, which occurred in my private practice, but to enter upon such important subjects, would extend this paper to too great a length.

LONDON does not seem the only city afflicted just now with small-pox; Paris, Vienna, Madras, and Philadelphia are showing high rates of mortality from this disease.

(a) "Theory and Practice of Midwifery." By Dr. Churchill. Third edition. Page 351.

(b) "Braithwaite's Retrospect," vol. lxxv. Page 316.

NOTES ON A CASE OF CONSTIPATION  
SIMULATING TYPHOID FEVER.

By G. HARRISON YOUNGE, L.K.Q.C.P.I.,  
L.R.C.S.I., &c.

THE notes of the following case may perhaps interest some of your readers, as I believe it to have been one of constipation giving rise to symptoms exactly resembling those of typhoid fever.

In February, 1880, I was called to see C. E., a young girl, about 17 years of age, who had been feeling unwell for some time. I found her complaining of pain and uneasiness in the right iliac fossa.

On examination she complained of tenderness, and there was gurgling on making slight pressure. There was, however, no evidence of accumulation of fæces, although she stated that her bowels had not been acting as regularly as usual for some time past. She had been suffering from diarrhoea for some days before I saw her, and the stools presented an appearance very like those of typhoid fever; but they could not be regarded as typical. The tongue was covered with a thin white fur along the dorsum, with enlarged papillæ, while the edges were clean and red. There was also nausea and loss of appetite.

She had a slight malar flush, while the eyes were clear and bright, and the pupils somewhat dilated. The thermometer showed a temperature of 103.5°. The pulse was 120.

From the previous history it appeared that she had never been very strong; but she presented by no means an unhealthy appearance, and she had been regularly attending to her work until about ten days previous. About that time she had begun to feel unwell, but she could not say that there was anything in particular with her. Her appetite had gradually failed, she complained of slight headache, and had several shivering fits. The latter, however, were not well-marked. She stated that her bowels had not been quite regular for some time past, but yet she had not been troubled with any marked constipation.

On the third morning of my seeing her she complained of a good deal of pain in the right iliac fossa, and the temperature had gone up to 104°. On this occasion also I discovered two or three small rose-coloured spots on her abdomen, which disappeared on pressure, but quickly returned. These I considered typical typhoid spots.

When I saw her next morning, she complained so much of pain in the right iliac fossa that I ordered her some pills, each containing half a grain of opium—one to be taken whenever the pain was very troublesome.

After taking half-a-dozen of these pills she stated that she suddenly "felt as if something had given way inside her." Shortly afterwards she felt a great desire to go to stool, and having done so, a large chamber-potful of fæces was passed. During the day she had several other motions, and felt considerably better.

When I saw her at my sixth visit I found the temperature greatly lowered; and although she felt very weak, she was much improved in every way.

Two days afterwards the thermometer registered a normal temperature; and on the ninth morning she felt so much better that she insisted on sitting up for a short time. When I saw her in about ten days afterwards she was going about as usual, and stated that she felt better than she had done for some months previous to her illness.

*Remarks.*—From the symptoms I have detailed I was naturally led to believe that the case was one of typhoid fever, and I treated it as such. From its termination, however, it was one of constipation. The sensation "of something giving way" was due to the opium, which she was then taking, overcoming the spasm of the circular muscular fibres of the cæcum, and thus allowing of the onward passage of the fæces. In fact, the case was one of typhilitis caused by fæcal accumulation, and accompanied by an extraordinarily high temperature. Of this,

however, I am fully convinced, viz., that typhoid fever, or at least a disease closely resembling it, may be produced by long continued constipation. And this result may be produced in one of two ways: Either the accumulated fæces cause irritation, enlargement, and subsequent ulceration and destruction of Peyer's patches; or else the retained excreta, becoming decomposed, give rise to noxious gases, which are absorbed and produce poisoning of the system in exactly the same manner as if they were introduced from without. Is it not as likely that this might occur as that puerperal fever might result from a small piece of membrane being retained, and undergoing decomposition? If these statements be true the administration of an enema at the commencement of a case of typhoid fever, which had been preceded by constipation, would be of the greatest service. The subject is, at least, worthy of further attention, and I hope that those who have extensive opportunities of observation may be led to investigate it.

## Clinical Records.

### NORTH-EASTERN HOSPITAL FOR CHILDREN.

*Two Cases of Acute Laryngitis with Broncho-Pneumonia—Recovery.*

Under the care of Dr. C. E. ARMAND SEMPLE.

THE two following cases of acute laryngitis are interesting from their being in the hospital at the same time; presenting much the same symptoms, which were at first extreme; both accompanied with broncho-pneumonic signs, and terminating in complete recovery from laryngeal symptoms.

CASE I.—J. B., set. 7, was admitted into the North-Eastern Hospital on February 18th, 1881.

*History.*—There appeared to be some predisposition to chest affection in the family; two brothers suffer severely from cough, and one of the parents from some bronchitic lung trouble. Two years ago the child had measles, followed by bronchitis; he was laid up with it for some months after, and from that time he has seemed to be always weak, and never thoroughly to have got over the attack; was said to be "weak at the chest." Six weeks before admission he was taken ill with sickness, pains in the head and back, constant cough, and feverishness; the voice was somewhat hoarse, and there was some noise when he drew in his breath. These symptoms lasted for about four weeks, and then abated. He seemed to get much better, and remained so for some days, when, one week before admission, all the symptoms suddenly returned, with great difficulty of breathing and lividity of the face, so that he is now obliged to sit up in bed and fight for his breath.

On admission the child was pale and anæmic, but well nourished; lips pink, no lividity; alæ nasi slightly dilating. He sits up in bed with great difficulty of breathing; respiration regular, accompanied by a good deal of muscular action. Each inspiration was accompanied by a harsh, loud, laryngeal sound; expiration prolonged but not noisy. There was slight sinking in of the episternal notch and supra-clavicular fossæ and of the lower intercostal spaces. He had a very loud, constant, hoarse, ringing cough, almost metallic in character. The inspiratory sound during the act of coughing was a little harsh and laryngeal. The voice was harsh and muffled—almost a whisper. Deglutition easy; no pain. Tongue coated with white fur. Pulse good and regular, 100; temp. 100.4. Pharynx and fauces congested. No membrane to be seen anywhere; chest well formed. On auscultation, respiration harsh and loud all over chest, and accompanied by loudish sounds. At both apices, in front and behind, dry rachi were to be heard, loudest upon the right side; some occasional coarse crepitation towards the apex and base.

He was immediately placed in a special ward, under a steam tent, and the following mixture ordered every four hours:—

B. Pot. chlor., gr. v.;  
Vin. ipec., ℥ iv.;  
Æther sulph., ℥ iij.;  
Aq. calcis, ʒ ss. M.

19th.—Slept well all night. Cough very incessant; not

quite so ringing as on admission. Expecterated during the night a little muco-purulent froth, tinged with blood. Respiration not so noisy. Dyspnoea not urgent. Voice is distinguishable, but very low and whispered. Evening temp. 99.8°; pulse 120; resp. 40.

20th.—Evening temp. 101.4°; pulse 112; resp. 44. Urine of a clear, amber colour, sp. gr. 1022. No albumen or deposits.

21st.—Slept well the last two nights; no distress of breathing, which is quiet, easy, and regular, with very slight laryngeal noise; still a little sinking in of supra-thoracic fossæ. Cough constant, dry, and ringing. Takes food well. Milk and beef-tea. Examination of the throat only revealed a congested state of the pharynx. Evening temperature 101°; pulse 124; resp. 36.

23rd.—Cough better; not so troublesome or constant, but still of a laryngeal character; respiration quiet and regular; some sinking in of chest, especially when the child is excited; a good deal of frothy expectoration. Appetite good. Voice not quite so hoarse, although very muffled and low. Evening temp. 99.6°; pulse 112; resp. 36.

25th.—Greatly improved. No dyspnoea; no sinking in of chest; very little expectoration of frothy mucus. Cough not so loud or continuous. Evening temp. 98.6°; pulse 104; resp. 28. Epiglottitis and folds still very congested. Urine clear, straw colour; acid reaction; sp. gr. 1030; no albumen, but loaded with lithæa.

27th.—Voice more distinct. Cough harsh; and ringing. Sleeps and takes food well. Evening temp. 99°; pulse 112; resp. 28.

*Chest.*—At the right apex behind there was some evidence of consolidation; note on percussion deficient, with tubular breathing. Opposite scapula a few largish rhonchi were to be heard. Breath-sounds over rest of chest were a little shallow; no râles. Diet milk and beef-tea.

March 3rd.—Respiration normal; no noise; cough not so loud; voice a little low, but distinct. Steam tent removed. Pot. chlor. gr. v., and 10 minims of tr. ferri perchlor. ter die.

March 7th.—Very slight occasional dry cough. Pharynx showed a little congestion, about base of fauces. Voice a little feeble. Diet full. Temp. 98.2°; pulse 96; resp. 26.

March 11th.—Able to speak quite clearly; very slight occasional cough.

13th.—Left the hospital to-day; greatly improved in appearance, regaining colour in face.

CASE II.—Rebecca T., æt. 1½, admitted into the North-Eastern Hospital for Children, February 16th, 1881.

*History.*—Ailing and weakly from birth. For twelve months had been subject to cough, off and on, and for three months had eczema over legs and body. Well for two weeks before admission. The last four weeks the cough became very troublesome and constant, with great paroxysms of coughing day and night. She was taken by her mother to a dispensary, where she attended for two weeks, when, at the end of that time, she became much worse. Turned blue in the face from the difficulty of breathing during the attacks of coughing, which came on two or three times a day, and left her very exhausted. For the last week she made a shrill noise in her throat whenever she woke up in the night, but her mother did not think that she had ever made a croupy noise. The night before admission she struggled, and fought for her breath. On admission the child's face was livid, and lips of a crimson blue tint. There was considerable difficulty in breathing, and sinking in of episternal fossæ and intercostal spaces. The difficulty of breathing became very excessive during examination of the throat. The pharynx was very congested, but no membrane was to be seen. Throat full of muco-purulent froth. Each respiration was accompanied by a loud, coarse, laryngeal sound. Was able to say a few words in a hoarse whisper. Cough was loud, hoarse, and ringing. Resp. 26. *Chest.*—Laryngeal sounds loud, with short inspirations, accompanied by sibilant râles. Respiration very prolonged, and whistling at apices behind; few coarse râles. Pulse good and regular, 124. Temp. 99°. Placed in a special ward with Case No. 1, and in a separate steam tent.

17th.—One attack of coughing last night, but slept well. Takes milk freely; is able to swallow without any difficulty.

18th.—Breathing regular; no great dyspnoea, except when the throat was examined. Inspiration, accompanied by a loud laryngeal sound, with considerable sinking in of intercostal and supra-clavicular spaces. Face of a bluish crimson tint; sets up in bed. Cough not constant, hoarse, and not very ringing. Evening temp. 99°; pulse 100; resp. 32.

20th.—On examining throat, pharynx congested—throat full of muco-purulent froth. The examination causes great distress, and lividity of face. Respiration still very harsh, regular; inspiratory sound not so loud; still sinking in of chest, and dry cough. Temp. 99°; resp. 28; pulse 100.

22nd.—Still a good deal of sinking in of chest when the child is disturbed, otherwise the breathing is much improved. Inspiration, accompanied by hoarse tracheal sounds; no lividity of face; slight hoarse cough. Takes milk and beef-tea well. Tongue a little coated in the centre.

25th.—Greatly improved. Respiration not so harsh; a little tracheal inspiratory sound; slight sinking in of chest when she lies quietly in bed. Very irritable bad tempered child; commences to cry whenever she is offended, and so brings on long-drawn inspiration with loud laryngeal sounds. Temp. 88.6°; pulse 96; resp. 28. On examining the chest there were whistling ronchi, and coarse râles at the right side, front and back, and a few at the left back. On the right side, opposite the angle of scapula, was an area of deficient resonance, with tubular breathing. Pharynx and fauces congested and swollen.

28th.—Respiration quiet and regular; voice clear and good; appetite good; slight hoarse cough.

March 1st.—This morning inspiration a little harsh, and slight sinking in of episternal notch. Temp. 99.2°; resp. 28.

March 4th.—Steam-tent left off. No cough; appetite good. Still scattered râles over both sides of chest. Respiration quiet and regular; voice clear. Temp. 98.2°; pulse 80; resp. 26.

13th.—Left the hospital greatly improved; very slight cough; respiration quiet. Some dulness remained opposite angle of left scapula, and scattered râles over chest.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS"

### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael School of Medicine, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 424.)

EMS (Continued).

#### Kesselbrunnen.

Bicarbonate of soda	...	...	151.97
Chloride of sodium	...	...	77.70
Sulphate of soda	...	...	0.06
Sulphate of potash	...	...	3.93
Bicarbonate of lime	...	...	18.12
Bicarbonate of magnesia	...	...	14.36
Bicarbonate of protoxide of iron	...	...	0.27
Bicarbonate of manganese	...	...	0.04
Bicarbonate of baryta	}	...	0.03
Barcarbonate of strontia		...	
Phosphate of alumina	...	...	0.09
Silica	...	...	3.64
Total	...	...	270.19
Free carbonic acid cub. inch	...	...	67.88

#### Skeleton analysis of ½ a pint (10 fluid ounces).

Total Solids.	Antacids.	Salines.	Purgatives.
17 grs.	11½ grs.	5 grs.	½ grs.

In giving Fresenius' analyses of the EMS waters we



have placed them before the reader just as he states them, but we know that the diads—lime, magnesia, manganese, baryta, and strontia do not exist as bicarbonates, and we have avoided this mode of expression in our analyses, and have also always calculated them as  $M''CO_3$ . In this instance, however, we have adhered to the analyst, and his mode of expression, premising that if calculated as bicarbonates it would bring out these salts higher than we should give them in calculating an analysis of our own. It is self evident that the carbonic gas which holds these bases in solution would also be estimated a second time as free carbonic acid, and inserted in the analyses twice over.

LA BOURBOULE—Source Choussy.

Arsenical, but strongly alkaline, are the Bourboule springs—Puy du Dome, France. There are two principal springs, Choussy and Perrière, but we have only met with the first-named water. This source (Choussy) rises at a high temperature, 108 Faht., from two openings Thénard first announced the fact that this water contained large quantities of arsenic, and states that it exists as arsenious acid, or as neutral arsenite of soda. The water is compared with Ems. The proprietors say, "Ems water and that of La Bourboule-Choussy resemble each other very closely, with the exception of arsenic, which is only found in the waters of La Bourboule-Choussy. It contains—

Bicarbonate of sodium	...	...	100.22
Carbonate of calcium	...	...	11.33
Chloride of sodium	...	...	221.00
Chloride of potassium	...	...	4.12
Chloride of magnesia	...	...	2.54
Arsenious acid	...	...	0.80
Sulphate of potassium	...	...	9.20
Ferric oxide	...	...	0.37
Silica	...	...	1.99
Alumina (trace)	...	...	
Lithium (trace)	...	...	
Ammonia (trace)	...	...	
Total solids			351.47

Free ammonia not determined.

Skeleton analysis of  $\frac{1}{2}$  a pint (10 fluid ounces.)

Total Solids.	Antacids.	Purgatives.	Salines.
22 grs.	.7 grs.	$\frac{1}{2}$ gr.	14 $\frac{1}{2}$ grs.
	Arsenic	...	.05

There is no doubt that the arsenic exists in the water as arsenious acid, or rather we should say as arsenite of sodium, it therefore differs in this respect from the Domique, or arsenious Vals water. This water is another example that most of the arsenical waters are strongly alkaline, and it is much more likely to be the case when the arsenic is in the lower state of oxidation. When it is found associated with the nitrates, or a thoroughly oxidized water we find it generally existing as arsenic acid.

Vide Domique spring. The relative therapeutic merits of arsenious acid ( $As_2O_3$ ) and arsenic acid ( $As_2O_5$ ) is still a moot question. The Choussy seems to be a very pure water.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, MAY 25, 1881.

TIGHT LACING.

THE claims of fashion have, in all times, pressed more heavily on women than on men, though we come upon frequent examples of males who, influenced by an unnatural craving after effeminate appearance, have submitted their bodies to treatment similar in its consequences to that which has effected so great a degree of evil among women. Earnestly as it has been attempted to inculcate admiration for the healthy proportions of the human figure, and earnestly as physicians have again and again insisted on the incalculable injury done by long-continued tight-lacing, the fact yet remains that the vast majority of women persist in disfiguring themselves, in exposing themselves to ruinous destructive influences, merely because there is expressed in certain quarters a silly liking for the artificial appearances presented by the wasp-like bodies of fashion-hunters. How general the infatuation is; how it has spread from the higher to the

lower classes of society ; and how, in the present day, the utmost reproach a young girl will resent is the charge of possessing a human waist, there is little need to repeat. Even medical men, who recognise and regret the widely extended mischief, are powerless to avert the craze, and save its victims from the frightful danger they are incurring ; and this, not because people are unwilling to be told, or incapable of appreciating the truth, but because it has come to be a necessity of society that there shall be uniformity of disfigurement among its members. Is it, however, futile to hope and to urge that the time has arrived when this need no longer be ? May we not consistently anticipate that a firm and persistent endeavour to awaken a general feeling of disgust against prevailing custom, will be successful ? And given the earnest co-operation of every family adviser who is a member of the medical profession, and thus privileged and able to explain the enormous sacrifices that are made, may we not eventually secure a universal reform in the practice that holds so generally to the detriment, not only of the generation of to-day, but of that also whose mothers are the victims of the present time ?

It is possible to urge that a sufficient importance is not given to the subject by the profession as a body. Every member of it individually will speak indignantly against the ill it occasions ; but we do not find in works intended for guiding future practitioners, that any special stress is laid on the necessity for a vigilant insistence on the suppression of a habit common to female patients as a whole. Medical handbooks vaguely, and in general terms, allude to the complications due to malformations of viscera induced by undue pressure of stays and boots ; and we find, again and again, that the interference with functional efficiency is ascribed to its most frequent cause. But apart from this, and the implied censure such remarks embody on the practice they condemn, we do not meet with direct appeals for the exertion of personal influence towards the suppression of the vice. Surely, however, since the mischief that follows from it is so serious, it is a matter of duty that its consequences should be curtailed as far as is in any way possible. That these consequences are serious, both by reason of their individual extent, and of the numbers affected by them, we have proof frequently offered as the result of observation and experience. So lately as the week just past, the newly-elected coroner for Central Middlesex, Dr. Danford Thomas, held an inquiry concerning the death of a woman in whose body there was found the most unimpeachable evidence of the evils producible by tight lacing. The post-mortem examination revealed the fact, that constant pressure of the stays upon the abdomen over the liver, had produced a deep indentation of this organ, at the spot where they were tightly drawn round by a string. The liver was, moreover, driven down deeply into the abdomen, the medical report describing it as being situated low in the pelvis, and this was possibly no exaggerated statement. As a matter of fact, it is by no means an uncommon occurrence to find the abdominal viscera so frightfully out of their proper position, that anything approaching to a healthy discharge of their functions is an utter impossibility. In the case referred to, the effect produced upon the stomach was remarkable. It was

found contracted in the middle by a firm band, narrowing it to one-eighth of its normal size, so that there were virtually two stomachs. The contraction, moreover, was on a level with the indentation described above ; and Dr. Hill, who made the examination, unhesitatingly asserted that the condition was entirely due to overtight lacing. Dr. Thomas cited other similar cases to the jury, and ventured to express a hope that the publication of them might serve to caution ladies against the practice now adopted. This, of itself, we are confident, will be of little service towards securing a reform in fashion. The attempt must be something more decided and more determined, than the mere description of the dangers incurred. These have been very ably explained and illustrated in a pamphlet on "Dress ; Its Sanitary Aspect," published a few months ago, through Messrs. Churchill, by Mr. Bernard Roth, F.R.C.S., and also in an article in the *Practitioner*, for 1880, by Dr. Douglas Powell. No work of the kind will be generally read and accepted ; the nature of the reform demanded is too serious, and too universal for any but earnest and universal means to avail in bringing it about ; and is therein possible only through a united attempt on the part of the natural teachers of the people, concerning the vital questions of health and hygiene. Even medical men are too much given to accepting what is *because* it is, and Mr. Roth in his little work pointedly expresses the fact by saying, "It was not till I began to devote myself specially to the treatment of spinal and other deformities that my attention was drawn to the subject."

We would commend his remarks on the evil effects of inappropriate dressing to all practitioners, as being likely to elucidate many seemingly inexplicable problems of ill-health and disease. That a vast amount of current illness is principally induced by the outrageous extravagances of fashionable costumes, a little careful observation will clearly prove. Its removal is an imperative duty incumbent on the medical profession.

#### THE NOTIFICATION OF INFECTIOUS DISEASES IN IRELAND.

WE congratulate the profession in Ireland upon the fact that Mr. Gray's Bill, which proposed to compel the physician, under a penalty of £5, to notify all cases of infectious disease which might come to his notice by a written certificate presented by him to the sanitary authority has fallen through. This Bill, as our readers know, has been energetically resisted by the *Medical Press*, in the interest, not only of the profession, but of the public in Ireland, and the opposition to it was taken in hand by the Committee of the Irish Medical Association, who entrusted to Dr. Lyons, M.P., the amendments proposed by them for the purpose of freeing the physician from such an incubus. On Friday night last the Bill came on for Committee, it having got a second reading by surprise, in consequence of Dr. Lyons's absence from the House. On this occasion Dr. Lyons was in his place, and having failed to obtain from Mr. Gray any assent to the proposed amendment, he moved that the House be counted, which, being done, the Bill became a dropped order, and cannot be proceeded

with in the present Session. Thus we hope we have heard the last of a most ill-advised attempt to introduce to Ireland a system entirely unfitted for its people, or its medical system, and the profession in Ireland may thank the Irish Medical Association, and Dr. Lyons, for rescuing them from the imminent danger of having a duty imposed upon them which, while it would serve no good purpose, would put the entire profession in Ireland at loggerheads with the public.

In writing the epitaph of Mr. Gray's Bill, we regret we cannot congratulate that gentleman on the method he adopted to get his Bill through the House. Having, in spite of the remonstrance of the profession, pushed it to a second reading, he made a speech which, we feel it necessary to say, entirely misrepresented the views of the profession, and was intended to mislead the House of Commons. The medical promoters of the Bill had sought to cushion opposition by promising that it should be referred to a Select Committee, but they seem to have taken no step towards keeping this promise, for no such proposal was made by Mr. Gray when the Bill came up for debate, and, as we have said, the second reading was obtained by gross misrepresentation. Then the Irish Medical Association formulated its amendments, and sent them to Mr. Gray with the categorical question whether he would or would not accept them. To this inquiry no definite reply could be obtained, though a fencing answer was returned. Finally, Mr. Gray writes, on the 16th of May, a letter stating that he was about to take the Committee on the Bill in a few days, and he addresses this letter in such a way that it did not reach the hands of the Association until the day when the Bill was to be discussed. This is not fair fighting, and, however creditable it may be to Dr. Gray's diplomacy, it says little for his candour, and reflects little honour on those medical men who supported him in his mischievous legislative attempt.

#### NURSING ARRANGEMENTS IN WORKHOUSES.

OUR workhouse hospitals are gradually assuming the position they are entitled to; the profession and the public are beginning to appreciate the importance of these institutions. Sickness is one of the greatest factors in the production of pauperism, hence to satisfactory grapple with this cause is wise economy. This great truth has been arrived at slowly, by a true process of evolution. Guardians of the poor are rendering valuable aid towards the reduction of the rates by placing workhouse hospitals on the same footing as voluntary hospitals, and by providing for the sick poor all the medical necessities, comforts, and appliances, which are found to be of service in all well organised hospitals. If John Journeyman should have pneumonia, if badly treated or neglected, he may become a pauper for life; or if James Dustman contract acute rheumatism, and be not attentively nursed and dieted, he may also become a pensioner on the rates for life. But if both these sufferers be at once sent to the State hospitals—the union infirmaries—under efficient medical treatment, their illnesses will be of short duration, and a slight drain on the local rates will only take place. The guardians are practical men. A simple sum of addition and calculation will convince them that

their present policy is supported not only by humanity, but by every motive of self-interest. True economy will be found to be on the side of efficient medical treatment.

The disease of a month should not become the illness of a year. This is a truism. One of the most important requirements of a good hospital is a good nursing staff. We are now in a position to expect that, as the guardians are alive to the importance of curative treatment, they will appreciate this principle, and that they will be prepared to do away, to a great extent, with all pauper nurses, substituting for them trained aids. The pauper labour now expended in the ward can be turned to better account in the laundry. Loss there will not be if some such plan as the following be adopted. In all modern workhouses there are at least two paid nurses, who have under them a certain number of wardmen or women selected from the inmates, the number depending on the number of sick. Nursing is an art. It requires training and qualities which cannot be acquired by the class now selected for this important office. The average pauper has not the heart, let alone the head, to make a good nurse, and to apply the term to them is a misnomer. Good nurses are scarce. Our workhouse hospitals might be turned to good account in this respect, if the guardians would admit probationers, and allow their medical officers to train and educate them. Thus the pauper help could be dispensed with; fewer nurses would be required; good service would be rendered to the patients; by the substitution of intelligent for unskilful aid, and by supplying the public with nurses, a great existing want would be met.

We do not apprehend there will be any difficulty in getting candidates for such appointments, as at the present time nursing is looked upon as a suitable office for women of all classes, and much more attention has been paid to securing good nurses. Our voluntary hospitals but imperfectly supply training fields, as only a limited number of probationers can be received. The workhouse hospitals—more universally spread over the country, and more numerous—seem admirably adapted for the work. We trust some medical officer will introduce the subject to the notice of his board of guardians.

#### DUNCAN v. OMAGH GUARDIANS.

AN important judgment, which we record in another part of our issue, was given last Wednesday in the First Court of Queen's Bench, respecting the claim of Dr. Duncan for payment for each person re-vaccinated by him in his dispensary district since the passing of the Act of 1879.

It was contended by the Guardians that unless the medical officer could certify that each case of re-vaccination was successful no fee should be allowed; whereas the recent Vaccination Act for Ireland, passed in the year 1879, states at the 6th section "for every person successfully vaccinated or every person re-vaccinated by the medical officer within the dispensary district he shall be entitled to a fee of two shillings."

Respecting primary or infantile vaccination, it is only just and reasonable that the case should be certified to be successful, but in cases of re-vaccination—taking for

granted that the operation is carefully performed—it very frequently occurs that no vesicle, either true or modified, results; and, as a general rule, it may be with safety laid down that the systems of such persons are already protected by the infantile vaccination. It may be well to observe that in some individuals possessing good primary vaccine marks, and who on being re-vaccinated form well-selected vaccine vesicles, some do not show the least result; yet if, in the exceptional cases alluded to, the operation be repeated, well defined vesicles are developed—a practical hint to the medical profession which we consider not out of place.

We hold that Mr. Justice O'Brien's judgment is the common sense reading of the section, and we are surprised the Board of Guardians ever disputed these fees, indeed, it was to remove any doubt that from time to time had arisen respecting payment for cases of re-vaccination that the 6th section of the amended Act was drawn up in its present form by the executive of the Irish Medical Association. We are aware that the Local Government Board for Ireland some years ago issued a circular to the Boards of Guardians upon this same question of re-vaccination fees, and at the time expressed an opinion that where no result followed upon re-vaccination the individual should be considered as protected by the primary vaccination, and therefore the re-vaccination might be looked upon as successful, and consequently the medical officer who had performed the operation was entitled to the usual fee.

We congratulate Dr. Duncan upon the successful issue of the question he has raised, and will only remark that the principle involved was of great importance to the dispensary medical officers of Ireland. The Irish Medical Association was consulted in this matter, and gave Dr. Duncan its hearty co-operation.

#### OUR COMING GENERATION.

In reviewing recently the latest issue of the Register of Medical Students just published by the General Medical Council, we published some figures deduced from that Register as being interesting and instructive to medical educationalists at the present juncture. We stated, as an approximation to the fact, that England educates a little less than half (48.6 per cent.) of the entire number of students; Scotland a little more than a quarter (27.6 per cent.); and Ireland a little less than a quarter (23.8 per cent.); but we added that these figures must be taken *cum grano salis*, inasmuch as registration of students which is universal in England has been greatly neglected, and even intentionally evaded in Ireland. We also noted the difference existing between the systems existing in the three divisions of the kingdom in respect of privilege to general practitioners.

A little more than half (503) the English students commenced their education in the provinces, of whom over one-third (188) began as pupils to medical practitioners. In Scotland, on the contrary, but one student out of the entire number (589) commencing study in this way; and in Ireland only 8 out of a total class of 534. It is a serious question how far this latter class of students will receive any useful instruction during their first year of

study? for it may reasonably be suspected that the certificate of a general practitioner is not always to be depended on, and as the *soi disant* pupil is not examined at the end of his year, there is no other guarantee save this certificate that he has not been simply idling for his first year. We imagine that the four years of study of these students sometimes means three years, and the payment of a fee to the general practitioner, and that a majority of the 188 students who commenced study by this sort of pupilage receive in reality only three years' education.

The number of Irish first year students appearing in the Register for the year was 534, which we pointed out, falls far short of the real number, because student registration in Ireland has been heretofore tabooed by certain schools, neglected by the student, and that neglect tolerated by the Branch Medical Council. These 534 students are divided, as to their place of study, as follows:—

<i>Dublin Schools.</i>				
Ledwich School	...	...	...	91
College of Surgeons	...	...	...	59
School of Physic, Trinity College	...	...	...	55
Carmichael School	...	...	...	45
Catholic University School	...	...	...	32
Stevens's Hospital School (now extinct)	...	...	...	8
Various Hospitals	...	...	...	2
<i>Provincial Schools.</i>				
Queen's College, Belfast	...	...	...	93
" " Cork	...	...	...	83
" " Galway	...	...	...	59
Antrim Infirmary	...	...	...	1

We have reason to hope that in future the Irish section of the Register will be more reliable than it has hitherto been, because the new scheme of education and examination recently adopted by the Council of the Irish College of Surgeons, makes it compulsory on candidates for the license of that College to register at the commencement of study.

Under that scheme many students, we contemplate, will commence study as the pupils of general practitioners throughout the provinces, but there will be an important difference between such pupilage in Ireland and in England, viz., that in Ireland the reality of that year of study will be tested at its termination by an examination in subjects which may readily be made up without school teaching, while in England no such examination is held, and there is, therefore, no guarantee of the *bona fides* of that year of study, except the uncorroborated certificate of the general practitioner who is supposed to have instructed the pupil for his first twelve months—in our opinion a very inadequate assurance.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their populations were:—Plymouth 14, Bristol 15, Brighton 15, Norwich 16, Portsmouth 17, Birmingham 17, Leicester 18, Salford 18, Bradford 19, London 20, Sunderland 20, Sheffield 20, Liverpool 21, Edinburgh 21, Glasgow 22, Nottingham 22, Hull 22, Leeds 22, Manchester 22, Newcastle-on-Tyne 23, Oldham 23, Wolverhampton 26, and Dublin 29.

## Notes on Current Topics.

### Small-Pox and other Infectious Diseases.

THE adjourned discussion on Dr. B. W. Richardson's address entitled "Some Suggestions for the Management of Cases of Small-pox and other Infectious Diseases in the Metropolis and Large Towns," was continued on Wednesday last, at the Sanitary Institute of Great Britain, when, after several speakers had contributed speeches to the debate, Dr. Richardson replied on the whole discussion. He urged that complete registration of the communicable diseases had been generally approved in principle, and that it was admitted to be desirable for the sanitary committee, or local authority of each parish, to map out all special centres of infection in its district, keeping a record also of the accommodation required from time to time. To the objection that it is impractical to demand each parish to bear the burden attaching to it on account of its own infectious sick, he replied that it had been found practical in some, and was therefore so in all. He defended the principle of isolation, on the ground of the psychological evils following aggregation of numbers in a ward, and the deficient cubic space enjoyed by each under such conditions. The facts brought to prove that large hospitals for small-pox patients are injurious to the surrounding neighbourhood, Dr. Richardson thought, had been conclusively shown by a majority of speakers. In advocating his plan for the isolation of poor patients, he repeated his proposals for effective hospital accommodation, and said that his plan already existed in practice in private houses, where the small-pox sufferer is sent to the top room of the house, is isolated there, and treated, notwithstanding the existing faulty arrangements, with success. London at this moment is, in fact, a badly-managed upper-floor hospital to a considerable extent. Carry that plan out on a better scale for the poor who suffer by making a sufficient number of small efficient upper floors. There are thirty-nine vestries concerned; for arguments sake divide equally. Let each vestry, on its boundaries, set up four hospitals of light construction on the upper floors of existing, or of new buildings. Let each hospital take in twelve patients. There would then be accommodation for 1,872; and if, by a mutual accommodation between parishes one would receive for another in emergency, the whole question of dealing with the out-of-home infectious cases in London would be solved. Such small hospitals would not even be noticed after a time, and their management would be so easy that they could not be sources of danger if any efficiency deserving the name of efficiency were bestowed upon them. To the last objection that if his proposals were legislatively carried out the sick would not receive the highest medical care, he replied, only carry them out, and the medical care is sure enough. It would be as easy to secure the best consulting skill that medicine can afford for the small, as for the large, hospitals. Dr. Richardson illustrated his observations by showing a very excellent model of a small iron hospital, arranged for destroying organic emanations by fire, constructed by Mr. Thomas Veryard, of 3 St. Andrew's, Wandsworth Road.

### Railway Servants and their Work.

THE sympathy felt by the general public with the grievances of railway employes was forcibly shown at a largely-attended meeting held in Exeter Hall last week. For some considerable time, occasional expressions of opinion adverse to the policy of railway directors in enforcing lengthened spells of duty from those entrusted with the onerous responsibility of the enormous traffic of the country, have been heard, and at those times when it has seemed all but inevitable that a deadlock in the service would ensue, in consequence of inattention to the reasonable demands of the men, the travelling public have not been slow to evidence their disapprobation of the excessive tasks imposed on the servants of the great companies. The safety of the vast majority of the population is undoubtedly dependent at times on the physical well-being of those who have charge of the trains containing passengers; and it is equally certain that in a very large number of instances such officers are improperly and dangerously overworked. Any agitation which will compel attention to these questions is deserving of universal support, so long as it is conducted by legitimate means of discussion and suggestion. So far the railway employes have observed a commendable calmness in their method of conducting the business of obtaining redress; and so long as they continue to pursue the aim they have in view in the same spirit, there is little doubt that public opinion will be with them. There is little enough reason for refusing their just demands; there is every reason why they should be conceded.

### The Coming of the Professional Gathering in Dublin.

ARRANGEMENTS are being matured for the holding of the annual meetings which are held in Dublin in the first week in June. The meeting of the Fellows of the Royal College of Surgeons to receive the Annual Report of the Council will be held, as we have already stated, on Saturday, the 4th of June, instead of the previous Monday. This day has been fixed for the future in conformity with the recommendation adopted by the College at large at its general meeting of last year, and the object of the change is to meet the convenience of the Fellows who reside at a distance. Heretofore, if those Fellows wished to take part in the annual general meeting of the College they had to come to Dublin on the last Monday in May, and if they wished to exercise their elective rights, had to return to town a week afterwards, on the first Monday in June, the result of which arrangement was that most of the provincial Fellows could not attend on both occasions, nor could they discuss the Report if they meant to vote at the election of Council. To make the annual general meeting more attractive to the Fellows, and afford those who are connected with the College an opportunity of entertaining their friends within its walls, the annual dinner of the College "Club" has been fixed for Saturday evening the 4th, when it is expected that many of the extra-metropolitan Fellows will be present as guests. On Monday the 6th the annual election will take place, at which, in addition to the outgoing Councillors who seek re-election, many new candidates will offer themselves to

the constituency. In addition to Mr. Baker and Mr. E. H. Bennett, whose candidature we have already announced, Dr. Roe, Professor of Midwifery in the College, Dr. Meldon, of Jervis Street Hospital, and Dr. Kendal Franks, of the Adelaide Hospital, have placed their names on the ballot list. Mr. Barton will be unopposed in his candidature for the Vice-Presidency; Dr. Chaplin, of the Kildare Infirmary, who now occupies the vice-chair, will, of course, succeed to the Presidency *nem dis*; and as we understand that Dr. McClintock, the outgoing President, will not seek re-election, there will be a vacancy in the ranks of outgoing Councillors who seek re-election. A change in the method of voting which, in our opinion was much needed, and which we believe will enhance both the dignity and freedom of election, has been made by the Council with the view of preventing importunate canvassing for votes within the walls of the College. Heretofore, the voter has found it difficult to mark his ballot paper without being overlooked, as he had to do so at a large table in the centre of the board room, where he was liable to be importuned for his vote in a manner which was very unpleasant and scarcely decent. In accordance with a formal resolution of Council, to which there was but one dissentient, a Committee was appointed to consider a remedy for this system. They recommended that the ballot paper should be sent to each Fellow before the day of election, and that voting compartments of a size to hold one person only, and similar to those used in Parliamentary elections, should be erected in the room in which the blank ballot lists should be placed for the use of voters. This arrangement has been adopted, and it will, we hope, be found effective in preventing undue canvassing and a reasonable protection to the voter in the exercise of his suffrage.

#### Death of Dr. Sandwith.

THE medical profession, no less than the general reading public, will have read with deep concern of the death of Dr. Humphry Sandwith, which occurred in Paris on the 16th inst. Dr. Sandwith was well known as the author of a highly-successful volume descriptive of the siege of Kars; but his claim to the gratitude of mankind is founded on higher grounds than any merely literary excellence could bestow. On the cure of the wounded, and on hospital organisation, Dr. Sandwith was an authority whose great experience conferred vast benefits on the unfortunate victims of war; and as a competent advocate of practical hygiene there are few who can be said to have served more devotedly, or with greater success. For his manifold services as chief medical officer with General Williams during the siege of Kars he was rewarded with the distinction of a C.B., and his worth was further recognised by the University of Oxford with the honorary degree of D.C.L. Dr. Sandwith was M.R.C.S. Eng. and L.S.A. Lond., and had reached the age of fifty-nine. He was at one time anxious to enter Parliament, and contested Marylebone in the Liberal interest in 1868, but unsuccessfully. He always evinced the highest interest in the Eastern question, and both wrote and spoke much in connection with it. The profession loses in him a valuable and devoted adherent to the cause of hygienic reform, and his friends will long mourn one whose noble qualities endeared him to an extent his loss alone can testify.

#### The Health of Ireland for the Past Quarter.

THE deaths registered in the Dublin district during the quarter ending Saturday, April 2, amounted to 317, affording an annual ratio of 37·6 in every 1,000 of the population. The average in the fourth quarter of last ten years was 2,798, or 33·6 per 1,000 persons. As was pointed out in previous reports, the burial returns under the Public Health Act came into force in 1879, raising the number of deaths registered to about 10 per cent. over the number registered in previous years. In addition to these returns further improvements in registration have been produced by the action of the "Births and Deaths Registration Act (Ireland), 1880," which came into force on the 1st January of this year. The death-rate north of the Liffey registered last quarter was 41·6; south of the river, 38·9. In the suburban districts of Contarf and Howth, Coolock and Drumcondra, Finglas and Glasnevin, Palmerstown, Rathmines, Donnybrook, Blackrock, and Kingstown, the death-rate was 28·2. The annual mortality registered in London during the quarter was 23·3; in Glasgow, 27·2; and in Edinburgh, 22·2 per 1,000 of the population.

The deaths from zymotics were 405, being 110 under the number for the preceding quarter, and 121, or 23 per cent. below the average for the first quarter of the last ten years. Small-pox caused 10 deaths, being 4 under the number of the preceding quarter, and 51 under the number for the first quarter of 1880. Only 11 deaths from measles were registered, being 18 under the number for the preceding quarter, and not exceeding one fourth of the average for the first quarter of the last ten years. Deaths from scarlatina, which numbered 121 in the December quarter of 1880, fell to 56 last quarter, being 24 under average. Diphtheria caused 15 deaths, against 7 in the preceding quarter. Fifty-one deaths were ascribed to whooping-cough, showing a decline of 20, 10 under the average for the first quarter of the last ten years. Fever caused 145 deaths (85 typhus, 42 typhoid, or enteric, and 18 simple continued), being 31 in excess of the number for the preceding quarter, and 53 over the average for the first quarter of the last ten years: the increase may be said to have been confined to deaths from typhus. 470 new cases of typhus were admitted during the past quarter, and 94 remained under treatment on 2nd April, being 69 under the number in hospital at the close of the previous quarter. Among the remaining deaths from zymotic diseases are 26 from diarrhoea, 10 from erysipelas, and 16 from croup.

Diseases of the respiratory organs proved fatal in 909 instances, being 371 in excess of the number for the previous quarter, and 198 over the average for the first quarter of the last ten years; the deaths in this group comprise 720 from bronchitis, 113 from pneumonia, or inflammation of the lungs, 6 from pleurisy, 3 from laryngitis, 3 from asthma, and 64 returned as from lung disease, unspecified. Forty-eight deaths were ascribed to apoplexy, 71 to paralysis, 25 to cephalitis, 6 to insanity, 11 to epilepsy, 37 to brain disease, unspecified; 186 to diseases of the heart and circulatory organs, 9 to hepatitis, or inflammation of the liver, 44 to liver disease, unspecified; 12 to nephria, or Bright's disease; 4 to nephritis, or inflammation of the kidneys, 1 to ischuria, 4 to diabetes, 1 to stone in the bladder, 3 to cystitis, and 16 to kidney disease, unspecified.



### Army Medical Departmental Dinner.

It is announced that the officers of the Army Medical Department will have their first annual dinner on Saturday, June 4th, at the Inns of Court Hotel, at 7.30 p.m. The intended dinner is doubtless to be the first of at least the third series of such entertainments, and will, it is hoped, prove to be a success. But in days now long gone by, gatherings of the same kind took place annually at the old "Thatched House" in St. James's Street; a well-known, but even then *mysterious*, member of the department, namely, Inspector-General James Barry, being tolerably constant in his appearance on such festive occasions. Soon after the death of Sir James McGirgor, these annual celebrations ceased. Subsequently a second series was begun, but came speedily to an end. Now the third series is contemplated. May its continuance be equal to *that of the first*.

### Exchanges between Medical Officers.

IN future, exchanges between officers of the Army Medical Department will, it is said, be permitted, but with certain limitations. In India they will be allowed so long as the officers exchanging are both in the same Presidency; but this is not at all likely to be the case, as in the generality of instances a chief cause of seeking an exchange is that one officer may thus leave a Presidency he dislikes to proceed to one that he prefers. Medical officers in India exchanging with others in England will, it is expected, forfeit their pay during the interval between their own departure from, and arrival of their successors in, that country. If this rule is also to hold good with regard to "combatant" officers, let medical officers by all means be subject to it also. But if it is to apply to them only, then the arrangement is not only illiberal, but invidious.

### The Minutes of the General Medical Council.

THE volume of the Minutes for the portion of the year which has passed, has been issued with praiseworthy alertness and accuracy by Mr. Miller, the Registrar. It contains not only the official record of the doings of the Council within that period, but a full statement of the yearly accounts, which is instructive reading for all critics of the Council. The revised standing orders of the Council are also bound up in the book, which is now on sale either of the Messrs. Spottiswoode, or at the Council head or branch offices.

### Affections of the Skin in Colliers.

DR. PAUL FABRE, of Commentry, recently brought before the Congress of Learned Societies the result of his observations on the affections of the skin most frequent among colliers.

Of these affections some appear due to the influence of humidity, and these may be cited in order of decreasing frequency, erythema nodosum, papules, erythema, purpura simplex and purpura hæmorrhagica. Others are due to the influence of the heat reigning in some pits, and Dr. Fabre cites as frequently present, a kind of military vesicular eruption of sudamina, which seems to resemble what naval surgeons have described under the

name of eczema of hot countries, "*bourbouilla*." These symptoms are generally accompanied by considerable itching and sometimes simulate prurigo. The workmen scratch themselves violently or get their fellow workmen to scratch them, so that the epidermis is often torn. And if under these circumstances, as Dr. Fabre has sometimes observed, to the heat is added the permanent action of water charged with sulphuric acid or other irritant principles, the most severe smarting replaces the itching.

Lastly, in some subjects, the long continued work in a hot atmosphere is followed by an eruption of furuncles and sometimes even of lichen. The coal dust does not exercise any maleficent action on the skin. The coal indeed has no other inconvenience when it cuts and penetrates the skin, than that of leaving an indelible blue cicatrix, which may, from a medico-legal point of view, on account of its persistence, be considered as one of the best signs of identity.

### Legacies to Medical Charities.

THE following institutions have become possessed of legacies during the past few days by the formal proving of the respective wills. From Mr. Samuel Courtauld, of Gosfield Hall, Halstead, Essex, £2,000 each to the London Hospital and the Essex and Colchester Hospital, and £1,000 each to the Charing Cross Hospital, the Royal Free Hospital, the East London Hospital for Children, Shadwell, and the Royal Hospital for Consumption and Diseases of the Chest, City-road. From Mr. Charles Stephen Barron, of 16 Orsett Terrace, Hyde Park, £4,000 to St. Mary's Hospital, Paddington; £2,000 each to the Surrey County Hospital and the Hospital for Consumption and Diseases of the Chest, Brompton; £1,000 each to the Royal Hospital for Incurables; the Small-pox Hospital, Highgate; the Great Northern Hospital, Caledonian-road; the Cottage Hospital, Ventnor; the Middlesex Hospital; Charing Cross Hospital; the Metropolitan Convalescent Institution, Walton-on-Thames; and the East London Hospital for Children, Shadwell. From Mr. Thomas Biggart, late of Baidlandhill, £200 to the Western Infirmary, Glasgow. From Colonel Gascoyne £100 each to the Royal Hospital for Incurables and the National Hospital for the Paralyzed and Epileptic.

### Income of St. Bartholomew' Hospital.

ACCORDING to a statement in the *Charity Record*, the accounts of St. Bartholomew's Hospital for the year 1886 show that the cash "available for hospital purposes" came to £77,100 odd; and that there was a balance of over £5,686 in favour of the institution. Diet for patients and nursing staff cost £13,607; drugs, chemicals, wines, spirits, surgical instruments, and dispensary sundries, £7,166; salaries of medical officers, civil officers, and servants, £6,684; pay of sisters, night superintendents, nurses, staff of nurses' home, and ward scrubbers, £5,716; washing for patients and nursing staff, £2,229; wages of dispensers, laboratory men, clerk of the works, carpenters, &c., £3,963; gas, £1,139; coal and firewood, &c., £1,196. These, and the expense of the Convalescent Home, Highgate, viz., £1,380, were the principle items of expenditure for direct hospital purposes. The "extra expenditure" included the large sum of £18,536 spent—and well spent—on new build

ings, museum, library, lecture-theatres, dissecting-rooms, &c., for the Medical School.

#### Tattoo Marks as Anatomical Guides.

A PARIS letter gives this item:— Henceforth, be it understood, the dermatographic artists will be looked upon as valuable auxiliaries to surgery. "Why is it," asks Dr. le Comte, who is physician to a regiment of dragoons, "Why is it that such quantities of soldiers die upon the battle field?" And then he replies, confidently: "Simply because of the difficulty which arises in regard to arresting hæmorrhages." The compression of an artery being the best mode of stopping profuse bleeding, Dr. le Comte proposes to teach each soldier first where these vessels are situated, so that he may assist himself while waiting for a surgeon. Therefore, he tattoos an image of some kind upon every portion of the soldier's body where there is an artery.

#### An Explosive Mixture.

AN explosion of an extraordinary nature recently occurred at the shop of a druggist in Wigan. A woman went to the shop and asked the assistant for a mixture of spirits of nitre and vitriol. The assistant declined at first to supply the mixture, stating that the spirits would burst the bottle and that she would get badly burnt. The applicant said she had procured the mixture before for cleaning buttons and clothing, and pressed the assistant to prepare the mixture. The assistant at length made up a mixture of spirits of nitre and vitriol, but no sooner had he corked the bottle than the contents exploded, and burnt him severely about the eyes. The applicant and another person who was waiting to be served, were seriously burnt on the face.

#### Elongation of Nerves in Tetanus.

AT a recent meeting of the Soc. de Biologie, of Paris. (Feb. 26th), M. Poncet presented an observation of a case of tetanus, terminating in death, notwithstanding the administration of twelve grams of chloral per diem. No neuritis of the collateral nerves of the injured thumb or of the median nerve of that arm could be found by M. Poncet or M. Mathias Duval, and they were unable to find any trace of the bulbar degeneration noted by M. Amidon in such cases. Elongation of the nerve, successful in a few cases, is generally without avail, and in a case of Clark's, which terminated happily, the tetanic symptoms persisted after the operation. In two cases of Eben Watson's, in a case of Hutchinson's and another reported by Morris, the elongation was unsuccessful, and this last author considers it dangerous, as augmenting the frequency and violence of the spasms. The recent experiments of Laborde have demonstrated that elongation arrests the sensitive, but not the motor, current in the elongated nerve.

#### Legacies to Dublin Medical Charities.

SURGEON-MAJOR NEWLAND, of Carrickmines House, co. Dublin, brother of Drs. Newland of Dublin and of Kingstown, has bequeathed £1,000 to Mercer's Hospital, £500 to the Hospital for Incurables, and £250 to the Medical Benevolent Fund Society of Ireland.

#### The Treatment of Scabies.

As the result of experiments by M. Frissart at Saint-Louis Hospital, Paris (*La Presse Medicale Belge*) it appears that carbolic acid may be employed with advantage in the treatment of scabies. Two patients were cured of the affection by friction twice a day with the following mixture: Crystallised carbolic acid, 3 grammes; almond oil, 300 grammes. Dr. Frissart was led to make these experiments by noticing the disappearance of scabies in several patient, affected with it, who had been put under Lister's treatment for some surgical affections.

A CHEMIST at Bridgewater has been fined £10 and costs under the Sale of Food and Drugs Act, for dispensing a quinine mixture ordered by the medical officer of the Union, with only about one-third the due proportion of quinine.

As a result of public subscription, Dr. Evan Pierce, the respected coroner for Denbighshire, is to have a full-length portrait painted for the County Hall, and Mr. Charles Mercier, of London, has been commissioned to execute the same.

THE Treasurer of St. Bartholomew's Hospital, Sir Sidney Waterlow, and the medical and surgical staff, will give a *conversazione* on Friday, the 27th instant, at which the Prince of Wales, the President of the Hospital, will attend, accompanied by the Princess of Wales.

WE learn with much satisfaction that Drs. William Thornley Stoker and Purcell, of Dublin, whose serious illness we reported, are making favourable progress toward recovery. Dr. Purcell's illness which was, at first, apprehended to be typhus has since declared itself as pneumonia, possibly of typhoid origin.

GENERAL PHAYRE in a communication to the adjutant-general in India, brings to the notice of the commander in-chief the good services performed by the medical staff of the Candahar Field Force. The officers whom he specially names are Deputy Surgeon-General Bruce, of the Indian, Surgeons-major Cryan, Jargoe, and Keith, of the Army, Medical Departments.

WE greatly regret to see announced the death at Allahabad of Surgeon-Major Lundy, A.M.D. Dr. Lundy was an officer of long and distinguished service. He served all through the Crimean campaign, including the battles of the Alma, Balaclava, and fall of Sebastopol. He served with the 64th regiment in Persia in 1857; he was subsequently with Havelock's column at the Alumbagh, Cawnpore, &c. He was several times mentioned in General Orders, and had four decorations for his services.

THE presidents of sections at the York meeting of the British Association for the Advancement of Science will be:—For Section A, Sir William Thompson; for B, Professor A. W. Williamson; for C, Professor Ramsay; for D, Professor Owen, who will preside over the department of Zoology and Botany, while over Anthropology Professor W. H. Flower will preside, and in the department of

Anatomy and Physiology Professor Burdon Sanderson ; for E, Sir J. D. Hooker ; for F, Mr. M. E. Grant Duff, M.P. ; and for G, Sir W. G. Armstrong.

In the principal large foreign cities, the mortality, according to the most recent weekly return, was in—Calcutta 36, Bombay 36, Madras 46 ; Paris 29 ; Geneva, 22 ; Brussels 25 ; Amsterdam 23, Rotterdam 21 ; The Hague 25 ; Copenhagen 31, Stockholm 28, Christiana 18 ; St. Petersburg 69 ; Berlin 26, Hamburg 26, Dresden 24, Breslau 29, Munich 31 ; Vienna 35 ; Buda-Pesth 37 ; Rome 25 ; Venice 21 ; Alexandria 34 ; New York 34, Brooklyn, 22, Philadelphia, 25, Baltimore, 20 per 1,000 of the population.

FROM diseases of the zymotic class last week in the large towns measles showed the largest proportional fatality in Bristol and Sheffield ; and scarlet fever in Salford. The 31 deaths from diphtheria included 16 in London, 4 in Portsmouth, and 4 in Glasgow. The highest death-rates from fever (principally enteric) were recorded in Oldham, Liverpool, Glasgow, and Dublin. Small-pox caused 76 more deaths in London and its outer ring of suburban districts, and one in Liverpool, while no fatal case of this disease was registered in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

COMBE LECTURES.—The third lecture of this course was delivered on the 17th inst., by Dr. Andrew Wilson in the hall of the Church of Scotland Training College, Edinburgh. There was again a large attendance. The lecturer gave on this occasion an exposition, illustrated with examples, of the bones forming the human skeleton, and their relation to one another in building up the framework of the body. In speaking of the skull, whose twenty-two distinct bones were described in detail, Dr. Wilson pointed out how, in the higher types, the facial angle indicated a larger cubic capacity for brain, while in the lower the jaws came forward in a manner approaching more nearly to the form seen in apes, or even in lower animals. The skull of the young orang, he said, was remarkably like that of the human infant ; but as it progressed to maturity there came that shooting forward of the facial bones which completed the development of the adult orang, but left its race far behind the human type in respect of brain capacity. So that, whatever causes had brought man up to his present standpoint, among those causes must be regarded and included those which had tended to the forward prolongation of brain lobes and the shortening and compression of the facial bones. Another characteristic of the human skull was that perfect balancing of it upon the neck which enabled man to dispense with such a strong ligament as was found attached to the cervical vertebrae of the horse for the purpose of tying the head to the spine. A ligament of this kind did exist in man, but in a much less developed form. In dealing with the extremities, attention was called to the perfection of the human hand as an instrument of prehension.

LONGEVITY IN SKYE.—From the list of registered poor of the parish of Kilmuir, Isle of Skye, for the past year, we observe that there died recently two persons, one aged 109, and the other 103 years. The former was widow Nicolson, Bailgown, whose total cost to the parish in the year seems to have been 18s. 8d. Of 74 paupers, about 20 are of 70 years and upwards, and nearly as many are aged between 80 and 90 years.

THE GLASGOW DEATH-RATE.—For the week ending with Saturday, the 14th inst, there was an increase of 2 per 1,000 in the death-rate over that of the preceding week, the rate being 26 per 1,000 per annum of the population. The death-rate for the corresponding week in the years 1880, 1879, and 1878, was 30, 23, and 24 respectively.

HEALTH OF EDINBURGH.—The deaths in Edinburgh for the week ending with Saturday, the 14th inst., numbered 93, and the death-rate was 22 per 1,000. Only one death from fever was reported ; there were eight from scarlatina, two of which occurred in the New Town.

NEW HOSPITAL FOR AYR.—A special meeting of the subscribers to the proposed new hospital for Ayr was held on Friday last for the purpose of considering a report regarding the plans and specifications for the buildings, in accordance with the recommendations of Professors Macleod and Gairdner. The lowest tender, including painting, &c., amounted to £7,307, and among the various tenders submitted there were substantial and well-known tradesmen who were willing to accept the contracts at a sum not exceeding £8,000. Mr. Oswald, of Auchincruive, moved that the plans of Mr. Murdoch, architect, be adopted, which was seconded by Colonel Hay Boyd, of Townend. Dr. Dykes moved as an amendment that before the building be begun the specifications be put into the hands of an independent and competent architect to see whether these specifications will give a sound and reliable building, and one suitable for hospital purposes, which was seconded by Mr. John Robertson. On the amendment being put it was lost by a majority of 27 votes.

## Analytical Reports,

AND

REMARKS ON RECENT INTRODUCTIONS IN  
FOOD, DIETETICS, MEDICINES, &c.

### KOPF'S FOOD FOR CHILDREN AND INVALIDS.

By CHAS. R. C. TICHBORNE, LL.D., F.C.S., M.R.I.A.  
Lecturer on Chemistry, Carmichael School of Medicine, &c.

I HAVE carefully examined this food, both chemically and microscopically, and find that it is made from different farinas, and other nutritious ingredients, in such a manner as to give a due proportion of flesh formers (albuminates) and heat producers (carbo-hydrates).

Its chemical analysis gives—

Moisture... ..	1.55
Alkaline salts (containing phosphates 0.17 P <sub>2</sub> O <sub>5</sub> ) ... ..	0.68
Silica, or insoluble in acids ... ..	0.39
Albuminates ... ..	9.10
Carbo-hydrates (including sugar and farinaceous matter) ... ..	82.00
Cellulose and insoluble in water ... ..	3.80
Fats ... ..	2.50
	<hr/>
	100.00

The microscope demonstrates that it contains four distinct farinas, one of which is remarkably rich in flesh forming materials,

From the analysis it is evident that this food is a valuable product for the use of invalids, and is prepared with the greatest care from good materials. The food has been subjected to some roasting or baking process, which not only makes it more easy of assimilation, but, from the great dryness, must add considerably to its keeping properties. It seems particularly sensitive to the action of pepsine, and when digested for an hour at 100 deg., over 90 per cent. seemed to have been rendered soluble.

#### KOPF'S EXQUISITE BISCUITS.

THESE biscuits seem to be something similar in character to the invalids' food. One important point is the absence of butter, generally present in biscuits, which in such a form disagrees with many stomachs. They are equally digestible as the food. It is stated that each ounce of biscuit is equal to four ounces of meat in nutritive value (although not meat biscuits), and this is probably correct, as the albuminates are higher than in any ordinary bread. They are delicious to the taste, novel in appearance, and from their nature would keep well in any climate.

#### KOPF'S SOUPS.

WE know of nothing introduced of late which is so likely to popularise the everyday consumption of soup among the middle and lower classes as Kopf's preparations. With these tins of consolidated soup in the house, an excellent and nutritious soup—Julienne, Scotch broth, hotch-potch, green pea, lentil, or Erbswurst—can be instantly made for three persons for the small outlay of fourpence. In saying this we are not advancing a theory but a practical fact which we have tested in our own household; and, in expressing a hope that they will come into universal use both in hospitals and private houses, we simply echo the opinions of Sir Henry Thompson, Dr. Letheby, Dr. Pavy, and other physiologists that soups of this class are invaluable, because the form of the food is one in which the nutriment is readily accessible and easily digested.

#### HAZELINE.

MESSRS. BURROUGHS, WELLCOME, & Co.'s preparation of "Hazeline" is an elegant and admirable substitute for arnica in all those cases where the latter remedy is usually prescribed. It possesses advantages over arnica, however, that are certain to recommend its use. We have found it especially serviceable employed as an embrocation in muscular rheumatism; and, particularly, when used as a mouth-wash for hardening tender gums, in a patient who had for many years tried numerous remedies in vain. The substance consists of an alcoholic extract of *Hammamelis virginica*, which has long been recognised as a valuable astringent remedy; in the treatment of hæmorrhoids it yields good results also. The preparation is pleasant to use, cleanly, and permanent.

#### FLORIDA WATER.

THE valuable properties of Florida water, as a toilet requisite, have been long recognised by ladies; and Messrs. Murray and Lanman's preparation, as now introduced to this country by Messrs. Burroughs, Wellcome, and Co., is an improved form of the perfume, which we can highly recommend for its exquisite fragrance. It is quite equal to the finest Cologne water as a scent, while being at once considerably less expensive to purchase, and possessed of greater hygienic properties. In the sick room, and the bath, its use is peculiarly grateful, and in every way it will be found to serve the purposes of the best perfumes, without producing any of the unpleasant effects, which often follow the employment of the latter for any great length of time.

#### McKESSON & ROBBINS' CAPSULED PILLS.

THE art of pill-making has reached a perfection that, a few years ago, no one would have anticipated; the beautiful sugar-coated, pearl-coated, and other machine-made pills being an immeasurable improvement on the old rough,

hand-made boluses that were in common use not so very long ago. Even these are, however, behind the latest novelty introduced in this direction by Messrs. McKesson and Robbins, of New York, and supplied by Messrs. Burroughs, Wellcome, and Co., of Snow Hill, London. These new pills are ovoid in shape, and contained in a capsule of pure gelatine, which is almost immediately dissolved on swallowing, thus liberating the contents for solution and absorption in the stomach. Any formula can be manufactured, those kept in stock being the most ordinarily ordered preparations. We have seen nothing recently in the way of new medicines to compare with these elegant articles, either in efficiency or in appearance. They are adapted for lengthened preservation by their protective covering; this also effectually conceals the taste of the enclosed medicine during deglutition, which latter, too, is materially assisted by the special shape of the pills. There can be no doubt that when generally known, their improved shape and method of preparation will cause them to become general favourites.

### Literature.

#### A MANUAL OF OPHTHALMOSCOPY FOR THE USE OF STUDENTS. (a)

MR. JEAFFRESON, of Newcastle, has thought fit to publish a translation of Dr. Dagnenet's "Manual of Ophthalmology," and of which the latter in his preface says is simply "a continued resumé of lectures he attended." With a somewhat extended field of observation and a well established reputation in eye surgery, we should have expected to be called upon to notice an original treatise rather than a translation. We certainly fail to see the gap it is expected to fill in the elementary literature of the ophthalmoscope. The author, however, has nothing to complain of, since in his translator's hands his manual receives many improvements and additions that he will admit enhances its value, its scope, and its usefulness as a text-book for students.

The opening chapter explains the more important facts connected with light, its action on lenses, and from this we naturally pass to the theory of the ophthalmoscope. In this department of ophthalmology the labour bestowed by the late Dr. Rainsay can scarcely be surpassed or excelled. We are told by the author that the ophthalmoscope was invented in 1851 by Helmholtz. Without wishing to detract from the merits of this physicist, we may say that he merely broached the idea for the present form of instrument, for Helmholtz's invention consisted merely of a bundle of thin strips of glass set at an angle of 45°, which was of no practical value in the examination of the internal eye. The first ophthalmoscope made in London, in 1851, consisted of a small rectangular brass box open on the front side, its back being pierced, and a small central hole left before which was placed a slightly concave mirror, this also having a smaller hole scraped off corresponding to that in the box. A small oil lamp occupied one portion of the box, which served for illuminating the patient's eye. This proved a successful and portable ophthalmoscope, and requiring no darkened room for its employment. This form gave way to the present handy concave mirror and bi-convex lens, as first suggested by Brucke. Facts of the kind, although quite unimportant, are very liable apparently to be forgotten.

The author's directions for the use of the instrument are practical and very necessary, whilst those given for the measurement of the visual field might have been rendered more useful. We look in vain for a description of a useful invention of Mr. Jeaffreson's, and which in practice we have found surpass either Foster's or Wecker's. The clinical method of dealing with the complex problems of visual disturbances occupy, as they should, by far the larger portion of the treatise. Considering the care with which the translator has fulfilled his part of the work, the manual may be accepted as a reliable introduction to the study of ophthalmoscopy.

(a) "A Manual of Ophthalmoscopy for the Use of Students." By Dr. Dagnenet. Translated by C. S. Jeaffreson, F.R.C.S. London: Churchill, 1880.

### DEMONSTRATIONS OF PHYSIOLOGICAL AND PATHOLOGICAL CHEMISTRY. (a)

DR. ROLFE'S demonstrations in "Physiological and Pathological Chemistry" fill an undoubted blank amongst text books for students. It has long been felt that a suitable manual of the kind designed for students preparing for their examinations was very much needed. It has, too, been pointed out in introductory lectures that whereas the student acquired only a slight knowledge of chemistry, he should be required to go further, and show that he possesses a sound practical knowledge of physiological chemistry, and the methods of employing chemical tests for himself. The handy volume before us shows how this kind of work can be accomplished. Its pages are replete with useful and practical details. Important chemical and physical characters and reactions of the proximate principles are furnished. Following on are the composition and action of the digestive fluids, and the products of decomposition, together with the chemical characteristics of blood, milk, the solid tissues, &c. The last chapter is devoted to the demonstration of the quantitative analysis of urine, and this is made instructive and highly practical. Dr. Rolfe has also added some of the more elaborated processes for the examination of urine; and numerous microscopical drawings are given to meet the requirements of more advanced students, those preparing for the higher examinations of the universities and the Fellowship of the College of Surgeons. A copious index is added, which will be found to facilitate references. On the whole this handy volume may be pronounced an excellent text-book for students.

## Correspondence.

### THE SCHEME OF EDUCATION AND EXAMINATION, ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Please insert some brief comments on the professional examinations of this Scheme, and on the remarks of your eminent correspondent and yourself. The measure, which imperils the existence of the College, has not been, as you state, unanimously adopted, fair minorities opposed it at various stages, nor has it received the Royal assent, which thanks to our good old charter, is requisite.

Two evils are attacked—1. That the student idling the first two, is not tested in professional knowledge till the end of his third session, and that within a month after he has passed his first, he may pass his final, examination. A reasonable remedy would be to insist on at least the interval of a year, during which courses in practical surgery and medicine should be thoroughly pursued. That the amount of scheming and idling is so enormous as depicted by the obstetrician, of whom the whole Irish profession is justly proud, and by yourself, I deny, for the sake of brevity omitting proofs, but pitting my twelve years' experience as a grinder, and fourteen as professor, against Dr. Kidd's acquaintance with school work which was antecedent to 1858, and your information, which must be indirect, as you have never been connected with a medical school.

2. That credit for school fees is largely given. This is scarcely a collegiate grievance; however, under the scheme the needy student or the "apprentice-farmer" could procure the yearly certificates by means of promissory notes. A compulsory annual registration of certificates from all matriculated students would be a sufficient remedy.

The essence of the scheme lies in the *four* professional examinations, one at the end of each year, which must be passed before the student can begin the next year's curriculum.

Such a system is in theory good, and may be adopted when anything like uniformity of education and examination is enforced amongst all or even a majority of the nineteen licensing bodies. On the 29th of last month how was the principle received by the Medical Council? Our representative, and our President (crown member) supported it, while two Crown members, seven elected by corporations, and five by universities opposed it. The opinions of such men as Sir J. Paget,

(a) "Demonstrations of Physiological and Pathological Chemistry." By Charles H. Rolfe, M.A., M.D. Cantab, &c. Bogue, 1880.

Drs. Pitman, Bradford, Humphry, Storrar, Haldane, Spence, Orr, Turner, Pettigrew, Smith, and Banks, speaking for such bodies as the Colleges of Surgeons London, Edinburgh, and Glasgow, the three Colleges of Physicians, the Apothecaries' Society, and the Cambridge, London, Edinburgh, Aberdeen, Glasgow, St. Andrews and Queen's Universities, would have me had I been hitherto an enthusiast for the scheme. Of the converted four remaining licensing bodies not represented in this division, three are surely unimportant, and the fourth is no rival of ours owing to the antecedent Arts degree. In the discussion Mr. Teale proved that provincial students and seniors proceeding under other curricula could not be expected to undergo yearly examinations in the metropolis.

In no other body, nor in the programme of our great rival of the future, the Royal Irish University, are there more than two *professional* examinations for the practice qualification, and such is the number recommended by the Medical Council.

Rejection after any one year will really shut out a student for a year from practical efforts for improvement, as parents will not bear the expense of dissections, hospitals, &c., when no credit for attendance on them could be gained, and on the grinder alone he will have to rely. The student is not relieved from scientific for practical subjects, as anatomy is to be worked at and examined on each of the four years.

The expense of the student will be increased as, at least, three years must be spent in Dublin, or more if any rejection is suffered. No credit is given for attendance at provincial hospitals. There further will be a pharmacy fee and higher charges by private teachers for much greater work.

The examinations will cost the College at least one-third more, for the examiners will have to devote, at least, twice as much time, and examiners in physics and midwifery will have to be appointed. The examiners for the midwifery diploma cannot act for the letters testimonial. To procure a sufficient surplus of examiners it will be necessary to alter the laws which restrict the selection to Fellows and those who do not teach.

The Royal Commission now sitting will enforce some plan for the more frequent examination of candidates on like terms for all bodies, and surely it is expedient for us to wait till then. The interests of surgical colleges are not likely to suffer, seeing that four of the five medical commissioners belong to them.

Omitting reference to details which will be discussed at the annual meeting on June 4th, I conclude by expressing my conviction that such a scheme would quickly reduce our candidates by one third, other bodies keeping open by two professional examinations under less rigid rules, and our doors being closed for final qualification from October to April.

I am, &c.,

May 21, 1881.

E. D. MAPOTHER.

### DISPUTED POINTS IN THE PATHOLOGY OF SYPHILIS—TREATMENT OF TERTIARY SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—There seems to be a very general consensus of medical opinion in Europe and the United States at present that mercury is extremely useful in the treatment of the primary lesion and the secondary or eruptive period of syphilis, a period which may roughly be said to last for some eighteen months. But there is some doubt as to whether mercury should be given in the tertiary period of the disease, and I therefore propose to examine what has been said on both sides of this all important point in therapeutics.

As a general rule it seems to me that nothing can be more injurious than courses of mercury in syphilitic affections of the bone or destructive ulcerations of the soft parts resulting from gummy infiltrations. In sloughing of the throat, which is one of the most common tertiary affections, I hold it to be quite bad practice to give mercury, whilst iodide of potassium will, when given in large doses, prove rapidly curative in the immense majority of cases. Tertiary affections require good diet and other favourable hygienic appliances, and not mercury, which is in such cases greatly opposed, I think, to the cure of the disease.

The remedy *par excellence* of tertiary syphilis is iodide of potassium. Mr. James Lane tells us (Lectures, 1881, p. 85) that it was Dr. R. Williams who, in 1831, first used this inestimable remedy for syphilitic bone disease in St. Thomas's

Hospital. Dr. R. McDonnell, on the other hand, assigns the honour of the discovery of its virtues in tertiary syphilis to Mr. Wallace of Dublin, who wrote about it and its dose in 1836 in the *Lancet*.

Iodide of potassium has, I think, little influence on the early stages of syphilis. It is held by many able writers that it is of use in tertiary syphilis merely to remove existing grave symptoms, but that it does not cure or prevent relapses, which they allege will require the aid of mercury to prevent them. This is not my experience at all. Tertiary syphilis certainly tends to reappear over and over again, but mercury has not seemed to me to prevent these relapses, or render them less severe, whilst it may do much harm if given in large doses. It will not unfrequently do away with the advantages of the iodide of potassium, and cause soft nodes to suppurate.

Iodide of potassium is also most useful in syphilitic cachexia, and should be continued a long time in slowly increasing doses. Iodide of sodium is useful in rare cases, when iodide of potassium causes its peculiar symptoms (coryza, hydroc, &c.).

I am Sir, yours obedient,  
C. R. DRYSDALE, M.D.

17 Woburn Place, W.C.,  
May 19, 1881.

#### NEW SCHEME OF EDUCATION AND EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my last letter I showed that the institution of sessional examinations is the essential part of the new scheme, and I enumerated some of the more important advantages that would attend its adoption. In a note you very clearly and pointedly drew attention to one of the abuses attendant on the present system, an abuse to which I myself alluded in my letter of the 7th inst., but on which, after your remarks, it is not necessary that I should further dwell. The whole question of sessional examinations as compared with one grand final examination, was so admirably put by Sir Henry Marsh in his "Letter on the Proof Report of the Committee of the Faculty of Medicine of the London University," that, at the risk of trespassing on your space, I must ask leave to quote his remarks.

"My next proposition," he says, "should be to have annual examinations on fixed, definite, and limited subjects, and these necessary ones, and no large final; and as it now is, boundless examinations. I think this *grand* examination most pernicious in its effect on the student's mind, and ill-calculated to effect its intended object—that of being a test of proficiency. The object now before a student's mind is to be well prepared for this great and dreaded examination, and not, as it should be, to know and treat disease. The science of the treatment of disease can only be learned *peu a peu*. The student's proficiency should also be ascertained step by step. This would be best ascertained by yearly or half-yearly examinations. Here with us this great examination, on which a young man thinks his prospects and success for life depend, is most injurious to the mind and the whole course of study. Its wide range gives a hopelessness as to being fully prepared, and the health of many has been permanently impaired. The pupils are at the mercy of the examiners, some of whom, it uniformly happens, are blockheads. Time and health are wasted in useless studies to prepare, not for practice of one's profession, but to answer either book questions, or fanciful and often absurd ones. Those who are most flippant, and least disturbed by *mauvaise honte* are, I have found in many instances, the best answerers, but the really worst informed. Grinding and cramming thrive; no one ventures on this awful examination without bringing grist to the mills of the grinders. In one word, nothing can be worse than the present system of our great and closing examination as now conducted. Indeed, after the fullest consideration, there are, I think, great objections to it however managed. I think the system of *gradual* learning tested by successive examinations at short intervals far preferable."

This "hopelessness of being fully prepared," of which Sir Henry Marsh spoke as arising from the wide range of subjects in which the student is liable to be examined, in

the one great final examination, leads directly to the system of cramming. For though it is not possible to be fully prepared for an examination in such a vast extent of subjects, it is necessary to appear to be so. Hence recourse is had to the grinder, and parrot-like answers to a certain series of questions is learned, which may serve the purpose of an examination, but no other. Such a system of cramming must be carefully distinguished from a proper system of private or tutorial teaching. In this a certain subject is prescribed to the students which they are expected to study, and then to go to their teacher who examines and cross-examines them in reference to it, correcting their misconceptions, or leading the class to correct one another. By this method the amount of study given to the subject is tested, as well as the clearness with which it has been apprehended, and the powers of retention and memory of the student. For teaching the elements of a science there can be no better method. It has the further merit of teaching the student to arrange his ideas, to have his knowledge ready for use when called on, and to express his thoughts in words, and so it relieves him of much of the *mauvaise honte* which afflict many when undergoing an examination, and the training they undergo is of use to them throughout the whole of their subsequent career. The late Professor Whewell, in a valuable essay, called this "Practical Teaching," in contra-distinction to lectures which he called "Speculative."

In the practical mode of teaching the learner has, he says, "not merely to listen, but to do something himself. Not merely to receive, but to produce his knowledge." A well conducted system of sessional examinations partakes in a large measure of this character of practical teaching, and differs in this respect from the one grand examination, which is merely detective and punitive. In another letter I hope to show how the details of the scheme may be expected to work.

I am, Sir, yours, &c.,  
21st May, 1881. GEORGE H. KIDD.

#### THE CASE OF MR. PROSSER, OF BIRMINGHAM.

WE have been requested to publish the following correspondence:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—By direction of the President and Fellows of this College, I request you will give publicity to the accompanying correspondence between this College and the General Medical Council.

One of the licentiates of the College having suffered much, professionally and socially, in consequence of the conduct of another registered medical practitioner, the College were anxious to uphold the dignity of their licence and to advance the interests of their licentiates, and accordingly they took steps to bring the facts of the case before the General Medical Council.

It was, therefore, with much regret that the College learned that, by the "Standing Orders" of the Council, the subject was delegated to the English Branch Council, and that it was never considered at all by the General Medical Council.

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

King and Queen's College of Physicians  
in Ireland,  
Dublin, May 12th, 1881.

No. 1.

King and Queen's College of Physicians  
in Ireland,  
Dublin, April 8th, 1881.

DEAR SIR,—By direction of the President and Fellows of the King and Queen's College of Physicians in Ireland, I beg to lay before the General Medical Council the following brief statement of what appears to the College to be "infamous conduct in a professional respect," on the part of Richard Albert Shipman Prosser, M.R.C.S. Eng., L.S.A. Lond.

At an inquest held on the body of Ellen Alley, at the



Coroner's Court, Moor Street, Birmingham, on the 10th June, 1880, Mr. R. A. S. Prosser swore to having made a post-mortem examination of the body, and to having examined the kidneys and all the abdominal viscera. He also swore that the kidneys were healthy, and he gave it as his opinion that death was in part caused by the negligence of the medical practitioner who had attended her the day but one before her death. On this evidence, Mr. Edward Hyacinth O'Leary, L.K. & Q.C.P.L., was committed for manslaughter by the coroner.

A subsequent post-mortem examination having been conducted by James MacLachlan, M.D., and Robert Saundby, M.D., it was shown that the kidneys had not been disturbed from their place, and that the examination of the other viscera had been most incomplete. When this fact was disclosed before the stipendiary magistrates' Court, on June 23rd, the prisoner was discharged; and the grand jury threw out the bill at the Warwick Assizes.

I am further directed to convey to the General Medical Council the opinion of this College that should the facts be found on inquiry to be as stated above, the conduct of Mr. Prosser, socially and professionally, deserves to be termed "infamous;" and to request the Council forthwith to make due inquiry into the above-stated case, with a view to exercising the powers conferred by Sect. xxix., Medical Act (1858), as to erasing from the Register the name of Mr. Prosser.

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

The Registrar of the  
General Medical Council.

No. II.

General Medical Council Office,  
315 Oxford Street, London, W.,  
May 2, 1881.

SIR,—I am directed to inform you that, pursuant to Chapter 14 of the Medical Council's "Standing Orders," your letter of the 8th ultimo, in regard to Mr. Prosser, has been considered by the English Branch Council; and that the said Council, at its meeting on the 27th ultimo, passed thereon the following resolution:—

Resolved—"That the Branch Council for England direct the Registrar to acknowledge the receipt of the letter from Dr. Finny, and to state that the case does not seem to the Council to be one in which they could usefully take action."

I am, Sir,  
Your obedient servant,  
W. J. C. MILLER.

J. M. Finny, Esq., M.D., &c., &c.

PREVENTIBLE DISEASES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Recently at the London Institution Professor F. de Chaumont, in treating of sanitary insurance made certain statements of a most serious character. He pointed out that of the 700,000 deaths recorded annually by the Registrar-General, a very considerable proportion thereof was due to causes that might be removed by timely legislation and sanitary control. The diseases of a preventible nature are thus classified:—

	Death-rate.
Consumption ... ..	70,000
Diphtheria ... ..	3,500
Diarrhoea ... ..	33,000
Enteric fever ... ..	11,000
Scarlet fever ... ..	25,000
Respiratory organs ... ..	100,000
Total ... ..	242,500

Now, the several classes of diseases above enumerated, the Professor states to be "propagated by foul air and foul water," while he dilated on "the fearful extent of mortality and sickness caused by defective sanitary arrangements."

While a Sanitary Assurance Association has lately been formed with the object of inspecting the sanitary arrangement of the dwellings of members, and granting certificates,

a movement has likewise been made by notable persons, interested in the public health question, to promote sanitary legislation by the amendment of the Public Health Act, and the appointment of qualified inspectors to guarantee, by frequent inspection, that the sanitary arrangements of every building are constructed and maintained in proper order.

So far, so good. One thing further, however, remains to be done. We can never expect to be free from recurring epidemics of divers kinds so long as our overcrowded suburban cemeteries are suffered to receive more tenants. Greater London is growing daily in extent, so that where once we had the air of the country, and where only pastoral cries were to be heard in the streets, we now find dense populations and a tainted atmosphere. Much sickness obtains in neighbourhoods where public and reeking grave-grounds lie adjacent; while the danger to the health of the community by the pollution of water alone, is sufficiently serious to demand attention.

In his final letter to the *Times* Mr. Seymour Haden urged that our seething suburban cemeteries should be closed, and suggested that "in negotiating with the present cemeteries, account would, of course, be taken of the sales they have already effected 'in perpetuity,' and of the very little land available for any useful purposes whatever, that they have yet to sell." Meanwhile, he recommends the London Necropolis at Woking, with its thousand acres of excellent land as admirably suitable for all the purposes of a cemetery, and capable upon the primary condition I insist upon of insuring the resolution of the body, of effecting 100,000 interments per annum for ever. The Act of incorporation of Woking Cemetery providing also a separate grave for each body. With such a capacious and beautifully-situated "Home for the Dead" not more than three-quarters of an hour's ride by special railway from the private station at Westminster Road, it seems me as singular that something cannot be done to arrest further contamination of the metropolis by its proximity to unhealthy and super-saturated grave-grounds, which ought to have been closed years since. I am, &c.,

MEDICUS.

PATENT MEDICINES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—With the advance of medical science—*sic venia verbo*—the field of operation for quacks has gradually been restricted. While formerly every conceivable disease, or rather every conceivable name of disease was the subject of their solicitude, the fortunate possessors of secret remedies have at present to confine themselves almost entirely to "purifying the blood, and to curing nervousness, constipation, pimples, baldness, consumption, gout, and asthma." With some capital at their disposal, and by its very judicious investment, these individuals soon convince an enlightened public opinion, and succeed beyond expectation in attaining the end desired. Morally, as well as legally, such practice is solely one of obtaining money by false pretences, inasmuch as they profess to remove by means, known to themselves alone, certain conditions, of which they are necessarily profoundly ignorant. If a toothless crone, who had taken to prophesying, were to predict to the kitchen-maid that she would soon be married to a handsome young fellow, which event did not happen, the disappointed maiden could have the satisfaction of seeing the prophets imprisoned as a rogue and vagabond. And yet, who can deny that the tender interviews between the policeman on the beat and the buxom maid may not have suggested the elements of the prophesy to the humble imitator of Zadig. But the beneficent quack does not confine his game to the kitchen, but ascends to the drawing room, alleging that he alone is capable of removing piles, and the three F's (fat, freckles, and forty) so dreaded by females, and he escapes, not only unhurt, but is enabled to accumulate a fortune by merely bribing the Government, who, by the sale of stamps, obtain the trifling sum of over one and a-half millions sterling. It has always appeared to me a most glaring injustice to drag an unfortunate chemist before a police court, and to fine him £5 and costs for prescribing over the counter for slight ailments, that being an accepted and universal pursuit of the trade. I shall not stop to inquire whether chemists are competent judges as to what are or what are not "slight ailments." If they, instead of giving advice to individuals, would express their opinion in more general

terms, and print their labels thus:—Mr. Tom Jones' diarrhoea mixture cures all forms of diseases, blues, &c.—they would save themselves the vexatious interruption of their business by appearance in a police court. It is a great pity that qualified practitioners are not entirely free from blame in this matter. When licensed quackery heralds the discovery of some remedy, and duly invests it with seeming scientific truth, there may be some excuse for regular practitioners employing and recommending these nostrums. Unfortunately there is so much mental inertia abroad, that the public do not readily discover the grain of truth in these seductive statements. Consequently patent medicines of the most absurd character are heralded by the certified reports of the wonderful cures wrought by the consulting surgeon to the Hospital for Grown-in Toe-nails (Chairman his Grace the Duke of Whitechapel), Member of the Faculty of Sorcerers, and late senior physician to the Court of Timbuctoo, author of several learned works published by the Improved Curl Paper Company, and others. Surely, no one who has the slightest regard for himself and for his profession ought to recommend remedies invented by quacks, and though a healthy empiricism may not be altogether dispensed with, there ought not to be any use made of remedies of unknown composition and unknown action. Enough mischief is done by the established preparations contained in the Pharmacop. Britan. and the Pharmacop. Elegans (sic). I am strongly of opinion that a little homoeopathy would be a capital thing for the treatment of this *morbus medicinalis*, yet, in asthma, physicians who would otherwise scorn to stoop so far, constantly and universally employ patent medicines. When some of the daily papers recently reported that the late illustrious Lord Beaconsfield had derived benefit only from a quack remedy called "Nimrod's cure for Asthma," shame and indignation at the insult offered to our profession was diminished on reflection that perhaps the account may have been made by an interested reporter. But the *British Medical Journal*, the following week, has it on authority that such preparation had been used. There were not wanting those who had frequently already raised their voices against such practice. I do not know whether homoeopathy or allopathy suggested the remedy, but let us hope now that the discovery has been made, that even now both illustrious and non-purpled patients will be spared the injury inflicted upon them by the successive application of nostrums contained in the trade lists of wholesale chemists.

Your obedient servant,  
A PHYSICIAN.

Medico-Legal Intelligence.

FEEs FOR RE-VACCINATION.

ON Wednesday last, the Court of Queen's Bench in Ireland delivered judgment upon the case of Dr. Duncan v. the Omagh Guardians; an action taken by Dr. Duncan, the Dispensary Medical Officer of Fintona District, at the instance of the Irish Medical Association, for the purpose of establishing the right of public vaccinators to re-vaccination fees under the Act recently passed.

The plaintiff, claimed from the defendants £3 12s, for 36 cases of successful vaccination; £58 2s. fees for 581 cases of re-vaccination, irrespective if such vaccination were successful or not; £4, fees for 40 cases of successful vaccination; £3 6s. for 33 cases of re-vaccination, irrespective of whether such vaccination were successful or not. The guardians demurred to the claim for re-vaccination, on the ground that the plaintiff was not entitled to be paid unless the re-vaccination was "successful."

The words of the Act which was promoted in 1879 by the Irish Medical Association, and under which Dr. Duncan claimed, were especially framed to take in re-vaccination and are as follows:—

"The Guardians shall pay to every such medical officer for every person successfully vaccinated or every person re-vaccinated by him within his dispensary district the sum of 2s."

Acting on the advice of the Local Government Board the guardians contested the claim.

Mr. Justice O'Brien delivered the judgment of the Court, and said that the question turned on the true construction of the 6th section of the Vaccination Act of 1879. In the argument the

Acts of 1858 and 1863 had been referred to, but in these there was no mention made of re-vaccination. Provision was made in the 5th section of the latter act, that instead of £1 for every twenty cases, the guardians should pay 1s. for every successful case of vaccination reported to the dispensary committee of management. By the Act of 1879 the fees were increased to 2s. "for every person successfully vaccinated, or every person re-vaccinated by him within the dispensary district." The guardians contended that the word "successful" applied to and governed the word "re-vaccinated," and that the medical officer was not entitled to payment for either of such operations, except he was successful. But the rule of construction was that the meaning of the words used should in the first instance be adhered to and effect given to those words, except the doing so should involve inconsistency with what was the declared intent of the Legislature. The learned judge thought it clearly appeared that the Act of '79 dealt with the case of an operation on a party who had been previously vaccinated as different from a case in which the operation was performed for the first time. There was nothing repugnant to the intention of the Legislature in holding that the word "successful" did not refer to re-vaccination, while the contrary construction would be attended with results that could not be supposed to be the intention of the Legislature. Judgment should therefore be for the plaintiff.

Judge Fitzgerald concurred, but said as the case was one of doubt, and as it affected the whole country, probably the guardians would think right to take it further:—To the Court of Appeal where everything was understood (laught.r.)

Mr. Justice Barry also said the question was one of doubt, but he thought the only rational construction was to distinguish between vaccination and re-vaccination in the last Act.

Royal College of Surgeons of England—The following candidates having passed the required examination for the diploma, were admitted Members of the College on May 16th:—

Bassett, W. F. Prichard, M.B. E.I.	Vervey, Louis, M.D. Leipzig
Burton, Wm. Henry, M.B. Toronto	Wells, Charles, M.D., Q.U.I.
Grinling, John Champion	Willett, Georg; Gilmore Drake
McCormick, Alexander, M.B. Ed.	Woodruff, John Winthrop

The following were admitted members on Tuesday, May 17th:—

Batson, Robert Sewall	Newsholme, H. Wilkinson
Branson, G. A., L.R.C.P. Ed.,	Pritchard, Owen, L.S.A.
Green, Harry, L.S.A.	Ramden, Albert
Keys, Elias,	Thane, Philip Thornton
Maitland, Alfred Derwent	Thornton, Bertram
Minchinton, Henry James	Willis, Arthur, L.S.A.,
Mivart, F. St. George, L.R.C.P. Ed.	Willis, Arthur Keith

The following gentlemen were admitted on May 18th:—

Alexander, Frederick William	Coutts, Joseph Alfred
Chard, R. A. Selway	Currie, Oswald James

Royal College of Physicians in Ireland.—At examinations held on the 9th inst., and succeeding days, the under-mentioned obtained the licences in Medicine and Midwifery of the College:—

Browne, Augustus James Arthur	Jacobs, William Wall
Carroll, Louis John Patrick	McDermott, Patrick Andrew
Clarke, Walter John	McGill, Harry Strickland
Flynn, Edmond Francis	Maw, John Henry Cornelius
Garland, James.	Monray, Georg; Cathcart
Gloster, Edward	O'Keefe, William Joseph
Higgins, Thomas	Whitehead, Thomas Kay

The following Licentiates have been admitted members:—

Dane, Arthur Henry Cole, Surg.	Marques, Lourenzo Pereira
Bombay Army	Nugent, Edward Joseph
Lamb, H., Surg-Maj. A.M.D.	Whitty, Patrick J.

Royal College of Surgeons in Ireland.—At the April examinations the following obtained the licence in Surgery:—

Acheson, Howard W.	Murphy, Edmond
Baird, James A.	Nells, George
Barrett, Charles D.	Niokson, Augustus
Brady, John	O'Brien, Francis F.
Bullock, John G. W.	O'Carroll, Joseph F.
Callan, Richard	O'Doherty, Edward H.
Coollan, John P. J.	O'Doherty, Michael J.
Dempsey, Patrick J.	Fenny, John A. C.
Dunlop, John B.	Fowell, John A.
Elderton, Frederick D.	Fower Robert
Gelston, John B.	Quirke, James
Jones, Walter	Redmond, Thomas O'O
Kenna, Michael F.	Ross, Alexander
Lewis, Thomas W.	Smith, Ventry A. J.
MacKullon, James C.	Stowell, Jones C. L.
McGuinness, John H.	Tate, Robert J.
McSwiney, Claude H.	Williamson, Macnamara M.
Maloney, Michael C.	Woodroffe, August

THE week before last Dr. William Stoker and Dr. Warren, of Dublin, were presented by those of their pupils who recently passed the first half of their professional examination with two handsome pieces of plate, accompanied by an address. The students were afterwards entertained by Dr. Stoker and Dr. Warren at dinner.

Cambridge University.—At a congregation held May 21st, the following degrees were conferred: *Third Examination for the Degree of M. B.*—Part II. Examined and Approved. Class I. Coxwell, B.A., Christ's; Lapage, M.A., Magdalene; Mason, B.A., Pembroke; Tooth, M.A., John's. Class II. Birdwood, B.A., Peterhouse; Standirt, M.A., Corpus; Widmore, B.A., John's.

## NOTICES TO CORRESPONDENTS.

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

**LOCAL REPORTS AND NEWS.**—Correspondents desirous of drawing attention to these, are requested kindly to mark the newspapers when sending them to the Editor.

**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 STUDY OF THE PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES.

We are indebted to Dr. B. W. Richardson, F.R.S., for the MS. of his valuable and instructive paper on the above subject, which was read on Friday last before the Association of Medical Officers of Health. This paper we purpose placing before our readers in our next issue.

**DR. PINDER.**—We regret you should have any difficulty in your neighbourhood to procure copies of the *Medical Press*. Of course not one news-vendor in a hundred keep medical journals for casual sale, but any would supply this Journal regularly if ordered. Should you still find any difficulty, Messrs. Smith & Son would be glad to deliver it from their nearest bookstall.

**DR. SUNTER.**—Evidently a postal blunder.

**DR. STRETCH DOWSE'S** lecture "On the Diagnosis and Treatment of Apoplexy" received, and will appear in an early number.

**DR. C. A. OWENS.**—We hope to commence your articles "On Paracentesis Thoracis by Aspiration in Acute Pleurisy" in our next or the following number.

**MR. HAYNES WALTON** is thanked.

**DR. PEIRSON** (Scarborough).—Our opinion exactly coincides with yours; the position assumed is untenable both on scientific and professional grounds; much capital has, moreover, been made out of the circumstance which is to be deplored.

**MR. H. E. T.**—We do not insert advertisements for "Babies" Yours may proceed from a perfectly legitimate desire for adoption, but the presence of an application of the kind in an established medical journal might open up fresh ground for "baby-farming" which we have ever been anxious to suppress.

**LINCOLNENSIS.**—Paper received. Any advertisement of the kind is distinctly out of place, and reacts injuriously on the dignity of the medical profession. In this instance we imagine some over zealous friend has rushed to publish the fact that Mr. Harper has performed a successful ovariectomy. It is, however, to us, and to all medical readers, laughable to see the exaggerated importance attached to the feat by the gushing reporter. We cannot think any practitioner of standing would himself be guilty of such an outrage on propriety and usage; we prefer, therefore, to attribute it to an unprofessional hand.

**EX. COLL. REG.**—We cannot give you any positive information on the point. We have been told, however, that one college did send in six men for the examination, and that every one of them was ploughed. If you are prepared to support and verify your assertion, then we shall be quite willing to print the article. The test system is utterly futile as a proof of knowledge, and we cannot but think recent events have tended to prove it so.

**MR. PARSONS.**—The advice given so frequently is as applicable in your case as in any other. Do not think of proceeding with the technical studies until the way has been thoroughly cleared for their successful prosecution. To you this means, finish the preliminary examination, scientific as well as in arts, and then go ahead.

**THOMAS LAFFAN.**—Your letter will appear in our next.

**W. P. O'L.**—The period at which it would be allowable to occupy an infected bedroom would depend wholly upon the cubic space, freedom of ventilation, and other circumstances special to the particular case. No general rule could be given.

**BOYLE'S AIR-PUMP VENTILATORS**—We are asked to state that Messrs. Robt. Boyle & Son are at present applying their complete System of Ventilation and Air-pump Ventilators (referred to in a recent number of this Journal) to Knowsley Hall, Lord Derby's seat in Lancashire.

**CLINICAL SOCIETY OF LONDON.**—Friday, May 27, at 8.30 p.m., Dr. Wiltshire, "On a Case of Traumatic Rupture of an Ovarian Cyst."—Dr. T. C. Fox, "On Two Cases of Chromidrosis, in which a Blue-black Pigment exuded upon the Skin of the Circum-orbital Regions."—Mr. MacCormac, "On a Case of Reunited Fracture of the Olecranon Process, in which bony union was obtained by Suture of the Bones."—Dr. Sturge and Mr. God ee, "On a Sequel to a Case of Stretching of the Facial Nerve."

## VACANCIES.

Belmullet Union, Knocknolwer Dispensary.—Medical Officer. Salary, £10. Election, June 6.  
Croydon General Hospital.—House Surgeon. Salary commencing at £100, with board. Applications to the Hon. Sec before June 1.  
Drogheda Union, Monasterboice Dispensary.—Medical Officer. Salary, £110, and £20 Medical Officer of Health. Election, May 31.  
Liverpool.—Resident Medical Officer for the Township of Toxteth Park. Salary, £100 with board and residence in the Workhouse Infirmary. Applications, endorsed, to be addressed to the Clerk of the Guardians before June 1.  
Monaghan District Lunatic Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with furnished apartments, &c. Election, June 9. (See Advt.)  
North Eastern Hospital for Children, Hackney.—House Surgeon. Salary, £70, with board. Applications to the Secretary before June 1.  
Royal Free Hospital.—Ophthalmic Surgeon. Applications to be sent in before June 1. (See Advt.)  
Teignmouth Infirmary.—House Surgeon. Salary, £85, with board. Applications to the Chairman of the Board before June 1.

## APPOINTMENTS.

BALLANCE, C. A., L.R.C.P., M.R.C.S.E., Senior Assistant House Physician to St. Thomas's Hospital.  
BOLTON, E. E. N., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Ballickmoyler and Newtown Dispensary Districts of the Carlow Union.  
COLLIER, M. P. M., M.R.C.S.E., Junior Assistant House Physician to St. Thomas's Hospital.  
CUMMING, G. W. H., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Fourth District of the Chipping Sodbury Union.  
DODDS, W. J., M.D., D.Sc., Assistant Medical Officer to the Birmingham Borough Asylum.  
FOSTER, H. G., L.R.C.S.Ed., Medical Officer of Health for the Swaffham (Norfolk) Rural Sanitary District.  
HASLAM, W. F., M.R.C.S.E., Resident Accoucheur to St. Thomas's Hospital.  
HUDSON, G., M.D., M.R.C.S.E., Medical Officer for the Sixth District of the Beverley Union.  
JORDAN, F., F.R.C.S., Consulting Surgeon to the Birmingham and Midland Skin and Lock Hospital.  
LEWIS, F. W., M.R.C.S.E., Medical Officer for the First District of the Llandoverly Union.  
LUNN, J. B., L.R.C.P.L., M.R.C.S.E., Senior Resident Medical Officer to the new Marylebone Infirmary.  
MCGEAGH, J. P., M.D., M.Ch., Senior Assistant House Surgeon to the Public Hospital and Dispensary, Sheffield.  
SPICER, R. H. S., B.Sc., Demonstrator of Comparative Anatomy and Botany at St. Mary's Hospital, Paddington.  
BUTTON, S. W., L.R.C.P., M.R.C.S.E., Assistant House Surgeon to St. Thomas's Hospital.  
TREHERNE, F. H., L.R.C.P.Ed., L.R.C.S.Ed., House Surgeon to the West London Hospital, Hammersmith.  
WELFORD, C. H., M.B., C.M., Senior House Surgeon to the Sunderland Infirmary.  
WHITEHOUSE J., M.R.C.S.E., L.R.C.P.L., Junior House Surgeon to the Sunderland Infirmary.

## Births.

FENN.—May 19, at Richmond, Surrey, the wife of Edward L. Fenn, M.D., of a son.  
HILLS.—May 13, at Providence, Carlow, the wife of John D. Hills, J.P., F.R.C.S., M.R.I.A., of a daughter.

## Marriages.

WILSON—POLLOCK.—May 14, at the Parish Church, Baronsclown, Dundalk, John Wilson, L.R.C.S.I., L.R.C.P., to Maria, eldest daughter of the late Lr. Pollock, Cara Ville, Dundalk.

## Deaths.

BLAKE.—April 6, at Queenstown, Walter J. Blake, Surgeon-Major, A.M.D.  
BOND.—May 13, at Stoke Newington, Edward T. Bond, M.R.C.S.E., L.S.A.L., in his 84th year.  
JAMESON.—May 16, at Oakwood Lodge, Upper Norwood, Hugh Jameson, F.R.C.S., Deputy Inspector-General of Hospitals and Fleets (Retired), in his 77th year.  
M'MUNN.—May 12, at Port Royal House, Ballygoran, co. Sligo, Robert M'Munn, M.D., C.M., Glasgow.  
WHITAKER.—May 19, at North Walsham, James Fealey Whitaker, L.S.A., M.R.C.S.E., eldest son of the late James Samms Whitaker, M.R.C.S., F.L.S., aged 29.  
WOODROOFE.—May 17, at his residence, Springmount, Dundrum, of apoplexy, Richard Woodroffe, M.D., aged 47.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 1, 1881.

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## Original Communications.

### A STUDY OF THE PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES. (a)

By BENJAMIN WARD RICHARDSON, M.D., F.R.C.P., F.R.S.

THE points I propose for discussion are the following:—

1. The precise application of the term incubation, and to what diseases it should be applied?
2. The amount of absolute knowledge of the period of incubation of the more common communicable diseases?
3. The differences of opinion on this subject; do they depend on fault of observation, or on the circumstance that there are, in the same diseases, varying periods of incubation, the variations being under no, as yet, defined rule?
4. If it be seen that there are differences of periods in the same diseases, upon what may such differences depend?
5. The practical lessons which arise from the facts we at present possess, and the extent to which our knowledge may be rendered available in regard to direction in the prevention and treatment of disease?

The period in the course of a disease to which we should apply the term incubation, and the diseases to which we should strictly apply the term, are the two first points deserving our consideration.

At the outset this may seem to be a subject easy enough to settle, but when the mind comes down to it, it is not at all easy. We simplify somewhat by saying that the term is to be limited to those instances in which, after a certain specific poisonous particle has been taken into a living body, certain indications of the action of that specific poisonous matter has been manifested. We say that the period between the introduction of the poisonous particle, and the appearance of manifestation of action, is the period of incubation, but we fail to be unanimous on the

question—What is the accepted first sign of such manifestation? Is that first sign any sign, or one particular sign? Is it a local sign, or is it a general or systemic sign? If, again, it be a systemic sign, is it one systemic sign, or two, or more, or one of many?

Let me give a small illustration of what I mean. The older practitioners, when they inoculated for small-pox, ruled that the orange-coloured eruption round the needle-puncture came on from the fourth to the fifth day, followed by a distinct vesicular rising, with pain in the axilla, on the seventh day, and systemic pain—pain in the back and limbs, and head—with rigor and fever on the ninth or tenth day, and appearance of a general eruption on the eleventh day. What here was the period of incubation? Was it from the time of the insertion to the occurrence of pain in the axilla, or to the rigor with pain in the back and the limbs, or to the appearance of the general eruption? In vaccinia, in these days, we meet with this question—Is the appearance of the local eruption at the point of puncture, and the formation of the vesicle, to be counted as the end of the period of incubation; or is the after fever, or other systemic symptom, to be taken as the close of the period? I have known a case of vaccinia in which there has been no indication of effect at all, except the local manifestation. In such a case am I to say that the local change is sufficient when it is vesicular, when it is pustular, when it is maturative? Or am I, in such a case, to say there has been no period of incubation at all; that the whole process is abortive, and that the vaccinated is therefore either insusceptible or unprotected? I take this illustration because it is so very definite, because we know that the poisonous particle was inserted at a certain time, and can therefore be traced from that time into effect. When we come to the question of reception of the poison by a means less definite, we have more reason than ever for some decided rule. In scarlet fever what shall guide us? Shall it be the actual fact of a change in temperature? If so, shall that be the preliminary depression of temperature? Or, shall it be the first elevation of temperature that follows depression? Or, shall it be pain, or shall it be eruption? Until we can agree on these points, there can never be accuracy in our records.

(a) Read before the Association of Medical Officers of Health, Friday, May 20th, 1881.

I have studied very closely for two years past the various sides which this question presents, and by exclusion I have, for the moment, come to an opinion I am about with submission to offer to you. I would exclude all mere local manifestations, because I see that they may be presented and may not indicate that the disease has been incubated, in the full sense of that term. I exclude pain, local or general, because that might be due to other causes than the action of the poisonous material, or if it were due to that it is too much of a subjective symptom to be reliable. I exclude eruption because it may not be present, although the disease may be incubated, or it may be looked over, or it may be transient and therefore not detected. I exclude mere rise of temperature because that alone might not be detected at its origin, but might have been long present before it was detected. But I accept as the safest of all the phenomena indicating that the period of incubation is declared, that sudden vibration between cold and heat, which we call chill or rigor. This is at once a subjective and an objective phenomenon. The observer sees it in the pallor and coldness and shivering, and reactive fever of the affected. The subject of the attack is easily able to define its precise period of commencement and its course. Moreover, of all the phenomena it is the most certain. In my experience I never knew a case of a communicable disease that was not preceded by chill. In cholera, in which it might perhaps not be expected by those who have not seen the disease, according to my experience in the two epidemics I have witnessed, it was always present. "The chill came on," at such a time was nearly the invariable sentence which fell from the lips of the stricken who were able to describe their own sufferings. There is, moreover, a physiological reason for accepting chill or rigor as the indication that the poisonous particle has taken effect. The phenomenon is the natural indication that the disunion of normal action between the nervous and the vascular systems has taken place. It is like to the convulsive tremor which occurs when at a precise point during loss of blood the break between blood supply and nervous supply is interrupted. It is still more like the tremor which is invariably produced when an alkaloidal poison like nicotine shows its diffusion through the body, and, as we would say, declares that the period of its introduction is finished. If we had an alkaloid like nicotine which would increase in the body and by its increase diffuse up to the pitch of physiological action, we should rule that the incubation was finished when the tremor declared it. Granted then, that a disease runs a definable course, I should take the first rigor or chill as the first sign of the disease, and should accept the intervening period between the introduction of the cause and the development of the chill, as the true period of incubation.

In the next place we may study under the present head the diseases to which the term period of incubation may be properly applied. On this point there is nothing strictly definite amongst the members of the profession. We are probably pretty unanimous in assuming a stage of incubation to the following common affections, 25 in number:—

- |                          |                      |
|--------------------------|----------------------|
| 1. Plague.               | 14. Relapsing fever. |
| 2. Cholera.              |                      |
| 3. Malignant pustule.    | 15. Variola.         |
|                          | 16. Vaccinia.        |
| 4. Scarlet fever.        | 17. Varicella.       |
| 5. Diphtheria and croup. | 18. Measles.         |
| 6. Influenza.            | 19. Rotheln.         |
| 7. Pertussis.            | 20. Typhus.          |
| 8. Glanders.             | 21. Typhoid.         |
| 9. Erysipelas.           | 22. Mumps.           |
| 10. Farcy.               | 23. Malarial fever.  |
| 11. Grease.              |                      |
| 12. Dengue.              | 24. Syphilis.        |
|                          | 25. Hydrophobia.     |
| 13. Gonorrhœa.           |                      |

But there are some others on which we should not be so unanimous, as for instance—

- |                      |                       |
|----------------------|-----------------------|
| Catarrh.             | Remittent fever.      |
| Puerperal fever.     | Intermittent fever.   |
| Pyæmia.              | Choleraic diarrhœa.   |
| Hospital gangrene.   | Cerebro-spinal fever. |
| Sloughing phagedæna. | Carbuncle.            |
| Phagedæna.           |                       |

These last-named diseases all require to be more carefully observed in respect to period of incubation and first indication of defined symptoms before they can be proved to have a stage of incubation at all, and before, therefore, our knowledge can be said to be perfect in respect to them.

I would now venture to indicate what are the nearest approaches to the true periods of incubation in the different diseases which present an undoubted stage of incubation. In preparing the chapters of a work on preventive medicine, I thought it worth the trouble to collate the views of all our best authorities on the subject, old and modern, and to bring them into a condensed form, adding thereto what I had myself observed from natural facts.

Without loss of time I will state the results in brief form, but I must not let the opportunity pass of expressing how deeply we are indebted to Dr. Squire for the insight he has shown in dividing the communicable diseases according to their periods of incubation. Following closely his admirable plan, but somewhat extending it, I divide the diseases attended with stages of incubation into five groups:—

*Shortest.*

a. Shortest Stage of Incubation—1 to 4 days.—Malignant cholera. Malignant pustule. Plague. Catarrh. Dissection wound diseases.

*Short.*

b. Second Short Period—2 to 6 days.—Scarlet fever. Rosalia idiopathica. Diphtheria. Dengue. Erysipelas. Yellow fever. Pyæmia. Influenza. Pertussis. Glanders. Farcy. Grease. Croup. Puerperal fever.

*Medium.*

c. Medium Periods—5 to 8 days.—Relapsing fever. Gonorrhœa. Vaccinia. Inoculated variola.

*Long.*

d. Long Periods—10 to 15 days.—Small-pox. Vari-cella. Measles. Rotheln. Typhus. Typhoid. Mumps. Malarial fever.

*Longest.*

e. Longest Period—40 days or more.—Syphilis. Hydrophobia.

If we may accept these as the common expression of knowledge up to the present time we have still much to learn. We exclude several diseases altogether which probably have some stage of incubation, and we are obliged to grant exceptions in respect to those that admit of being more readily classed together.

The diseases of the first group are fairly steady in respect to incubation, but it may by some be raised as a question whether catarrh, either superficial or cellular, should be classed amongst the communicable diseases at all. On this point I am very interested to hear the opinion of this Society. That catarrh may be excited without communication I know, and it may be that it is always due to a general influence.

Of the diseases of the second or third group, exceptions may be adduced in which the disease may have a shorter incubation, in particular cases, than is assigned in the classification. Such exceptions must be admitted, and my own case of Scarlet fever, quoted by Murchison, shows for this disease, occasionally, a very brief incubation,—six hours at longest.

Others may question whether Rosalia idiopathica has a period of incubation at all, and whether it is not more closely allied to those affections attended with rash, which, like urticaria, are induced by improper food, than to Scarlet fever. I attended once, with Murchison, a case that terminated fatally from occurrence of bullæ in the glottis,—coming on during convalescence,—in which we never determined whether the affection, which commenced like an attack of acute urticaria, was rosolous or not. The eruption became like that of scarlet fever, with large white blotches over the surface, and in all respects yielded the form of disease which Mason Good designated rosalia parithimatica.

I would prefer, for my part, to classify these as doubtful cases, and at the same time leave them open for further study.

The diseases of the third and fourth groups will be accepted as fairly steady. Relapsing fever, as I knew it in 1847, had a longer period than five days of incubation, but by inoculation it is said to have five days.

In the last group syphilis will be accepted as having the long incubation of forty days. But hydrophobia is the most difficult disease to define. It may have a few days of incubation only. It may have months or even years.

These considerations lead up to the third question with which I opened this paper in respect to differences of opinion on periods of incubation. Do these differences depend on fault of observation, or on the circumstance that there are, in the same diseases, varying periods of incubation, the variations being under no defined rule?

My answer to this question is, that the differences of opinion so often professionally expressed, and which strike the general public with such wonder, are due rather to want of uniformity of observation than to variation of natural phenomena.

This I trace to four sets of causes—

1. That we have never yet agreed altogether as to the first sign that indicates the close of incubation.
2. That until quite lately we have not ventured to classify, so that there has been no clear grouping of diseases by the test of incubation.
3. That we have been accustomed to consider exceptional phenomena of incubation as more common and important than they really are.
4. That we have been too much accustomed to connect diseases which are most dissimilar in actual fact too closely because of certain similarities which do not really affect the question when all the facts are known.

Now that we are coming nearer to the truth we may hope to classify the exceptions, the nature of which is included under the next heading of my paper. Upon what circumstances do the exceptional periods of incubation of the communicable diseases occur, and why do they occur?

We may assume that a difference in physical property is the reason of the difference of action of the distinct poison of the defined communicable diseases. But when we are dealing with a single poison,—with the poison of scarlet fever, for instance,—the difficulty commences. We can scarcely conceive that the poison changes in character and operation; and we are, therefore, obliged to trace out its effects through the means by which it comes into operation.

In studying this difficulty we light at once upon one useful fact. We know, of a certainty, that a poison which will affect, both by inoculation and by absorption through the lungs or alimentary surface, acts according to the circumstance of introduction in distinctly different periods. In the case of small-pox, it acts one-fifth more quickly when it is inoculated than when it is absorbed through membrane. There would, therefore, probably in every case of absorption, be a difference in favour of rapidity of action, if the poison should be distributed over an injured or abraded surface, so as to inoculate such a surface in transit.

It is fair again to assume that the poison may be inhaled in a form of diffusion more ready for absorption in some cases than in others. But the great cause of difference is, I suspect, in individual susceptibility to the action of the poison, and it may be to the different influence of the same poison under different times and conditions of life. With this part of our study we have to unravel all the questions connected with the course of the communicable diseases in relation to seasons. That we should be more susceptible to the action of the poisons of the spreading diseases at those seasons of the year when there is excessive waste of bodily structure, and that we should be less susceptible to them in genial seasons when there is a balance in favour of nutrition is not a strange physiological pathological phenomenon. That we are more susceptible at the one period and less so at the other is, I suspect, more than a mere coincidence.

Here, however, I came to a point in theory which must be reserved for experimental development and exposition.

I turn now lastly, and briefly, to the practical sides of the subject in hand, and these are many. I will allude to three.

If we could arrive at definite evidence on which we could all rest, that the incubation of a disease is produced by the occurrence of a certain indication, we could account for much that seems now to be mysterious. For example, in vaccinia can it be that, trusting entirely to the local phenomena, we sometimes have an apparently good vaccination in which the disease never has incubated at all? If that be so, there is a reason why the person who seems to have been thoroughly vaccinated, should still remain susceptible to small-pox. The suggestion, though it stands alone, is all sufficient to indicate the practical importance of delivering incubation before pronouncing as to the protection afforded by some, but not all, the symptoms of a communicable affection.

The division of diseases of the communicable type into different classes or groups, according to the stage of incubation presented is, I think, a practical acquirement of the most important every day value, both in curative and preventive science. Dr. Squire has not in the least degree over estimated this part of modern knowledge. It is quite true, as he shows, that to know when to retain at home a sick person labouring under communicable disease, when to send him from home, and when to separate him from the actual or presumably unaffected, is a direction of practical skill as eminently creditable to the profession of medicine as it is useful to the public. To remove the healthy from the affected is good practice in the case of all the diseases of the first and second of the groups I have given, *i.e.*, of the quick and short incubation series. To remove in the third series may be sound practice. To remove in the fourth, or long incubation class, is less important, and may be a practice that is quite at fault and prejudicial.

Lastly, from the study of the incubation period we learn how to assign the best means of disposing of the affected during convalescence. It seems to be a true reading of natural phenomena that the diseases of short incubation have a prolonged convalescence, and remain long as sources of communication; while the diseases which show a long incubation give a quicker convalescence, and a more rapid freedom from danger as sources of communication. Here, then, is a practical lesson that cannot well be over-estimated. Keep your cases of short incubation at home: they will infect others, and be themselves injured by removal.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of their populations were:—Hull 13, Brighton 14, Leeds 16, Portsmouth 17, Plymouth 17, Leicester 17, Bradford 17, Bristol 18, Edinburgh 18, Glasgow 20, Sheffield 20, Birmingham 20, London 20, Sunderland 21, Norwich 21, Salford 21, Newcastle-on-Tyne 22, Nottingham 22, Wolverhampton 23, Manchester 24, Liverpool 25, Oldham 25, and Dublin 25.



## AMELIE-LES-BAINS—A NEW WINTER HEALTH RESORT.

BY DANIEL H. CULLIMORE M.K.Q.C.P., F.R.C.S.,  
Physician North West London Hospital; Surgeon Indian  
Army (Retired).

AMELIE-LES-BAINS lies in a sheltered and secluded valley in the south of France, and possesses some climatic advantages to which Cannes, Hyères and even the Italian Riviera must, on account of the dreaded "mistral," ever remain strangers.

It is situated in the department of the Pyrenees Orientales, about 18 miles from Perpignan, the nearest railway station, and about the same distance from the Mediterranean in a direct line. At this distance it is possible that the influence of the land and sea breezes may exist, and it is beyond doubt that a strong wind blowing from the sea will deposit salt at a further distance inland. Canigou one of the highest of the Pyrenees rises from the northern side of the valley in which the village nestles, which being equally well surrounded by high mountains on other exposed sides is efficiently well protected from the winds.

The air is pure and bracing, and moderately exciting, as may be expected from its altitude of seven hundred feet above the sea, as well as from the fact of its being built on the rocky spur, or elevated space of the higher mountains.

The "mistral" is unknown, fogs are rare, and air dry, but not exceedingly so. Amongst forest trees pine and oak are common, while the wild lavender and other aromatic shrubs are sufficiently abundant to impart, not only a fragrant perfume to the atmosphere, but to assist, in the opinion of many competent observers, in the cure of consumption. With this opinion I am myself inclined to agree, on account of the preventive and remedial effects which in my own experience follow the inhalation of benzoin, its acids and salts in the prevention and cure of tubercular pulmonary disease. And even when powerless to cure, it is probable, that coniferous and aromatic vegetation is often an effectual preventive, and palliative, in asthma, and bronchial spasmodic disease.

A patient who recently sojourned at Amélie gives the result of her experience in the following words:—"Even in those days of wandering there is still one sheltered spot in Southern France that is not so well known as it deserves to be for a winter station, a spot so guarded from all wintry weather that on last New Year's day when many other health resorts were visited with unusual mist, frost and even snow, the invalids in this favourite nook, spent several hours out of doors, with open sunshades, listening to the singing of birds, and watching the lambs playing in the meadows by the river side. There were but ten days in November and December on which it was not possible to take exercise, and in January and after, when the south wind begins, basking in the sun becomes agreeable and pleasant to the invalid."

But this pretty village, in addition to a genial climate, aromatic, vegetation, and picturesque scenery, possesses what to the consumptive is always to be desired,—viz., sulphurous exhalation from the soil, which as I have shown "is inseparably allied with immunity from tuberculosis, and is the one connecting link that binds the semi Arctic lowlands and plains of the old world, with the torrid mountain plateaux of the new in their resistance to the encroachments of this dreaded disease. But it is especially as a sanatorium for the gouty and rheumatic, on account of its situation at some distance from the sea, and its more equable temperature that French physicians prefer Amélie to Mentone and Nice. The advantage of its hot sulphur springs which, owing to the mildness of the climate, can with safety be used for drinking and bathing is another cause of this preference. And it is in my opinion as a resort for this class of patients, together

with the bronchitic and asthmatic, rather than the consumptive, that this place will eventually become better known to Englishmen. Unless in the pre-incipient stage of phthisis, or that border land between recurrent inflammatory lung attacks, and this disease, it might without further evidence, be dangerous to recommend Amélie as a winter residence to the confirmed consumptive. The climate, though equable, is, I am afraid, too mild and too far removed in character from Quito and other places where tubercular immunity exists.

There is still one other class of sufferers—a small one perhaps, but one of which I can say with Virgil, "Hand ignari mali miseris succurrere disco," viz., the returned tropical, for whom I think at least one winter's stay at this place would prove of the greatest benefit; I refer more particularly to the Anglo-Indian or American semi-acclimatised but drooping exotic, who may have suffered from serious organic hepatic disease, or whose disordered liver dysenteric diathesis or general hyper-susceptibility to catarrhal mucus affections and internal congestions, are uncomfortably, and deleteriously affected by the east winds and damp of an English winter, or by the mistral of Nice and some other Mediterranean stations.

To many such patients the sulphur baths and the semi-inland situation of Amélie is also an advantage. As I know from personal experience that headache, mental cloudiness, furred tongue, and constipation were invariable accompaniments of a seaside sojourn.

It is not the invalid alone that will find Amélie-les-Bains a pleasant retreat. Its situation being lovely in its pastoral quietude, and sublime in its towering mountain surroundings, will inspire the poet with lofty ideas, while its proximity to Catalonia, and its mingled French and Catalan inhabitants cannot fail to be interesting to the ethnologist, and instructive to the lover of philological lore. The botanist, the geologist and the Alpine climber will find abundant occupation. Here also the busy man of the world, or the votary of fashion, leaving his cares, or his follies behind, may address himself to Nature; sitting in the mid winter and pleasant sunshine, on the pedestal of some of her wondrous and grandest operations.

The invalid should leave Amélie about the end of the second week in April, for here, as in "Sweet Auburn,"

"Smiling spring its earliest visit pays  
And parting summer's lingering bloom delays."

In this month the south wind becomes rather oppressive, and the air is close and relaxing. It is always, however, easy to move on to Prades, a small town on the north side of the mountains, where the approach of spring is about a month later than at Amélie, and which is at an earlier date exposed to the "mistral."

The accommodation at both Prades and Amélie is good. Some knowledge of French is, however, at present necessary. There is no English medical men, but as the French government have established a large military sanatorium and hospital here, and, as a railway may be expected in the immediate future, it is possible, that an energetic man who would write the place up, might do worse than take up his abode at Amélie-les-Bains.

A mile and a half from Amélie is the Catalan village Palalda, with a southern aspect, and well protected by a semi-circular mountain background. Here the air is more bracing, and the soil drier. There is, however, no accommodation, but, it only wants developing to become attractive. All who wish for further information should read "Etude Medicale sur la station Hivernale d'Amélie-les-Bains. Par le docteur Achille Bouyer. Paris and London, Baillière and Co."

MR. SENEY, of New York, has given 270,000 dollars for a general hospital to be located in the southern portion of Brooklyn. It will occupy an entire block of ground and be constructed on the cottage plan.

## CASE OF TUMOUR REMOVED BY ELASTIC LIGATURE.

By JAMES MARTIN, F.R.C.S.I.,  
Portlawn.

THE removal of tumours by the elastic ligature has not been heard much of lately, yet in country practice where cutting operations do not meet with much favour from patients who have to work, and who do not, as a rule, like to submit to much pain, it must often prove a great boon; while it performs its duties quietly without giving much cause of anxiety to the overworked doctor,—who has quite enough to harass him, without the fear of being called off nine miles to suppress a secondary hæmorrhage. The following case shows how favourably it will act in suitable cases. I would have used it at an earlier period, but it is only of late that the tumour assumed the virulent form, the outside part expanding very much during the last year.

Early in the month of January (this year 1881,) I was called to see W. N., a large powerfully made man æt 40; seven or eight years ago he showed me a small sarcomatous tumour in the inside of the ankle-joint anterior to the malleolus which I wished to remove, but he went his way and would not submit to any operation.

Again eighteen months ago, meeting him accidentally and finding that the tumour had grown very large, I proposed to remove it, and was the more urgent, that the surface had ulcerated, that there was occasionally a great deal of hæmorrhage from it, and that it was a very great inconvenience, but he refused any surgical treatment.

On the occasion of the present visit, I found that it had grown still larger, that there were several points from which hæmorrhage occurred; that he was blanched terribly in appearance, suffered from palpitation, and that a marked anæmic bruit was heard over the region of the heart. He was thoroughly alarmed, but still shrank from operation.

Seeing that something should be done, and that during the last year the enlargement had proceeded so as to leave a large neck, I took off the elastic of my eyeglass and encircled the pedicle with it very firmly.

Three days afterwards I found that the application of this ligature had stopped hæmorrhage, that the ligature had cut deeply into the structure, and that, under the use of iron and digitalis, he had improved considerably in general health.

Having obtained a piece of india-rubber string from Dublin, I removed the former ligature and again encircled it firmly. I gave him an antiseptic lotion to apply to the wound and some zinc ointment. On the sixth day I tightened the ligature again. He suffered little or no pain, and on the ninth day the pedicle holding on the tumour was so small that I gave it a snip of a scissors, and removed the mass weighing three lbs. The base cut through was  $2\frac{1}{2}$  inches in diameter; about  $\frac{1}{4}$  of an inch all round was cicatrised, and now, three weeks after removal, the sore is nearly healed and he himself, as he expresses it, is a new man relieved from a great incumbrance with very little trouble.

## A CASE OF EXTENSIVE FRACTURE OF THE SKULL FROM A FALL.

By WILLIAM BERRY, M.R.C.S.E.

Hon. Surgeon to the Royal Albert Edward Infirmary, Wigan.

THE following notes of a case of extensive fracture of the skull, from a fall, are interesting medico-legally, as well as showing that severe injury to the cranium, with fatal result, may occur from very slight violence.

I am indebted to Mr. Graham S. Coombs for the permission to publish this case, which I saw with him before death, and also assisted at the post-mortem examination.

A. B., aged about 41 years, a millworker, of temperate habits, and generally of good health, owing to a quarre

with his neighbour, went into the yard of his house, where he was followed and struck over the left eye with the closed fist, this blow caused him to fall heavily on a small iron grid about 6 by 6, which was in the yard. He lay insensible and unable to rise. Mr. Coombs was at once sent for and found symptoms of fracture of the base of the skull. I saw the patient at 11 p.m., about seven hours after the receipt of the injury, he was then lying on his back, his left eye and side of his nose were slightly discoloured, pulse 28; respiration, 12 per minute, and laboured; the pupils were widely dilated and blood and serum oozed from his right ear, he could not be roused, and occasionally he coughed up a little blood. He died next morning at 7 o'clock, fifteen hours after the fall.

*Post-mortem.*—Ten hours after death.

*External appearances.*—Rigor mortis complete, body that of a man of medium stature, fairly nourished, no marks of violence on any part of body, serous fluid trickling from right ear, left eye discoloured.

*Head.*—On removing the scalp a layer of coagulated blood was found covering the vertex. On removing the calvarium, which was very thin (about one-tenth of an inch in thickness) the superior longitudinal sinus was found ruptured, and it is probably through this, that the blood oozed through the fracture underneath the scalp. On opening the dura mater, blood was extravasated over the convolutions of the brain, from the base to the vertex, and over the right lateral half of brain, covering a space of about four by five inches.

On removing the brain, the skull was found fractured, commencing at and through the middle of the petrous portion of temporal bone on right side, and extending through the squamous portion, the parietals over the vertex as far as the edge of squamous portion of temporal on left side. The brain substance was healthy, and the lungs, heart, liver, and kidneys were all healthy.

*Remarks.*—The fracture was out of all proportion to the injury which the man had received, it is likely that it was caused by *contre coup*, the blow giving an impetus to the body in falling, and probably the vertex came against the stone edge, which surrounded the grid. The base of the skull seemed peculiarly brittle, the wing of the sphenoid being easily destroyed.

## Clinical Records.

### METROPOLITAN FREE HOSPITAL.

*Case of Stricture of the Oesophagus.*

Under the care of Dr. CHARLES R. DRYSDALE.

Reported by Mr. ABRAHAM COHEN, B.A., M.B.,  
Senior House-Surgeon.

AGNES BURNS, æt. 42, married, was admitted on the 15th January, 1881, complaining of inability to swallow solids, and great pain on making the attempt. She was not particularly thin, but stated she had been much stouter before the accident which caused the present trouble.

Enjoyed good health up to the time of her present disease. Four months ago she drank a mouthful of very hot tea, inadvertently, out of the spout of a teapot. A week after she had a sore throat, and found difficulty in swallowing solids, which has since much increased, so much so that she is now unable to partake of anything but liquids. Since the accident she complains of pain at the upper part of sternum. Family history good. On examination a stricture of the oesophagus was found on a level with the manubrium.

Jan. 19th.—Was ordered mist. pot. iod. ʒj. tr. Low diet, extra milk, Oj.; egg, j.

23rd.—Unable to swallow milk. Ordered nutrient enema. Passed a No. 14 mm. olivary French bougie through the stricture.

24th.—Able to swallow milk. Ordered extra beef-tea. Eggs, iij.; brandy, 3 ounces.

25th.—Passed No. 16 bougie through stricture.

27th.—Passed No. 23 bougie through stricture.

28th.—Passed No. 23 bougie through stricture. Able to swallow bread.

Feb. 1st.—Going on well. Bougie No. 24 passed through stricture. There appears to be a second stricture at the œsophageal end of stomach, through which No. 24 will not pass. No. 14, however, was successfully passed into stomach.

4th.—Able to partake of bread, and the liquids ordered. Passed No. 14 through lower stricture.

8th.—Passed No. 16 through lower stricture. Partook of fish.

11th.—Passed No. 18 through lower stricture.

15th.—Unable to swallow liquids. Passed No. 16. Ordered brandy, 4 ounces, which she could not swallow after passage of bougie.

18th.—Passed No. 17. Takes her food well.

22nd.—Passed No. 15 } through lower stricture.

26th.—Passed No. 16 }

March 2nd.—Passed No. 22 } through lower stricture.

4th.—Passed No. 22 }

Eats potatoes.

8th.—Passed No. 20 } through lower stricture.

11th.—Passed No. 20 }

15th.—Passed No. 22 stomach-tube through lower stricture.

18th.—Passed No. 18 stomach-tube through lower stricture.

24th.—Patient has picked up a good deal of flesh. Left voluntarily.

### CARLOW WORKHOUSE INFIRMARY.

*Curious Case of Depraved Appetite.*

By EDWARD A. RAWSON, L.R.C.S.I.,  
Medical Officer, Carlow Workhouse.

A. C., female, æt. 18, admitted April 26th, 1881. Long continued constipation, large tumour of abdomen filling entire abdominal cavity, but not connected with womb, menstruated once, three years ago, never since, very anæmic, tongue brown and furred, great prostration, paraplegia, bowels had not acted for ten days.

R. Ol. ricini, ℥ss;

Ol. crotoni, ℥j;

Fiat. haustus.

The nurse gave three drops of croton oil instead of one. Bowels acted four hours afterwards. A large bucket-ful of rags came away; amongst them were ribbons eighteen inches long, pieces of velvet, of handkerchiefs, large pieces of cloth—every kind of rag conceivable, and two portions of intestine, one about two inches in length. Two days afterwards the girl menstruated, recovered her colour, eat large quantities of natural food, and on May 3rd inst. is perfectly well, complaining she will tell her parish priest she has been starved in hospital.

## Transactions of Societies.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 27.

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

Mr. MACCORMAC on a

CASE OF UNUNITED FRACTURE OF THE OLECRANON PROCESS, IN WHICH BONY UNION WAS OBTAINED BY SUTURES OF THE BONES.

The patient was exhibited. He was a piano-tuner, æt. 26, who, four months before coming to St. Thomas's Hospital, had fallen upon the right elbow, and sustained a fracture of the olecranon. When admitted the limb was wasted, especially the triceps; there was no power of active extension; the line of fracture ran across the base of the olecranon, the detached portion being separated by two inches, and fixed to the back of the humerus, the condyles of which could be felt in the gap, no uniting medium being perceptible. On Jan. 6th, Mr. MacCormac made a vertical incision, three inches long, exposing the fractured bone and the articulation. There was no trace of uniting material, the fractured surfa

covered with smooth fibrous tissue, and adhesions existed between the detached process and the condyles, and also between the ends of the humerus and ulna. These adhesions were dissected out, and the periosteum being reflected, a thin layer of bone was cut off with a chisel, and by means of two wire sutures through holes drilled in the bone, the surfaces were brought into close apposition. The wires were twisted and cut off, so as to project at the centre of the wound, which was afterwards closed with catgut sutures. The operation was performed antiseptically, the joint being washed out with carbolic solution (1 in 30) before closing the wound. The first dressing was made on the fifth day, when the wound was found to be united, except where the bone sutures emerged; and these were removed in twenty-one days. In forty days he left the hospital with very good active movement at the elbow-joint, and apparently firm bony union at the seat of fracture. From first to last he had no pain or inconvenience. The wound healed without a drop of pus; the temperature occasionally rose to 99·8°, but was otherwise normal throughout. He has now perfect power of active extension; the arm cannot be made absolutely straight, but he is able to follow his trade as well as before.

The PRESIDENT said he believed he had been the first to perform this operation. His patient was an engineer, who was incapacitated from work in consequence of an ununited fracture of the ulna. Having exposed the ends of the bone, and pared away the fibrous coverings of them, they were united by a single silver wire suture, which could be easily removed subsequently, while being, at the same time sufficiently strong. The case progressed without accident, and the recovered limb was as powerful as at any previous period of life. Another case occurred in his charge at King's College Hospital. In neither, however, was the fragment fixed above, nor were the broken ends so widely separated as in Mr. MacCormac's patient. Mr. Lister added that it was very gratifying to him to hear antiseptic surgery described as a matter of course by Mr. MacCormac; and he felt quite certain no one would think of incurring the risk of opening joints without antiseptic precautions.

Dr. T. COLCOTT FOX read a paper on two cases of

### CHROMIDROSIS,

In which a deep blue-black pigment exuded upon the skin of the circum-orbital regions. The paper was illustrated by several beautiful drawings, kindly lent the author by Dr. Foot, the President of the Pathological Society of Dublin. One case occurred in a girl, æt. 18, a partial deaf-mute, but otherwise intelligent and of good physique, who presented herself with Dr. Donkin's out-patients at the Westminster Hospital, for the relief of a conspicuous and symmetrical black pigmentation of the eyelids and considerable portion of the adjoining cheeks, which caused great concern to the girl and her friends. The catamenia appeared first at the age of 15, and had never since been regular in time or quantity, and since that time the girl had suffered from general malaise, severe headaches, and *very marked habitual constipation*. She was not an hysterical subject. The pigmentation was first noticed in September, 1880, on the lower lids, whence it gradually spread itself over the adjoining portions of the cheeks. Through the kindness of Mrs. Sturges and Donkin she was placed under observation in the Westminster Hospital on three occasions, and it was found that the pigmentation varied considerably in amount and intensity, though present in some degree pretty continuously. It was always less at the catamenial periods, but seemed to bear a direct relation to the very obstinate constipation, and was more intense and extended the longer the interval between the relief of the bowels. It was found on many occasions that whenever the latter were got into regular working order the pigmentation disappeared. As a proof of its genuine character Dr. Fox mentioned one night in the hospital the face was thoroughly cleansed, and the girl, who was always much annoyed by the pigmentation, was put unexpectedly and suddenly into a strange bed, in a part of the ward away from her clothes and belongings, and a nurse watched by her bedside for thirty-six hours, yet the pigmentation steadily returned. The urine was examined on several occasions for indican, and it was found that the latter seemed always to increase markedly in amount *pari passu* with the constipation and the exudation of pigment on the face. This fact and the relation of the exudation to habitual constipation are new points in connection with the disease, noticed by Dr. Fox. The examination of the pigment showed that it presented

characters in all respects similar to that hitherto recorded in other cases by Charles Robin and others. The indian-ink-looking amorphous granules were found insoluble in almost all reagents, hot or cold, but displayed a deep-blue colour when moistened with glycerine, and when dissolved in hot sulphuric acid firstly gave a beautiful purple hue and finally a bistre tint. The pigment was evidently indigenously. The second case was a girl, *æt.* 18, sent the author by Dr. Donkin, she was hysterical and phthisical, and suffered from flatulent distension and constipation. The black powdery pigment afforded similar reactions to that in the first case, but the pigmentation was slighter and more fitful in appearance. In both cases any heat, emotion, &c., which determined the blood to the face increased the pigmentation. Dr. Fox then, in consideration of the fact that these were the first cases presented to a London society, with the exception of one shown by Sir Benjamin Brodie in 1845, entered into a short *résumé* of the subject and of other recorded cases, which will be found detailed in interesting and easily accessible monographs by Drs. le Roy de Méricourt, of Brest, and Dr. Arthur Wynne Foot, of Dublin, and insisted on the reality of the affection, which he challenged anyone to disprove. To the thirty-nine cases collected by Dr. Foot he added five others, making forty-four in all, six of them being in males and thirty-eight in females, at ages ranging between fifteen and fifty-seven years, with a mean age of twenty-two. The chief points discussed in this *résumé* were the causation and the relation of the exudation to uterine troubles, general debility, and especially *constipation*; the influence of emetic, heat, &c., in increasing the pigmentation, and the sites it usually occupies; the probability of the substance being exuded in a soluble form in the *sweat* rather than sebum and its subsequent oxidation into a coloured pigment by contact with the air; the varying shades of the colour (azure, deep blue, ochreous, black) of the pigment in different patients and at different times in the same patient; the constant chemical and physical characters of the pigment which prove it to be indigenously and allied to similar products occurring occasionally in urine, pus, eczematous vesicles, milk, dropsical fluids, *fæces*, and vomit; and the arguments for and against malingering showing undoubtedly that it is a real diseased condition. Lastly, Dr. Colcott Fox gave the results of the latest researches into the production of indican in the economy, and its connection with chromidrosis.

Dr. BERNARD O'CONNOR asked if the patient had complained of continued tingling or smarting of the skin. Also whether the exuded material underwent change in colour, or was dark from the first. The advanced age (57) of one patient was a peculiar fact in connection with the affection. Was pain caused by the removal of the coloured material, as occurred in a case recorded in the "Med. Chir. Transactions," 1845? Were any constitutional effects produced by the removal? He did not question the reality of the phenomena, but regarded them as due to stearrhœa, of which there were three distinct forms, chromidrosis being of the third or non-congenital kind. Did Dr. Fox think the sebaceous glands were involved. In an early vol. of the "Guy's Hospital Reports," Drs. Addison and Gull had described five cases of a somewhat similar kind. The affection generally attacked young and pretty women, was not dangerous, but annoyed the patient by the disfigurement it produced.

Dr. CAVAFY thought the *bona fides* of the disease could not be doubted. It was attested to by the results afforded by examination of the urine, and abdominal distention favoured the view that the source of indican was, indeed, absorbed from the intestinal tract. Moreover, in chronic wasting disease, *e.g.*, phthisis and morbus Brightii, the same substance is found in the urine. It would be interesting to know if any of the patients described as secreting coloured sweat were phthisical. Variations in the lines observed could be explained in accordance with physiological and chemical principles, but he wished to be told whether the microscopic examination of the exuded material had yielded any evidence of bacteria. The corroboration afforded to the theory of a sweat centre by the emotional exacerbations was an interesting feature in the case.

Mr. JAS. STARTIN inquired if any other parts of the body than those named were seen to be stained in these cases. He had seen colouration of both axillæ in a similar case, *æt.* 40. He suggested the oxidation of the colouring matter might be due to the action of a ferment produced during the secretion of the sebaceous and sudoriparous glands.

The PRESIDENT thanked Mr. Fox for his valuable pap

er, which he said recalled to mind the *blue milk* caused by chromo-bacteria in many of his own experiments. In this, colourless cells gave rise to alterations in the surrounding fluid; a bacterial origin, however, of the appearance in Dr. Fox's cases was negatived by the facts pointing to an evidently nervous producing cause.

Dr. Fox replied that in his own case there had been very little hyperæsthesia present; it had, in some cases recorded by other observers, been nevertheless very marked. His examination of the pigment had been imperfect by reason of the minute quantity available for the purpose. No constitutional effects followed the removal of the matter, nor, in the majority of cases cited, was there any evidence of stearrhœa. In one case, however, phthisis was suspected. No bacteria were discovered in the solutions of the pigment submitted to examination. Dr. Fox did not agree with Dr. O'Connor that any connection existed between these cases and those of xanthoplasma.

Dr. W. A. STURGE and Mr. RICKMAN J. GODLEE  
ON A CASE OF STRETCHING OF THE FACIAL NERVE FOR  
TIC SPASMODIQUE.

The following is a postscript to a case recently laid before the Society:—

The patient on whom the operation was performed remained perfectly well till a month ago; then slight twitching of the orbicularis palpebrarum occurred, in connection with great mental worry; it was accompanied by some supra-orbital neuralgia. A blister was applied above the eye, and quinine was administered. The twitching has recurred twice since that time, again in connection with a mental shock, but it has now disappeared again; the patient only having some stiffness about the eye, and difficulty in opening it when exposed to a cold wind. Another patient, mentioned in the paper, on whom Mr. Godlee had stretched first one and then the other facial nerve, was also referred to; but as his case was not yet complete, it was decided to postpone a detailed account of it till next session.

Dr. DOWSE considered the report confirmed ordinary experience to the effect that cutting and stretching operations performed on nerves were never more than temporarily successful. The success which attended persistent treatment, peripherally, was such as to render unjustifiable the more serious proceedings in cases of this kind.

The PRESIDENT suggested that there was no propriety in grouping under one head operations for cutting and stretching nerves. The rapidity with which the facial nerve reproduced itself after excision was truly marvellous. It was not correct to say there had been no permanent recoveries after stretching, since Nussbaum's records of the operation contained proof to the contrary. It would, he thought, be premature to describe Mr. Godlee's case as one of failure.

Mr. GODLEE said his patient had been under the best medical treatment for five years without avail. He would defend nerve stretching on the ground that it produced no disfigurement, incurred no serious risk, and was, at any rate, partly attended with success.

Mr. GEO. LAWSON exhibited a breast which he had removed on account of long standing

#### ECZEMA OF THE NIPPLE.

In the reports of the Society for last year, after recording a case in which cancer had followed an intractable eczema of the nipple, he suggested that in cases of eczema of the nipple which have resisted for a length of time all treatment, "that the breast should be removed, in anticipation of a disease which does not then exist." The case which he had now to relate was that of a lady who suffered from eczema of the nipple which had resisted all treatment for over twelve months, and was extending. Feeling that the usual termination of such cases was diffused cancer, Mr. Lawson advised, and accordingly removed the breast. The eczema presented the usual appearances of such cases. It was a red, scaly patch, raised slightly above the level of the skin, and extending for about two inches around the nipple. The breast was afterwards examined by Dr. Thin, and he discovered cancer elements diffused throughout the breast. The preparation is now in the College of Surgeons.

The PRESIDENT referred to the serious difficulty surrounding such cases, it would be dangerous to assume cancer

in every case of eczema of the nipple, and yet the latter often preceded the grave affection. Some time ago he had been called to examine a patient with eczema of the nipple, and contented himself with ordering the application of ointments only. He had learned, at a later period, that this patient was suffering from cancer of the breast.

## Department of Lunacy.

### LUNACY LAW AMENDMENT BILL.

In the House of Commons on Thursday last Mr. Dillwyn, in moving the second reading of this Bill, said he hoped to receive from Her Majesty's Government a promise to deal with the whole subject of the Lunacy Law, but in the meantime he had brought in a short Bill to remedy some of the most striking evils in connection with them. The whole of our present system had proceeded upon wrong lines, inasmuch as it treated lunatics as a criminal class rather than as an imbecile class. It treated them with reference to their care rather than their cure, and it was to the cure that the law should be directed. The number of lunatics was rapidly increasing. By the report of the Commissioners, the number in 1859 was 36,762, in 1866 it was 53,177, and in 1880, it was 71,191. This showed the seriousness of the question. He hoped that future legislation would see the propriety of separating the curable from the incurable class. The alterations which he proposed by his Bill were directed first of all to providing a better system of supervision in the present asylums for the reception of lunatics; and secondly, to providing for the better security of the liberty of the subject than at present. He also proposed means of providing accommodation for the better class of lunatics who could afford to pay for it. This class had no resource but to go into pauper asylums which were utterly unfitted for their reception, or into private asylums. With reference to better supervision, he proposed the appointment of a paid Chairman to the Board of Commissioners, who would be accountable for the proceedings of the Board. He would allow the number of Commissioners to remain as it was, but he would give the Lord Chancellor power to appoint two additional Commissioners if he saw fit. The law regulating the reception and discharge of lunatics in private asylums was in a most unsatisfactory condition, in illustration of which he mentioned a number of cases of sane men being kept in confinement. One of these was the case of a member who sat in the last Parliament, and who, after his release was procured, sat and voted in the House for two sessions as sanely as any other member. For this class of evils his Bill proposed that it would not be lawful for any person to be received into an asylum, except by order of a Justice of the Peace, or some public authority, he did not care which, resident in the district where the lunatic lived. As a further security, it provided that the petition on which a man was to be confined should be signed by relatives within one or two degrees of relationship, or by some duly authorised solicitor. The order of the Justice of the Peace or other authority should also proceed on the certificates of two medical practitioners, one of whom should be the public officer of health of the district. He provided, in reference to the discharge of a lunatic, that the discharge should proceed upon the order of a Judge in Chambers, a Stipendiary Magistrate, or a County Court Judge, who should order two medical men to visit the lunatic and report on the case, and such judge, after communicating with the Lunacy Commissioners, might order the lunatic to be liberated within ten days. In order to provide accommodation for the paying class of lunatics, his Bill authorised the justices to raise money for that purpose by way of terminable annuities, and he had no doubt that the outlay would soon be recouped. His object was to break down the system under which it was the interest—he should not say it was often done—of the keepers of those institutions to keep high-paying patients instead of curing them. Paupers were better off. They were sent to asylums where it was the interest of the authorities to get them cured as soon as possible. He had received a letter that morning from a gentleman stating that his wife was confined in a county asylum—that he paid 9s. 8d. per week for her, but that she was treated in the matter of food and dress as a pauper. After referring to several cases of the unwillingness of medical men to release well-paying patients, he expressed his opinion

that this Bill would materially improve the law; that it would render the condition of these unfortunate people more hopeful, and that it would make more difficult the illegal and improper incarceration in asylums which had been too often practised.

Mr. Floyer said that the subject of providing asylums for all classes of lunatics was one of great importance, and it was quite distinct from the question of the management of pauper patients. To provide accommodation for all lunatics above the pauper class would require a large extension of accommodation. The hon. member said that from the profit now made in these private asylums, those who provided these establishments would be recouped for their outlay; but he (Mr. Floyer) feared that in the first instance resort would be had to the county rates. In the great majority of cases the managers of private asylums were men of high character and position, and were not capable of being influenced by the inducement of high-paying patients to keep them longer than was necessary. Such cases might occur here and there. It was for the class just above the class of paupers that he felt that some provision was most desirable. In the county asylum with which he was connected special provision was made for this class, and they were admitted on payment of 10s. a week. They were treated as regards food and dress much in the same way as actual paupers; and if this were not so they would have persons of superior class applying for admittance at the low rate of payment. He thought they were indebted to the hon. member for bringing forward this bill, and if it went into Committee he would endeavour to make it a more perfect measure.

Dr. Cameron said that the principle on which this Bill was framed had worked thoroughly well in Scotland.

Mr. Courtney in reply, observed that every person sympathised with the objects the hon. member had in view in proposing this Bill. The Bill was, however, badly drafted throughout, and it was evident its provisions would fail to carry out the intentions of the promoters. He hoped private lunatic asylums would gradually die out. With respect to the enlargement of public asylums, there was nothing at present to prevent this being done in the counties. If the hon. member was satisfied with the reception his Bill had met and would withdraw it, the Government, on the earliest opportunity, would submit a Bill, not only for the amendment of the Lunacy Laws, but for the consolidation of the whole law on the subject, an improvement which was very much required. The hon. member could hardly fail to recognise the difficulty which the Government had in transacting even important public business, and, therefore the fault did not lie with them if this matter had been so long neglected. Any Bill which the Government introduced would embrace some of the amendments proposed by the Select Committee, and some of the amendments in the hon. member's Bill would be also worthy of consideration.

Sir R. Cross said this subject was one with which he and the late Government had been most anxious to deal, and therefore, when the hon. member speaking for the Government, said he approved of all the principles contained in the Bill, he thought one of two courses would have been adopted—either to allow the Bill to be read a second time and then to refer it to a Select Committee, or to bring in a short Bill with the points upon which there was mutual agreement. He quite agreed with the hon. member that to consolidate the whole law on the subject would be an admirable thing to do. In fact, it was so admirable, he was afraid it would not be done because such an undertaking, while not of the first importance, would be one of magnitude, as they would find that any measure with this object would eventually be thrust out and indefinitely postponed in the pressure of other legislation.

Mr. Dillwyn said he must go to a division to ascertain the opinion of the House on the principles of his Bill. If the Bill was badly drafted, which he denied, the Solicitor-General had acted conjointly with himself in drafting it.

Sir W. Harcourt said that after the appeal made by the right hon. gentleman, the Government would not go to a division. As to the proposal that the Government should introduce a short bill on the subject, he was sorry to say the Home Office was full of short Bills and it was absolutely impossible to find five minutes to introduce one. He could not consent to the Bill going to a Select Committee, because the House was already overburdened with Committees, nor could he give any promise that the Bill would pass this Session; but if his hon. friend liked to take the second reading of the

Bill, and his chance of passing it when amended, the Government would offer no objection.

The Bill was then read a second time.

## The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.  
President of the Pharmaceutical Society of Ireland, Lecturer  
on Chemistry, Carmichael School of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,  
Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 446.)

### THERAPEUTICS OF THE ALKALINE WATERS.

FEW remedies are more interesting than the alkalies, and they have always been the subject of speculation; for simple, as at first sight, some of their effects appear, there are secondary actions about which there is grave doubt. At times they have been so generally lauded as to be constantly prescribed, and then there has come a reaction in which it has been maintained that they are apt to prove injurious. This being the case with regard to the pharmaceutical preparations of the alkalies, we need not be surprised that the popularity of alkaline spas sometimes seems to wax and wane. Still, these springs have from early times maintained a high position, and increase of our therapeutical knowledge seems to extend rather than restrict the indications for their use. It is obvious that alkalies have a great role to play in practical therapeutics, but this need not blind us to the possibility of their abuse.

Alkaline waters, and for that matter all the potent mineral waters, like other important remedial agents, should be prescribed with care, and patients should not take them except under professional advice. For a like reason medical men should make themselves familiar with the qualities and value of these waters, as well as with those articles of our materia medica which enter into their composition. In any form alkaline remedies are useful and effectual whenever they are judiciously prescribed, and certainly many mineral waters offer us an agreeable method of employing them.

M. Mialhe, whose researches on this subject extend over many years, has arrived at the conclusion that the alkaline bicarbonates really belong to the class of aliments quite as much as iron, phosphate of lime, chloride of sodium, and other inorganic bodies. As like other salts, the alkaline bicarbonates form a necessary part of the animal economy, as their presence is necessary in a sufficient quantity to maintain certain chemical reactions, he thinks the proportion present in the body cannot vary without giving rise to grave disorder, but that an increase

would be much less deleterious than a decrease in their quantity, because an excess is easily removed by the secretions, while there is no way of compensating for an unnatural diminution. This, however, does not satisfy M. Mialhe, who maintains that, in proper doses, the alkaline bicarbonates cannot be injurious, and even in doses far exceeding the usage of our therapeutists, he holds that they are quite inoffensive, and may even be beneficial. He holds, too, and physiological chemistry—of which he is an acknowledged leader—seems scarcely able to dispute the doctrine, that the physical nature of our tissues and vessels presents an insurmountable obstacle to any increase or decrease of the proportion of salts in the blood. Whenever a liquid is introduced into the system containing more of any salt than the blood requires, the excess of that salt escapes by the bowels. Such is the general statement which, although accepted in so many instances, is frequently not admitted in reference to the alkalies, or at least not present to the prescriber's mind, and which M. Mialhe apparently holds as universally true. According to him we cannot alkaline ourselves to any extent we may propose, though we may do so within certain limits, and this degree of alkalisation is, of course, all that is required in therapeutics if this be so.

But how about the alkaline cachexia of which so much has been written? If these views be founded on fact, such a condition could never arise as a consequence of the ingestion of alkaline remedies. Accordingly, we are not surprised to find that the author of these views joins MM. Durand-Fardel, Willemin, Boucomont, Petit, and other observers in scepticism as to these ill effects. At Vichy Durand-Fardel has never seen the so-called alkaline cachexia; yet there, if anywhere, unless, indeed, the explanation lie in the kind of alkali, which we shall discuss further on, we might expect it to be occasionally met with. Willemin, so far from admitting the waters of Vichy to be debilitating, claims for them tonic properties under certain conditions. Boucomont, Pupier, and Petit, hold a similar doctrine. In support of this view it has been recorded that as much as 50, 100, 120 grammes of alkaline bicarbonates have been taken per day without doing any injury. We suppose, however, that our readers will regard such experiments as on a par with those made as to the number of tumblers of water that can be swallowed in twenty-four hours. It is well known that the enthusiastic hydropathists have drunk excessive quantities, and they are to be congratulated on the activity of their skin and kidneys at the time they made such a strain on their secretory apparatus.

Although the existence of this alkaline cachexia is denied it is admitted that improperly administered, alkalies may give rise to serious disorders, especially in cases of anæmia, of great debility, or where there is any excess of alkalinity in the system. May this admission serve to convey the differences of opinion that have obtained? All acknow-



ledge that properly administered in suitable cases, alkalies would at least be very unlikely to do mischief, while improperly given in unsuitable cases, they may cause serious disease. At the same time it should be observed, that many of the cases of so-called cachexia have appeared after the administration of large quantities of alkalies for a considerable period during an acute attack of rheumatism. It is difficult to maintain that the case was not suitable, as others exactly similar did so well under the same treatment. It may be thought that in the system of one patient there was an inability to get rid of excess, or that another had some unknown condition affecting the issue, or that the disease had varied; but these are only conjectures, and it is not easy to understand why the same doses, of the same drug, at the like intervals, apparently under like circumstances, should often prove so beneficial and occasionally so disastrous. Here the differences in the effects of the several alkalies ought not to be overlooked. Foreign writers, in speaking of the alkaline treatment, are apt to forget this point. They never omit to cite the mineral waters of Vichy, and the opinions of the residents at that celebrated spa. But now we would add, that soda being the alkali of Vichy water, it may be that the conclusions are drawn from observations, not necessarily applicable to the alkaline treatment of acute rheumatism, which is carried out in most places with potash, and, as we have said, it is after this disease that injury has been most frequently noticed. There can be no doubt that potash, as a rule, is less easily tolerated than soda. Potash lowers the blood-pressure and the temperature. It seems to possess a direct action on the heart, causing it to beat with less power. The potash salts are some of them very potent cardiac depressors; indeed, they may be called cardiac poisons. They notably depress all the powers of life, but this may be partially due to some influence on the spinal centre. At any rate, it will be seen that potash and soda differ much in their effects on the system, and although it is to be preferred in certain cases, it is always more likely to do mischief. It is, however, only right to remember the case of the illustrious chemist Therand, who fell into a state of grave cachexia after dosing himself with bicarbonate of soda to the extent of thirty grammes per diem. Few of our readers will be likely to recommend the pushing of the drug to this extent, and we suppose those who deny the danger of alkaline cachexia, will say that such an abuse of the remedy was not rational.

*(To be continued.)*

FROM diseases of the zymotic class in the large towns last week, measles showed the largest proportional fatality in Bristol and Sheffield; and scarlet fever in Wolverhampton, Sunderland, London, and Oldham. The 26 deaths from diphtheria included 9 in London, 7 in Portsmouth, 6 in Glasgow, and 2 in Bristol. Small-pox caused 114 more deaths in London and its outer ring of suburban districts, and one in Salford, while no fatal case of this disease was registered in any of the other large towns.

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 1, 1881.

### INCUBATION OF THE COMMUNICABLE DISEASES.

THE theory of incubation is a natural outcome of that of specific poisons. If without a desire for exactitude either expression be used, it furnishes us with a convenient explanation of phenomena presented by a large class of diseases; but if we desire to assign to each a distinct and definite significance, then it is that difficulties insuperable present themselves. Referring to the paper by Dr. Richardson in another column it is evident that from this point of view the talented author addressed himself to the task in hand; hence, at its very outset, the queries as to the precise application of the term “incubation,” and as to the amount of absolute knowledge regarding the thing, the application of the correct term for which is as yet uncertain. Surely this is dealing with the indefinite and abstract. It is perfectly true that “the period between the introduction of the poisonous particle and the period of manifestation of action is the period of incubation”—in so far as popular language is concerned. But in such a case the term incubation is inapplicable in its ordinary sense, inasmuch as the particle itself is not known to produce from within itself other particles or organisms; but rather, its own pernicious qualities to

extend throughout the system and affect the several functions of its recipient. Then again, the term is hardly applicable in reference to diseases which arise from particular combination of circumstances, but without the intervention of any specific poison, and yet which having occurred are capable of transmission from person to person. Of such diseases typhus and dysentery of camps and transports of former days, erysipelas and pyæmia in hospitals, and cholera in times of epidemics are instances, and others could be mentioned. With regard to cholera the author observes that the disease first attacks its subject by way of a chill, also that there is "a physiological reason for accepting chill or rigor as the indication that the poisonous particle has taken effect." But in times of epidemics in India cholera often attacks with violent purging or vomiting, or both, chill, and decreased temperature occurring, not before, but after the violence of the attack has induced collapse. How, also, with regard to these cases, and they are by no means of unfrequent occurrence in some parts of India, where *chill*, occurring in the ordinary course of intermittent fever, is at one time succeeded by the hot stage of that disease, at another by cholera, and on yet another occasion by phenomena so precisely simulating the one and the other, that the result alone really furnishes the diagnosis. In such cases difficulty would be considerable if, as laid down by the author, we "should take the first rigor as the first sign of the disease, and should accept the intervening period between the introduction of the cause and the development of the rigor as the true period of incubation." As already indicated, there occur diseases in regard to which the origin is due to the general conditions in which their subject is placed rather than to "the introduction" from without of a specific poison, and yet which became communicable. The author very correctly observes that these are diseases regarding which a question may arise whether there be a period of incubation at all; if such affections are due to certain kinds of food, as urticaria and some others. Like everything else that the author writes, the paper here referred to is most valuable, as are the practical lessons with which he closes it, namely, that to remove the healthy from the affected, is good practice in the case of communicable disease, the *incubating* period of which is quick and short; to remove those in which incubation is five to eight days in duration may be sound practice, but that in cases of long incubation, removal is less important, and may be prejudicial.

#### THE PROGRESS OF THE IRISH INFECTIOUS DISEASES BILL.

SINCE we congratulated ourselves last week on the defeat of the Notification of Infectious Diseases (Ireland) Bill affairs have taken a turn which calls for the immediate and energetic action of the profession in Ireland to prevent the Bill being made law. The following is the report of what took place on the 23rd ult., when the measure was counted out:—

On the order of the day for going into Committee on this Bill, Dr. Lyons appealed to the hon. member who had charge of the measure to postpone its consideration. It was opposed to the wishes of certain of the most impor-

tant of the learned corporations of Ireland. He had been requested by these authorities to offer opposition to the measure.—Mr. M. Brookes hoped the bill would be allowed to go on. The opportunity which private members had of making progress with their measures was very small; and this, though a private member's Bill, was a very important one. It had been received with unanimity by the public bodies and the private citizens of Dublin.—Mr. Meldon objected to proceeding with the Bill at the hour of 1.30 A.M. The hon. member for Dublin (Mr. M. Brookes) had said that the public bodies and the private citizens of Dublin were in favour of the Bill, but there was anything but unanimity on this subject in Dublin. The medical profession of the city were divided upon it, also the private citizens.—Mr. R. Fowler would suggest that the House should go into Committee, and that progress should at once be reported.—Mr. Callan said the Bill had been a long time on the paper, and there were several amendments. The Solicitor-General for Ireland appeared to be quite ready to proceed with his amendments, and the hon. member for Dublin (Mr. Brookes) was present. The hon. member opposite (Dr. Lyons) had not placed any amendments on the paper so far. If he wished to amend the Bill, he should propose his amendments, and not throw the measure over beyond the Whitsuntide recess.—The Solicitor-General for Ireland said the Bill had been under the consideration of the Chief Secretary, and he (the Solicitor-General for Ireland), with the right hon. gentleman's concurrence, had placed certain amendments on the paper. These amendments he had submitted to those who had charge of the Bill, so that any desirable modification might be suggested. He was perfectly ready to proceed with his amendments, but, of course, he had not charge of the Bill. He thought the hon. member for Carlow would do well to take only a formal stage now. The bill was one of great importance, its object being not a private, but a public one. There were several portions of Ireland where the measure was badly wanted.—The House was counted out at 1.35 A.M.

Since these proceedings took place the Bill has been again placed on the notice paper, and its committee stage will be taken on the first opportunity. The amendments entrusted by the Irish Medical Association to Dr. Lyons, M.P., have not been placed by him on the notice paper, and consequently the proposition of that association that the householder shall be the person to notify infective disease will not, under present circumstances, be moved, but instead a motion will be made by Dr. Lyons to refer the Bill to a select committee; and, if this motion fail, the measure will be debated in committee of the whole house, and a variety of amendments discussed, none of which fully meet the views of the medical profession.

It will be seen that there is imminent danger of this unnecessary, unremunerative, and irksome duty being forced upon the profession throughout the whole of Ireland unless an immediate and energetic protest against the Bill be made without a moment's delay, and we earnestly advise each one of our readers to guard himself and his brethren against this monstrous imposition by writing letters, without the delay of a post, to the county and borough members who represent him, and to all other M.P.s whom he can influence, begging of them to oppose the further progress of the Bill, and, if it goes into committee, to vote against any or every proposal which compels the attendant physician to notify the case of infectious disease in writing. To exercise such influence upon his representative is the legitimate right of every constituent. It will take only a few minutes to do so, and both public and personal reasons require that it shall be done at once, and universally.

Dr. Lyons' proposal that the Bill should be sent to a select committee we deprecate in the strongest terms, except as a means of delaying and defeating the measure. To send a Bill which deals with Irish doctors before a committee of English legislators, who will be well plied with the argument that the notification of infective disease is effectively performed by the doctors in seventeen English and Scotch towns is to doom the profession in Ireland to inevitable defeat. What can a dozen English and Scotch members be expected to know or care about the differences between sanitary law, dispensary practice, and the customs of our profession in Ireland and in England; and what evidence will it be possible for Irish doctors to place before such a committee which may convince them that the law suitable for the one country is unfit for the other. The clearest proof that our anticipations of the verdict of a select committee would probably be realised is the fact that those who desire to force the duty of notification upon the Irish physician are the persons who have induced Dr. Lyons to send the Bill before the committee, and from the further fact that the notification party, while they soothed the hostility of the profession by promising full inquiry and full justice, took no means to obtain that inquiry so long as it appeared possible to pass the Bill, in the teeth of the profession without it. We therefore advise our readers to inform the members to whom they write that they greatly distrust the reference of the matter to a select committee, but, nevertheless, prefer that this course should be adopted rather than that the Bill should be permitted to go into committee of the whole house, where there would be still less chance of the voice of the profession being heard.

#### THE LUNACY BILL.

THE persistency with which Mr. Dillwyn has clung to his Lunacy Bill, was recognised on Wednesday last by the House of Commons consenting to hear it read a second time. Even the energetic author of the measure, however, will hardly be likely to regard his triumph as any reasonable indication of a general acceptance of his views. Every earnest advocate of reform will welcome the opportunity afforded by the occurrence, of exposing the evils attaching to the administration of the law as it stands at present, but for a reason that will hardly commend itself to the shallow critics who accept reports in place of prosecuting inquiry concerning that they so readily condemn. These, like the open-mouthed rustic at a country fair, absorb all, and understand nothing. They take for representations of actual facts the distorted pictures presented by sensational dramatists and novelists; and, brimming over with righteous, but ridiculous, indignation, they demand the immediate redress of their imaginary grievances. We do not pretend that Mr. Dillwyn is one of these deluded persons; we feel sure that the proposer of a Parliamentary measure has carefully and conscientiously investigated the whole of the facts connected with the subject of his Bill. We do not doubt that he is convinced of the desirability of introducing changes into the lunacy law of the present; but we do venture to think that he would not so precipitately demand the changes he has embodied in words, had he an

intimate personal experience of the working of these laws—to be obtained only by careful watching of their effects for a lengthened period. Reform is called for, and urgently needed; but not in the way Mr. Dillwyn and his followers explain. If, in place of dealing hidden—but none the less certain—blows against the existence of private asylums, these advocates of change would for a time direct their energies to the real weakness of the lunacy administration of this country, they might quickly find subject matter for much instructive reflection. In place of private asylums, let them consider the defects and shortcomings of public institutions in which the insane poor of this country are incarcerated. Let them do only a little towards removing the depressing prison-like surroundings of these "homes of the mad," and the blessings of a thousand recovered patients will be the reward for their well-doing. When the highest authority on lunacy in all America can say of our private asylums that they are incomparably superior to any in the world, as places of recovery; and when he pays the highest possible tribute to their excellence by a determination to model American institutions after them, surely Mr. Dillwyn and the whole band of reformers may take heart of grace awhile, and bend themselves to the task of making the State prisons of mental disease more like the centres of private treatment and cure. Then will they be performing a great work—a work of imperative necessity, and that will yield illimitable returns in the way of good results.

As it stands at present, the Lunacy Bill is a useless and purposeless measure. It can tend to do little more than make yet more complicated existing regulations, and the fresh provisions it contains, when examined and carefully considered, are remarkable chiefly for their utter inutility. What point, for instance, is there in the requirement that a certificate of committal shall bear the signature of a medical officer of health, and that, too, of the district in which the chosen asylum is situated? The special characters which testify to superior qualifications in mental medicine possessed by health officers, are not yet apparent to uneducated eyes, and this will possibly account for our utter inability to follow the reason for Mr. Dillwyn's suggestion. Of course Mr. Dillwyn's inquiries may have led to the discovery of an occult connection between sanitation and madness, but it is one which has, up to the present, successfully escaped the notice of all other observers. Similarly, too, we do not see the strength of Mr. Dillwyn's suggestion that discharge shall follow the order of a judge in chambers, a stipendiary magistrate, or a county court judge, a report on the case being first presented by two medical men. It is not stated whether either of these latter is to be possessed of the qualification in sanitary science, so that we may assume, though it requires a sanitarian to diagnose insanity, mental soundness may be apparent to a mere physician. Also the addition of the judicial functionary's signature is to be looked on, we presume, as a sort of set off and ornamental recompense for the publicity the proposed alteration will bring upon afflicted persons who have the misfortune to recover their reason. No other ground can be assigned for the signature, since the patient is not to be interviewed by the signatory, who apparently will act

throughout the proceedings like those upright stakes placed by the South Sea Islanders as spectators and approvers of their performances on great occasions. There can be no objection to the introduction of such changes in the law as would ensure the impossibility of committal by partial or improper persons; not because this is done to any serious extent, or even with frequency, but because it would tend to disabuse the uninformed of their chief impression respecting asylums. It is pitiable to read, even in generally well-informed lay papers, the nonsense written in connection with this subject; and any discussion or other means taken to enlighten the ignorance abounding on all hands concerning it, must be productive of advantage.

Mr. Dillwyn's Bill stands no chance of passing into law this session. He will be acting wisely if he follows the suggestions made to him, to remodel and readjust the clauses of his measure. As it is, no body of sensible men could accept it; as it might be made, we could see our way to giving it a certain amount of support. But ere this can be, the alterations must be many and considerable. Mr. Dillwyn should bear in mind that the weakness of popular declamation against the lunacy laws lies in the utter ignorance of those who so freely condemn them, and that true reform is based on accurate knowledge. With these thoughts before him, he may be able to draft a trustworthy and valuable measure.

#### THE MONT DORE CURE.

THE treatment of those diseases associated with inflammation of the respiratory passages has always been a subject of interest, and very often of deep concern, to the physician. The success which has attended the treatment of "winter cough" in the establishments devoted to its cure on the Continent, has also, from time to time, been the subject of consideration; and in the recent few months an attempt to introduce the plan followed at these institutions into our own country, has been energetically followed and carried to, at any rate, a successful commencement. The "Mont Dore" system of treatment, as followed in the sanatorium of that town in Auvergne, and consisting of a combination of baths, mineral waters, and special exercises, has been particularly introduced to the notice of English practitioners by Dr. Horace Dobell, who conceived the idea of establishing an institution after the same model at Bournemouth, having selected that place, as he tells us, "as the most suitable—if not the only completely suitable—place for establishing the Mont Dore arrangements in this country." His idea was favourably received by the resident medical men, and a company was subsequently formed to carry it out. On Wednesday last the King of Sweden laid the foundation stone of the new building, and we may expect that ere very long a fair trial of the advantages and powers of "Mont Dore" will be made.

It is undoubtedly a fact that a vast number of cases of winter cough, and the slightly grave naso-pulmonary affections are greatly susceptible of rapid cure if submitted to sufficiently early and appropriate treatment. Likewise we must admit that there is at present no place in this country which combines the advantages for which

"Mont Dore" is famous, and which serve to render it so especially valuable as a resort for patients affected in this way. Consequently there is ample ground for supposing that as a mere mercantile scheme the new institution should command success. There seems a danger, however, lest in the desire to extract the utmost good possible from the natural advantages possessed by Bournemouth, these may be altogether destroyed, an event which would at once and for ever ruin the prospects of the Mont Dore as a curative establishment, and reduce Bournemouth itself to a third or fourth rate, and by no means attractive, seaside resort. This danger will appeal to every resident in Bournemouth; but it struck us with the greater force, perhaps, from our regarding the spot with the eyes of one unaccustomed to its features. We refer, of course, to the woods surrounding the town behind. That Bournemouth owes its best characteristics to their presence is an undeniable fact; and equally true is it that if they are destroyed during the next few years with the same rapidity the growth of buildings shows them to be undergoing demolition at the present, then Bournemouth will degenerate to a disagreeable and uninhabitable, bleak, coast side town. As it is, however, it is a delightful spot; and if it is permitted to retain its present attractions, the Mont Dore institution can hardly fail to be a source of benefit to innumerable invalids. As we have said, there is ample need of such a place, and it will be readily appreciated. The prospectus of the scheme details its chief features, but the best account of the Mont Dore treatment, and of the effects it produces, is to be found in a work just published on the subject by Dr. Horace Dobell, to whom is primarily due the merit of introducing it into this country.

It is highly gratifying to note the interest taken in the undertaking by the distinguished visitors who have found Bournemouth so health-restorative. The Queen of Sweden has received a great amount of benefit from her stay there; and both by consenting to perform the ceremony of laying the first stone of the Mont Dore, and by his expressions of grateful appreciation, the King of Sweden testified his recognition of the advantages his family has received from the place. In every way the directors of the Mont Dore are to be congratulated on the success already attending their efforts. We cannot do other than heartily wish them a continuance of it.

#### Notes on Current Topics.

##### Royal Medical Benevolent College.

THE annual general meeting of the Royal Medical Benevolent College was held at the London offices on Thursday last. The chief business of the meeting was that of receiving the report of the scrutineers, and the result of the balloting for pensioners and foundation scholars. This being the second election that has taken place since the alteration of the rules with regard to the mode of election was brought about, the issue, on the whole, may be looked upon as satisfactory. Both pensioners, and nine out of twelve candidates for foundation

scholarships, recommended by the Committee of Selection, were elected by the governors and subscribers, so that the house list was nearly carried in its entirety, in the face of considerable efforts that were made by the friends of candidates, put up for the first time. Only one of the latter, however, was elected, and this was certainly a strong case. The boy was one of a family of nine, and the father had, for several years, been a subscriber to the College. It has been made a subject of discussion, that so very few of the friends of candidates seem to contribute towards its support. On running over the present list we find that of the fourteen candidates for pensionerships, four only subscribed, and of the forty candidates for scholarships, five only of the parents had ever subscribed to the College. In most other class charities it is made an absolute rule that the parents of applicants shall have been regular subscribers for a time, otherwise candidates are ineligible. We are much inclined to think that the Royal Medical Benevolent College should adopt a rule of the kind. This would have the effect of reducing the list of candidates. We are of opinion that the Committee of Selection acted wisely on this occasion in their attempt to clear off candidates whose claims had been urged year after year upon the governors, for the fourth, fifth and sixth time; "the relative claims" of all of whom, under the present rule, certainly rendered them not only eligible, but in most instances, the claims were "most urgent." It is a matter for regret that the boy who stood No. 9 on the list, was again unsuccessful. He is one of a family of six, left in a state of destitution, and having, at some expense, stood three elections, his name is now finally removed, he becomes *ineligible from age*. The claims of No. 32 might well have been postponed a year to make way for the poor boy Albury. The Report deals with other matters of interest to the governors. The educational qualities of the College are modestly alluded to, but it is agreeable to notice that the boys are fairly up to the mark, and able to pass, without additional help, the Cambridge, and other University matriculation examinations, and that a full share of honours and scholarships were secured by them, a proof that the standard of proficiency is well maintained by the pupils of the College. The health of the boys, and that of the pensioners, has received a considerable amount of attention. The requirements of modern sanitary science seemed to render it absolutely necessary to overhaul and re-arrange the drainage, and secure a better supply of water than that obtained from the town. At some cost a well was sunk, and a spring struck, which has turned out to be all that can be desired. It is somewhat disappointing to find that the balance by some few hundreds of pounds is on the wrong side, and that, although exercising every care and economy in management, the treasurer is unable to pay his way, and keep the College out of debt.

#### Metropolitan Hospital Sunday Fund.

THE Council of the Hospital Sunday Fund met at the Mansion House on Monday, under the presidency of the Right Hon. W. McArthur, M.P., Lord Mayor. The first business on the agenda paper was that of sanctioning the

general arrangements, as printing, advertising, &c., prior to the ensuing Metropolitan Hospital Sunday. A report likewise was received and came up for adoption from the General Purposes Committee, on the question of admitting Surgical Aid and kindred societies for supplying the poor with surgical appliances to participate in the fund. It will be in the recollection of our readers that at the last annual meeting a resolution was passed to the effect that the Council should be asked to draw up a scheme whereby these societies might be permitted to share in the Hospital Sunday Fund. Steps were thereupon taken to request a conference, and deputations asked to attend at the Mansion House to discuss the question at issue between the Council and the Surgical Aid Societies. Two only of the six societies thought proper to respond to the Lord Mayor's invitation. After a long and careful consideration the following resolution was unanimously come to by the Council of the Hospital Sunday Fund:—"That having heard the statements of the deputations, and finding the societies represented still consider themselves compelled to encourage the system of obtaining letters (or money equivalent to letters) of the value of the surgical appliance from patients, the Council are more than ever confirmed in opinion that the system adopted by the Hospital Sunday Fund for providing surgical appliances, as at present in operation, is the right one, and in every way preferable, and sufficient to meet the wants of necessitous cases. The Council is therefore not prepared to recommend any scheme which would interfere with what is at present working with so much advantage to the poor and necessitous." We may conclude from the absence of the Surgical Aid Society that its managing committee are quite unable to justify its cruel mode of compelling poor cripples to beg over London for letters or money; and, therefore, the more prudent course would be to abstain from attempting to justify its mode of action before the Council of the Hospital Sunday Fund. The Lord Mayor and Sheriffs will, as heretofore, attend in state at the St. Paul's Cathedral and Westminster Abbey services.

#### The Royal Commission.

THE Royal Commission appointed to receive evidence on the working of the Medical Acts, has unfortunately commenced its business in a way that will seriously interfere with the success it could be expected to obtain. It has decided to hold its sittings in secret, thereby incurring that which it should be the first object to avert—viz, suspicion and distrust. By refusing to admit the representatives of the press to the *séances* of the Commission, those responsible for the order have been guilty of a grave error, and one that will not improbably go far to rob the decisions of the Commission of its chief weight, not only with the medical profession, but also with the public, whose interest is intimately associated with the proceedings of the Committee. There is something eminently distasteful to the present mind of the nation, in the pretence of mystery; there is absolutely nothing in the nature of the labours before the Commission to justify its assuming the cloak of mystery; there is, moreover, every reason for demanding that the world shall be kept *au courant* with what is done as it is done,

that there may be no danger of important subjects being inadequately or improperly discussed. If the report of the Committee is to have any value, or any considerable influence in determining the direction of future reforms, it must be one in accord with the opinion of a majority; and this can be assured only by the majority's being cognisant of the steps by which it is reached. Thus only can the Commission hope for assistance and support. Even it, is not too strong to be without the need of it; and even it, cannot afford to have its judgments unfavourably criticised, as it assuredly will if it arrive at them in opposition to the growing and irresistible demand for great and radical improvement. We have the highest respect for the members of the Committee, and on this account as well we warn them, ere it is too late, to avert the storm. The public, professional and non-professional alike, is too deeply interested in the question at issue, to submit without a protest to the compelled anxiety of a lengthened expectation.

#### Transplantation of Bone.

THE reproduction of bone from grafts has been again and again tried, but until lately no one has been able to record a successful attempt in this direction. As was the case with skin grafts, difficulties arose, and had to be vanquished one by one; but at length a veritable case of new growth from grafts has been recorded, the successful operator being Dr. McEwen, of Glasgow. The subject of the experiment was a child, four years old, admitted into the Glasgow Infirmary in 1878 for necrosis of the right humerus, the shaft of the bone having separated, at that time, from the epiphysis. Operation was resorted to, and the affected bone removed, with the result that fifteen months later there was no bony connection between the condyles and head of the femur. The absence of the shaft and periosteum made it a matter for conjecture as to the proper situation for a new shaft; but guiding his operation by anatomical principles, Dr. McEwen made a sulcus where he considered the bone should be, and in this groove deposited grafts of fresh bone chipped from pieces removed for curing curved tibiae in other patients. The fragments united together, and adhered above and below to the head and condyles of the humerus remaining in situ; and, ultimately, a solid shaft of bone was formed, no more than half-an-inch shorter than that on the opposite side of the body. It is necessary to remark that anti-septic precautions were adopted, and are declared by Dr. McEwen to be essential to the success of the operation. As in the case of skin grafts, the pieces of bone require to be very small, thus admitting of more perfect nutrition than would otherwise follow; but the history of this first case tends to prove that there is nothing to prevent this method of repair from being extensively resorted to in the future. That it opens up a prospect of far reaching benefits is at once plain; and, probably, each one will at once suggest the renewal of bone destroyed by syphilitic ulceration by this means.

#### The Late Dr. Barnard Davis.

THE well-known collector of the incomparable series of crania, known as the "Davis's" collection, and now the property of the Royal College of Surgeons, died recently

at Hanley in Staffordshire. J. Barnard Davis, the most indefatigable English anthropologist of the present age, was eighty years old, and had spent nearly his whole life in the town where he passed his last moments. In 1823 he took out the licence of the Apothecaries' Society, and twenty years later became M.R.C.S. Eng., graduating as M.D., St. Andrew's, in 1862. His studies were directed during his later life to the question of craniology, and in conjunction with Dr. Thurnam, he published in 1856 the "Crania Britannica," with which his name will be always associated. Throughout his business life as a country practitioner Dr. Davis was always alert to secure any chance specimens of skulls that were to be obtained, and thus it was he gradually accumulated a collection of which the Hunterian Museum can now boast the possession. "A long life and a useful one" is the worthy record of the deceased *savant's* existence. Without any startling events to work its calm progress, he yet achieved a great and valuable work, and leaves behind him memorials that will perpetuate his recollection so long as science is the study of man.

#### Memorial of Harvey.

MR. ALBERT BRUCE JOY'S statue for the Harvey Tercentenary Memorial is, says *Nature*, now cast in bronze, and will probably be soon sent to Folkestone, the native place of the discoverer of the circulation of the blood, where a suitable site has been provided for it on that well-known promenade the Læes. In modelling his successful statue, Mr. Joy has closely followed the portrait of Harvey by Janssen, preserved in the Royal College of Physicians. Mr. Joy has also produced a reduction of the bust of Harvey.

#### The International Medical and Sanitary Exhibition.

IN consequence of the excessive number of applicants for space at the forthcoming exhibition her Majesty's Commissioners have placed the western Picture Gallery at South Kensington at the disposal of the committee, and the Royal Horticultural Society have given up the whole of their arcades for the purposes of the exhibition. These extra facilities will assure to all exhibitors good positions, and the committee will also be able to receive further applications for space up to the end of the present week. The number of exhibitors who have already paid for space far exceeds in importance those of any previous exhibition of a similar kind. The exhibits not only include the leading industries connected with medicine and architecture in this country, but they include important contributions from France, Germany, Austria, Italy, Switzerland, Russia, Belgium, Holland, Norway, India, and the United States. The number of exhibitors has been so great that the final allotment of space has been delayed in consequence. The plan of the exhibition buildings has now been completed, and the exhibitors will know the positions they are to occupy by the 1st of June. The exhibition opens on the 16th of July. Mr. Mark Judge, the secretary, will supply all information at the Parkes' Museum, University College.



### Society for Relief of Widows and Orphans of Medical Men.

THE annual general meeting of this valuable charity was held a few days since in the rooms of the Royal Medical and Chirurgical Society, the President, Sir Geo. Burrows, Bart., in the chair. The report for 1880 was read by the secretary, from which it appeared that a sum of £2,942 had been distributed during the past year among 60 widows, 15 orphans, and 3 recipients of the Copeland Fund. The expenses of the year were £177 11s. 3d. The total receipts available for payments of grants and expenses had been £3,132 17s. 5d.; the grants and expenses had been £2,119 12s. 3d., leaving only a balance of £13 5s. 2d. at the end of the year. The funded property of the Society had not been increased. During the year one widow had died, and two had become entitled to grants, two orphans had become ineligible for further grants, and three had been elected. Eight members had died, and six had resigned, and only three new members had been elected—leaving a total of 375 members on the books at the close of the year. The following office-bearers were elected for the ensuing year: Drs. Semple, Self, Augustus Brown, and Cumberbatch, Mr. Spencer Watson and Mr. Vasey to be members of the council *vice* the six senior members who retire. A vote of thanks was unanimously passed to the editors of the medical journals; and it was resolved that the court of directors should be requested to consider the desirability of sending a circular to all medical men residing within the area of the society's operations.

### Otology at the British Medical Association Meeting.

THE ensuing meeting of the British Medical Association at Ryde will doubtless be somewhat overshadowed by the glories of the International Medical Congress, which immediately precedes it. The number of sections is therefore limited. Besides the four sections of medicine, surgery, obstetric medicine, and public medicine, there is, however, to be one sub-section, *viz.*, of otology. Dr. Urban Pritchard, of King's College, is to be chairman, and Messrs. Douglas Hemming, of Bournemouth, and Cresswell Baber, of Brighton, hon. secretaries. It is intended to devote the two first days of the meeting to discussions on the two following subjects:—1. The relation of diseases of the nasal passages and naso-pharynx to aural affections. 2. The treatment of acute suppurative inflammation of the middle ear, with especial reference to the perforation of the mastoid. Each of these subjects is to be reported on by a gentleman who has given special attention to it, and it is intended, if possible, to circulate the conclusions of these reports, which will form the basis of discussion, among those who have signified their intention of being present, some time before the meeting takes place.

In consequence of the continued increase in the number of cases of small-pox, and the want of hospital accommodation for isolating cases of this disease, the Asylums Board has received the authority of the Admiralty to select a suitable ship from among those laid up at Chatham, for conversion into a temporary hospital ship.

### Cocculus Indicus in Epilepsy.

IN the *Mich. Med. News*, Dr. H. M. Hurd states that he has tried *cocculus indicus* in cases of confirmed epilepsy with good results, the number and severity of the attacks being almost invariably reduced and the intellectual activity improved, rather than diminished as it so often is by the use of bromides. It appears to answer best where the patient is otherwise in good health and the convulsive attacks are attended with mania. In the *Virginia Med. Monthly*, Drs. A. U. Wiseman and W. S. Crump record cases of epilepsy treated with *gelsemium*, in which the fits ceased soon after the treatment, and did not recur again for several months.

### Burglary in a Registrar's Office.

ON Monday week the office of Dr. Boyd, registrar of births, deaths, and marriages for New Ross, co. Wexford, was broken open, and an iron safe containing the registration books stolen away. In the morning the safe was found in a marsh by the river side outside the town, broken open, and the books and papers scattered about, the burglars being sadly disappointed at not finding any money or valuables.

### Incision in Purulent Pericarditis.

AN extraordinary and interesting case is recorded in the *Berliner Klin. Wochenschrift*, No. 5, 1881: A boy, ten years of age, suffered from empyema and purulent pericarditis. The pleura was accordingly tapped, and thirty-eight ounces of serous effusion were withdrawn. The pericardium was tapped, and about four ounces of pus taken out. The patient's condition did not much improve; there was very considerable and increasing dyspnoea, with lividity, and some œdema of the feet and legs; sleep was much broken, and the general condition very low. Under the circumstances, it was determined to incise the pericardium, as the physical signs pointed pretty conclusively to a further accumulation of fluid within it. The operation was carried out under the strictest antiseptic precautions. An incision, about three centimetres long, was made between the fourth and fifth ribs, close to the left margin of the sternum, and each layer separately divided until the pericardium was reached. An opening was then made into it, through which a considerable quantity of pus escaped; two drainage tubes were put in, and the wound dressed after Lister's method. The patient was, very shortly after the operation, able to lie on his back, and felt much relieved by it. It was not however, until at least two hours later that the pulse became appreciable. On the day following, the temperature stood at 101° Fahr., but it then came down to normal and remained so. At the end of eight weeks the pericardial wound, which had been gradually closing, was cicatrised. There were no further pericardial troubles. But the signs of the pleuritic effusion pointed to a fresh collection in this cavity, while there was still fever after removing thirty-five ounces of fluid; as the general condition, therefore, was not relieved, a free incision was made into the chest, and another fifty ounces were removed. Improvement now set in, and at the end of six weeks the wound had closed, and the patient was sent out of the hospital cured.

The author draws the following conclusions from his case:

1. The case teaches that purulent pericarditis, just as empyema, may at times run its course without giving rise to fever or œdema of the tissue, so that the nature of the exudation can only be decided after an exploratory puncture. 2. We must not abstain from removing the exudation on account of any supposed myocarditic changes. 3. In cases of considerable pericardial effusions, change of position may not influence the line of dulness; but this fact must not always be interpreted in favour of dilatation of the heart.

### The Relation of Brain Structure to Intelligence.

THERE is plainly to be noticed a growing doubt among the most competent biologists as to there being any fixed relation between brain structure and mental function. That pet theory of a few years back is not now tenable. There is a *tertium quid* in the evolution and action of intelligence which we cannot yet put our finger on. One example in point may be mentioned, from a recent lecture of Prof. Calderwood, of Glasgow. Speaking of insects, he quoted Sir John Lubbock with reference to their position in the order of development. Sir John said that, though the anthropoid apes ranked next to man in bodily structure, ants claimed that place in the scale of intelligence. Once he had watched an ant working, and it worked from six in the morning to ten at night without intermission, carrying one hundred and eighty-seven larvæ to its nest. Professor Calderwood said that it became apparent that anatomical structure was not in itself an adequate guide in determining comparative importance in the scale of organic existence, and that even comparative brain structure could not be taken as a sole test of the measure of intelligence. The whole order of ants presented quite exceptional difficulties for the theory of evolution, and also for the theory of intelligence, which seeks to account for it by complexity of brain structure.

### Rights of Public Teachers to the Material of their Lectures.

A CASE of much general interest has just been decided by the Supreme Court of the State of New York. The facts briefly are as follows:—Dr. Darling, professor of anatomy in the University of New York, has for years been accustomed to have an assistant, before the hour of his lecture, place upon the blackboard certain tables and diagrams, which he had found useful in the teaching of anatomy. This work was done for some time by Leo T. Meyer, a medical student, now a graduate. Dr. A. L. Ranney is Prof. Darling's assistant in teaching anatomy. In 1879, Dr. Darling and Dr. Ranney sold to the Putnams, medical publishers, the right to publish the substance of Dr. Darling's lectures, under the name of "The Essentials of Anatomy." About the same time that this was issued, Meyer published a work called "Meyer's Guide to the Study of Anatomy." This was avowedly taken from Dr. Darling's lectures, and its claim for patronage rested solely on Dr. Darling's reputation as a teacher of anatomy. The Putnams applied for an injunction to prevent Meyer from selling his work. Recently, the Courts have granted this injunction, so that hereafter Meyer can only sell his book to the medical students of the University, and on the

grounds of said college building. This permission was given on the ground that Dr. Darling had given to Meyer permission to print and sell to Darling's classes the synopsis of his lectures.

The Court held that "mere permission to print, without permission to publish, does not divest the author of his property rights."

"Lectures and plays are not, by their public delivery or performance in the presence of all who chose to attend, so dedicated to the public that they can be printed and published without the author's permission. It does not give to the hearer any title to the manuscript or a copy of it, or the right to use a copy. In the case of Abernethy, it was held by the Courts that while students might take full notes of the lectures, yet they could only use them for their own information, and not publish them in a medical journal without the author's permission. In short, they could not sell a lecture which they had not bought for selling.

The decisions thus given in this case are of much importance, in that they establish: 1st, the right of lecturers to retain full property in material which has been publicly delivered in the form of lectures; and 2nd, the value of a verbal permission "to print" as affecting a formal contract "to publish."

### The Policy of the Irish College of Physicians in Reference to Medical Coroners.

FROM the following letter it will be observed that Dr. Lyons, M.D., has felt himself obliged to refuse to present to Parliament the petition adopted by his own college praying *inter alia*, that medical practitioners should be no longer permitted to hold coronerships.

SIR,—I have felt it my duty to the profession of which I have the honour to be a member, to decline to present to Parliament a petition which prays that any "reform of coroners' law which may receive the support of Her Majesty's Government should contain the following essential provision:" "2. That every coroner should be either a barrister-at-law or on the roll of solicitors." To this prayer of the petition of the King and Queens College of Physicians in Ireland, I beg leave very respectfully but firmly to demur; and I believe it to involve such a vital principle, as affecting the public rights of the profession, that I have begged the college to relieve me from the embarrassment of presenting to the House of Commons a petition from the prayer of which I so fundamentally differ. It has been all through my life my aim to secure for the profession of medicine that full recognition of right and equality with all other callings in the State, to which I believe it to be so justly entitled by its learning, its services to humanity, and the high character of its individual members. I am convinced that the well-educated physician is as fully competent and as well entitled to fill any office in the State to which he may be called, as any other member of the community; and I shall never consent, directly or indirectly, to the imposition of a disability or disqualification on a member of the profession, such as that now sought to be entailed upon him.

I will venture to affirm, after careful search, that no such condition as that referred to has ever been sought to be placed on the office of coroner, from the earliest statute which I can find on the subject—that of 3rd Edward I, of the year 1275, entitled "What Sort of Men shall be Coroners," and the 11th and 12th Edward I, (1283-1284)—statutes drawn with all the wisdom and care which marked the legislation of that great sovereign

and which, as has been very properly observed, in regard to all public questions, and, I would add, inclusive of land-legislation, would do credit to the times and reign of Victoria.

That the College to which I have the honour to belong, and which has so justly earned a high place in the history of medical corporations, should seek to impose this disability on its own alumni, whom it has ever sought to raise to the highest standard of medical and general culture, is a circumstance of astonishment and regret. Amongst its own Fellows will be reckoned the founders of peerages; and it has recently delighted to honour the war-services of Dr. Reynolds, V.C., at Rorke's Drift, to speak of no other instances. Of the many distinguished medical men who have filled administrative posts with singular ability and high credit to the State, I will only mention Dr. Sandwith, Sir Samuel Rowe, etc.

It is because I feel that to close even one door of the great avenues to public service would be to give evil example and to yield a vital principle, that I contest the action of the College on this occasion. I purposely avoid discussing the nature or functions of the office, on which much may be said to support the opposite view—that taken by the College; and I desire to enter my protest on the broadest ground, and to record my opinion that the well-educated physician is fitted for any position in life to which his fortune calls him. I have the fullest confidence that the profession will sustain me in this view with no uncertain voice.—Yours faithfully,

R. D. LYONS, M.P., F.K. & Q.C.P.I.

17 St. James' Place, London, May 25th, 1881.

WE understand that drugs and chemicals were the first subjects taken up by the French Treaty Commissioners at their meeting yesterday.

In the principal large foreign cities, the mortality, according to the most recent weekly return, was in—Calcutta 46, Bombay 33, Madras 37; Paris 28; Geneva, 24; Brussels 24; Amsterdam 26, Rotterdam 19; The Hague 24; Copenhagen 19, Stockholm 30, Christiana 16; St. Petersburg 64; Berlin 27, Hamburg 27, Dresden 22, Breslau 31, Munich 35; Vienna 32; Buda-Pesth 35; Rome 24; Venice 26; Alexandria 33; New York 35, Brooklyn, 22, Philadelphia, 23, Baltimore, 21 per 1,000 of the various population.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**THE COMBE LECTURES.**—On May 24 the fourth of a series of Combe lectures were delivered by Dr. Andrew Wilson, F.R.S.E., in the Training College, Edinburgh. There was a large attendance. Dr. Wilson began his lecture by describing the haunch bones, along with a lower limb, and in referring to the heel of man remarked that while humanity owed much to its hands, it likewise depended largely on its heels, which were a most efficient fulcrum, and assisted greatly in the easy maintenance of an erect position. Proceeding to describe the functions which the muscular tissue, or flesh of animals performed, he said that muscle enabled us to execute ordinary movements, and assisted in food digestion through movements of the alimentary system. It was also a means for the expression of the emotions, for speech, and for the circulation of the blood, the heart being a hollow muscle. The structure of muscle, and its division into voluntary and involuntary

muscle, was next described, and Dr. Wilson concluded by referring to peculiar forms of movement occurring in living beings, and known as ciliary and amoeboid movements. The latter form of motion, he said, was seen in the white corpuscles of the blood, the lecturer remarking that it was curious to find in the human organism myriads of particles of protoplasm, which to all intents and purposes had as free and independent powers of movement as the animalcules of a pool.

**SMALL-POX IN SCOTLAND.**—The Board of Supervision have issued to local authorities a circular calling attention to the great danger at present existing of the disease of small-pox being widely spread or becoming epidemic in Scotland. It states that in London small-pox is widely prevalent, and one instance is known to the Board in which the disease has been very recently imported thence to Scotland. The stream of foreign emigrants (mostly unvaccinated) passing through Scotland on their way to America presents another source of danger, and cases of small-pox have actually occurred among these emigrants in the course of their journey through Scotland. The Board therefore think it expedient to direct the special and immediate attention of local authorities to the powers and duties entrusted to them by the Public Health Act, by means of which the disease may be mitigated and checked when it occurs in Scotland. The circular then proceeds in detail to point out the four precautionary and preventive measures to which every local authority should at once direct their attention, viz., vaccination and re-vaccination, removal of nuisances, notice of cases, hospitals and isolation of the sick, machinery for the carrying out of which the Board provides.

**SMALL-POX AT GLASGOW.**—Of late several deaths from small-pox have been registered in Glasgow. Two of the cases were Swedish emigrants on their way to America. Precautions have been adopted with a view to detection, isolation, and treatment of infectious diseases among emigrants.

**DEATH-RATE OF GLASGOW.**—The deaths in Glasgow for the week ending with Saturday, the 21st ult., were at the rate of 24 per 1,000 per annum, as compared with 26 in the previous week, and 25, 23, and 24 in the corresponding weeks of 1880, 1879, and 1878.

**HEALTH OF EDINBURGH.**—The death-rate of Edinburgh for the week ending with Saturday, the 21st ult., was 19 per 1,000, the total deaths being 78. No deaths from fever, diphtheria, measles, or small-pox was reported, and only six from scarlatina and whooping-cough.

**ANTI-VIVISECTION CONFERENCE.**—A conference of ladies and gentlemen opposed to the practice of vivisection was held on the 21st ult., in one of the rooms of the Bible Society, Edinburgh, under the chairmanship of General Grant. There was a small attendance, the majority of those present being ladies. The customary motions were proposed and adopted. Dr. Doig, Bathgate, took part in the proceedings.

**THE LATE PROFESSOR SANDERS.**—A meeting of the medical profession was held last week, in the hall of the Royal College of Physicians, to take into consideration the propriety of erecting a monument to the memory of the late Professor Sanders. It was proposed by Professor MacLagan, and seconded by Professor Balfour—"That this meeting, having regard to the affectionate esteem in which the memory of the late Dr. Sanders is held by his numerous friends, is of opinion that expression should be given to it by the erection of a permanent memorial." It was also proposed by Dr. Joseph Bell, and seconded by Dr. Underhill—"That a committee be appointed to consider in what manner this object may be carried out, and to raise the necessary funds for doing so."

Dr. Batty Tuke and Dr. Blair Cunninghame were appointed joint and honorary treasurers and secretaries.

**THE COUNTESS OF ABERDEEN AND THE MATERNITY HOSPITAL, EDINBURGH.**—On Friday last, the Countess of Aberdeen visited the Royal Maternity and Simpson Memorial Hospital, and was received and conducted through the hospital by Dr. Keller, acting physician on duty; Professor Simpson, Dr. Angus Macdonald, Mr. Turnbull Smith, C.A., the secretary; and Mrs. Mather, the matron. Her ladyship minutely inspected the hospital, and expressed her great satisfaction with the arrangements and with the general appearance of the house. Before leaving, Lady Aberdeen gave each of the patients a little book, accompanied with a kindly word, and expressed to the secretary her willingness to become the patroness of the institution.

**THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.**—At the last meeting of the College Professor Spence and Dr. P. H. Watson were elected to attend the meetings of the Royal Commission on Medical Education. Dr. Joseph Bell, the secretary of the College, will accompany the deputation as prompter, in case his services may be required.

**THE MEDICAL OFFICER OF HEALTH FOR ABERDEEN.**—The appointment to this office will not be made till the third Monday in June.

**THE ABERDEEN MILK EPIDEMIC.**—The report of the Board of Supervision inspectors is not yet published, but it is believed that it will award great praise to the skill and energy displayed by Dr. Beveridge, the chairman of the Health Committee, in suppressing the further spread of the epidemic, which at one time threatened most serious results.

#### THE ANNUAL REPORT OF THE IRISH COLLEGE OF SURGEONS.

THE annual meeting of the College to receive the Report of Council will take place on Saturday next. The Report states that the Council have held during the year forty-five meetings, which indicates constancy in active work since the date of their election, this number of meetings being greatly in excess of the number usually held.

During the year 14 candidates were admitted to the fellowship, 103 received the letters testimonial, and 10 the diploma in midwifery; 94 candidates for the junior examinations, and 40 for the final, were rejected. Three hundred and thirty-five candidates presented themselves for the preliminary examination, of whom 88 were rejected; 111 gentlemen received the diploma in dental surgery. The entire number on the lists of the College amounts to 350 fellows, 3,156 licentiates in surgery, and 270 licentiates in dental surgery.

The College began its year with a balance of £358 in hand, and ended with £267 in bank, the total outlay being £6,158. This, however, included £742 paid to the builder of the museums on completion of his work, and £488 to the same builder for miscellaneous building work for some years past. The dental examinations brought in an income of nearly £1,500, out of which the College had to pay for expenses and for refunds to rejected candidates £611. Passing by the section with reference to the library and museum, the Report gives the proceedings of the Council with reference to a variety of matters of interest which space does not permit us to recapitulate, the chief of which is the new scheme of education and examination. The document is, in our opinion, a very insufficient and unsatisfactory account of the stewardship of the Council. Presented at a date when most of the matters contained in it have ceased to have much interest, and when all action upon these matters by the Fellows is too late, the Report would be of little use to the constituency even if it gave them full information. But this it does not do, for it offers to the Fellows nothing but bare resolutions, the circumstances under which these resolutions were adopted being omitted, and the amendments and votes thereon being left out. Amongst the other remarkable omissions in this Report is the absence of any allusion whatever to the reso-

lution adopted by the College at its meeting this time last year, requesting the Council to send to the Fellows at least once each quarter a *précis* of its proceedings. By a unanimous vote the Fellows preferred the request that they should be kept informed as to the doings of the Council, and not only has that request not been complied with, but the recommendation has been entirely ignored in the annual report. We have reason to know that the resolution of the College was acted upon, and that a *précis* of the first half-year's work of the Council was prepared, but it was not sent to the Fellows for reasons which, no doubt, the President will be prepared to state. We, however, think that the Fellows who appoint the Council have an indisputable right to know how the persons so appointed discharge their duty, and ought to be afforded the opportunity to judge how far such persons are worthy of their votes; and we rather think that if divisions in Council were taken *coram publico*, the constituency might receive unexpected enlightenment as to the opinions and acts of their representatives. At any rate, the complete disregard of the recommendation of the College on this subject needs explanation, and we shall be interested to hear what excuse can be offered for treating it with silent indifference.

#### THE ANNUAL MEETING OF THE IRISH MEDICAL ASSOCIATION AND THE MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

THESE meetings will be held on Monday next, June 6th, at the Royal College of Surgeons in Ireland. The business of the day will be inaugurated by a breakfast, given at the Shelburne Hotel by the President of the College, Dr. McClintock, to the members of the Association. The meetings will be especially interesting this year. The Report of the Council of the Association not only gives a most creditable *résumé* of work done for the interest of the profession in the past year, but deals with subjects of extreme interest to Poor-law medical officers, and gives to the members information of the projects which the Council has in hand for the coming year. The important and difficult problem of Poor-law medical superannuation is at length within the scope of practical politics—a matured scheme for a Widows and Orphans Fund will be submitted—the acts of the Council in reference to the notification of infectious disease will probably be discussed, and the probable legislation on coroners and on Irish Lunacy Law will be considered.

This is a programme worthy of consideration, and we hope to see a full meeting present to express the opinions of the members on these points, and to encourage the Executive of the Association by showing an interest in their work. The dinner in the evening is always a professional gala, and it will, we understand, be this year more numerous attended than usual. Invitations have been issued to several Peers, Members of Parliament, and heads of departments.

#### THE IRISH COLLEGE OF PHYSICIANS AND THE NOTIFICATION OF DISEASES BILL.

THE Registrar of the College of Physicians in Ireland has officially addressed to the Dublin papers a note that "Dr. Lyons's statement that, in opposing the commitment of the Infectious Diseases Bill, he represented the medical profession in Dublin is incorrect," and that the "College of Physicians are in favour of the principle of the Bill." We have already pointed out the perfect truth of Dr. Lyons's statement for which he had the warrant of a vote of two to one of the medical practitioners in Dublin, and we need not go beyond this to justify the City member in his statement.

But we are curious to know how the Registrar can justify the assertion that his College is "in favour of the principle

of the Bill." The only impression which any one can derive from the letter is, that the College endorses the proposal of Mr. Gray that the physician should be compelled, under penalty, to give a written certificate of each case of infective disease. This proposal, and nothing less, is "the principle" of the Bill, and it is not straightforward to represent the College as approving of "the principle of the Bill," because it holds (as every one does) that notification by some one is desirable, when, in fact, the College has declared itself directly hostile to the proposal of Mr. Gray to which we have referred. That the Irish College of Physicians joins heartily in the general condemnation of this Bill is beyond doubt, for we have before us their official "observations" and their amended copy of the Bill itself. We quote from the former document the following passage: "In July, 1880, the President and Fellows adopted a resolution expressing their readiness to advance legislation for that purpose, *provided that the onus of notifying be placed solely upon the owner or occupier of the house* (or other responsible person) in which infectious disease may occur. The College still hold the same view, as they believe it would be injudicious to impose the responsibility of notifying upon the medical attendant."

The College goes on to express the hope that the Bill "to which there are strong objections" may not become law until a Select Committee shall "have reported" thereon, and it proceeds as follows:—

"The College believing that to impose upon the medical attendant the duty of notifying directly to the sanitary authority as to the infective nature of the illness of his patient might tend to a breach of confidential relations which should exist between the physician and his patient. They consider that the legal responsibility of notifying to the sanitary authority should entirely devolve upon the head of the family, or owner or occupier of the house in which infectious disease occurs, and that the duty of the physician shall cease when he shall hand to the head of the house a certificate as to the nature of the illness."

If this be what the Registrar describes as approval of the principle of the Bill, we think that Mr. Gray will not thank the College much for its very limited approbation, and we further think that the profession will agree that the statement made in the official letter of the Registrar is inexplicably at variance with the real fact.

Finally, we venture to inquire why these "observations," dated April, 1881, have not seen the light until Monday, the 23rd of May. Every one knew that the Bill was going to a second reading, yet the opinion of the College was withheld, and it was not until after the date at which the Bill was to have gone through Committee that the Fellows were presented with the text of this condemnatory manifesto of the College.

## Correspondence.

### THE NOTIFICATION OF INFECTIOUS DISEASES AND THE IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The attention of the Committee of Council of the Irish Medical Association having been directed to an article in the *Medical Press and Circular* of the 25th May, in which the action of the Irish Medical Association with regard to the Notification of Infectious Diseases Bill is referred to, the Committee of Council desire it to be distinctly understood that the article in question was not written or published with their knowledge or authority.

By order of the Council

of the Irish Medical Association.

8 Dawson Street, Dublin,  
May 30, 1881.

[If the article referred to in the foregoing note were susceptible of being interpreted as an authoritative or even a distant semi-official utterance of the Irish Medical Association we should, in the interest of that body, approve of the foregoing repudiation, for it would be obviously inexpedient and dangerous that such an organisation should be held liable for editorial writings over which it has no

control. After careful perusal of the article in question we cannot find that anything which it contains justifies the Executive of the Association in disclaiming words which were never in the remotest degree attributed to them, but which, on the contrary, bear the obvious impress of being unofficial and journalistic. As, however, those who desire to victimise the profession in hope of a visionary gain to sanitation, might seek to make capital against the Irish Medical Association by connecting it with the editorial which seems to be so objectionable to them, we will deprive them of the chance of doing so by publishing the above letter, and declaring, editorially, that no person unconnected with the *Medical Press* is responsible directly or indirectly for any part of the article. While we recognize the propriety of a medico-political association preserving carefully the independence and self-responsibility of its own acts, we must be as cautious with reference to our own freedom of speech, and we, therefore, avail ourselves of this opportunity to say that our editorial policy has not been, and will not be, shaped in any way on the pattern of the policy of the Irish Medical Association. It has been a pleasure to us to find ourselves almost always in accord with the purposes aimed at by that body, and the means adopted to attain its objects, but we may to-morrow find ourselves "in the opposition lobby," and if so we certainly shall not ask leave of the Association (as the Association is not expected to ask ours) to advocate what we think best for the profession. As, by the foregoing letter and these observations it has been made quite clear that the Association and ourselves are totally irresponsible the one for the other, we hope we shall not again be favoured with unnecessary disclaimers on the subject. We can, perhaps, better than the Association, afford to disregard the ire of Mr. Gray and the numerically insignificant section of the profession who seek to burthen medical men with the obnoxious duty of notifying infectious disease, and we, therefore, need not hesitate to speak much more emphatically and decisively on the subject than any association can wisely do, and we shall certainly continue to use our own language and policy, even at the risk of being "repudiated."—Ed. M. P. & C.]

### CLINICAL RECOGNITION OF IRISH UNION HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will thank you to publish the enclosed list of Irish union hospital physicians, who have authorised me to append their signatures to a memorial to the Senate of the Royal University, praying for the recognition of one year's clinical attendance at such hospitals.

The General Medical Council, and some of the more enlightened colleges, have indeed recommended students to spend one year at such hospitals, but this permissive legislation has notoriously broken down, and with its breakdown vanished the chance of that practical training which the scattered students who, under other circumstances, would have attended them, would have obtained at them, and which certainly can now only be obtained by the mass of those attending regular clinical hospitals, who have too often to struggle to peer over one another's heads in order to obtain even a dim vista of the distant patients. This list is merely the first batch of names received. I urge the rest of my hospital brethren to send in their names as soon as possible. Two deputations will also be organised, one to wait on the Senate, and the other to interview the medical members of it. The justice of our claims, and the earnestness with which my proposal has been taken up, leave no doubt as to the ultimate result. The Senate has already, by the recognition of midwifery attendance at our hospitals, so committed itself that if other grounds were wanting it would be logically obliged to fully acknowledge our just claims. I am rejoiced that my hospital brethren have taken the matter up so warmly, and are so fully alive to the great advantages which they, students, the public, patients, medical science, and all parties concerned, would derive from turning to clinical account the 111,000 patients that are annually treated in the great network of the union hospitals of this kingdom.

There will be a private conference of union hospital physicians at the Hibernian Hotel, Dublin, on Monday, June 6th. The conference will be held within an hour after the early trains arrive, say about half-past twelve o'clock. I would urge as many as possible to attend, and request those who

intend doing so, to communicate with me beforehand. Those who may desire it can afterwards attend the Medical Association.

I am, Sir, yours, &c.

THOMAS LAFFAN.

Cashel, May 25th.

Drs. Thomas Woods (Parsonstown), R. Macanley (Ballina), Michael Macnamara (Corofin), R. Bradshaw (Carrick-on-Shannon), E. Rawson (Carlow), John Adrien (Drogheda), R. Barry (Limerick), R. W. Ronayne (Youghal), Abraham Kidd (Ballymena), George Peirce (Newcastle), Wm. Carleton (Delvin), Andrew Nolan (Gort), Hans Fleming (Omagh), J. W. Killen (Larne), Andrew Spearing (Antrim), Richard Murphy (Carrick), E. Fitzgerald (Mallow), R. O'Ryan (Ballieborough), John Roche (Fermoy), H. O'Farrell (Boyle), G. O'Farrell (Boyle), P. J. Nicolls (Navan), C. J. Payne (Clifden), J. M. Nichols (Dublin), J. G. Adamson (Lurgan), N. Mahon (Ballinrobe), R. O'Reilly (Lismore), P. J. Cremen (Cork), T. Fleming (Croom), A. McConnell (Belfast), C. Coote (Kilrush), Brice Smyth (Belfast), John J. Dnigenan (Edenderry), G. M. Hearn (Bawnboy), Edward Maguire (Cork), G. W. Adrien (Balrothery), Luke Shanley (Athlone), A. B. Veey (Magherafelt), Wm. O'Neil (Mitchelstown), G. K. Given (Gortin), T. Scully (Clonmel), David J. Browne (Londonderry), T. H. Moorhead (Coothead), Charles McDonnell (Glin), M. Spotswood (Cahirveen), P. W. Cullinan (Ennis), Robert Thompson (Uringford), Michael Shanley (Strokestown), G. M. O'Connor (Ballycastle), R. E. Parke (Newtownards), J. Miles (Dingle), D. O'Brien (Ennistymon), Thomas Hayes (Rathkeale), Henry Webb (Dingle), E. Hadden (Clonakilty), J. Dowling (Tipperary), G. W. Daly (Dunshauglin), Thomas Laffan, (Cashel), M. D. O'Connell (Kilmallock), M. O'Connor (Limerick), Fitzjohn Irwin (Kilkeel), Joseph G. Burne (Dublin, South), James Kelly (Ballinrobe), P. L. O'Neil (Athy), James C. Holland (Dunbarvan), J. R. Minnitt (Nenagh), R. D. Kenny (Dublin, North), J. Hartigan (Croom), and B. Madigan (Kilrush).

London Hospital Medical School.—The following is a list of the prizes awarded at the recent scholarship examinations:—*Clinical Medicine*: Mr. J. A. Williams; Mr. Harris and Mr. Adkins (honorary certificates). *Clinical Surgery*—Mr. J. A. Williams; Mr. Russell (honorary certificate). *Anatomy Scholarship*—Mr. Alden; Mr. J. Thomas and Mr. Langton (honorary certificates). *Anatomy, Physiology, and Chemistry Scholarship*—Mr. F. H. Taylor; Mr. Gordon (honorary certificate). *Out-Patient Dressers' Prizes*.—Mr. Nicholson, £15; Mr. F. H. Taylor, £15; Mr. Blaxland, £10. *Duckworth Nelson Prizes*.—Mr. J. A. Williams; Mr. Russell (honorary certificate).

## NOTICES TO CORRESPONDENTS.

DR. H. (Edinburgh).—Yes, we noticed the "crib" unacknowledged from our column; but it has occurred so frequently that we have given up directing attention to the practice.

DR. PIRSON.—We intend devoting a series of articles to the subject referred to in your letter in the course of a week or two; evidence is being collected in order to treat the subject exhaustively.

MR. RIVINGTON is thanked; his request shall receive due attention.

C. J. H.—We have not had a suitable case under our notice lately in which to test the remedy; it has not escaped our notice.

DR. J. MURRAY LINDSAY.—It has been passed on to the proper channel, and will doubtless receive early attention.

MR. G. T. A. F.—We are at all times glad to receive local medical news of interest, and friendly hints from our readers; but dictatorial advice as to the views we should adopt, in the style of our correspondent's letter, amounts to impertinence. When he has provided himself with "A Few Rules of Medical Etiquette," and learned some of those elementary lessons which usually guide gentlemen in their conduct towards each other, we shall be glad to hear from him again.

MR. W. JOHNSTON (Bathgate) will receive a private note.

MR. STEPHEN ALFORD'S paper "On the Practical Treatment of Dipomania" is marked for insertion in our next. The slips for private distribution shall be sent him as desired.

### THE EVILS OF TIGHT LACING.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

I WAS glad to read your article on this subject last week. It is one which I have always taken great interest; and upon my opinion being recently asked by a mother with several daughters as to the best of stays, corsets, tight lacing, &c., from 14 to 20 years of age, my reply was, that all such practices were most injurious, tending to the utter destruction of the muscles of the spine, with its distortion and curvature of the ribs, and oft-times destruction of the self-supporting character of the spinal column. It has at all times been my

practice, when consulted about the health of young females, to severely censure the previous medical advisers of vain and ignorant mothers, for not warning them of the mischief they were so thoughtlessly inflicting upon their daughters—the mothers of the rising generation. The only remedy I can suggest would be to instruct not mothers, but young men in search of wives, in the nature and degree of this horrible deformity—a *wasp waist* produced by tight lacing, and to give them some idea of the natural figure of a well-formed young female; and if it were once discovered that such physical deformity was really diminishing the chances of matrimony, tight lacing would soon go out of fashion.

Yours respectfully,  
M.D.

ROYAL MEDICAL BENEVOLENT FUND OF IRELAND.—Notice is given in our advertising columns of the thirty-ninth annual meeting of this Society to be held on Monday next, to which all interested are cordially invited.

MR. GRIFFITH.—You cannot do better than read up for the fellowship from the books you mention.

### THE BATTLE OF THE HOFFS.

HITHERTO it has been customary that editors should be held responsible for what ever appears in the columns under their especial charge; but our burdens were made to appear heavier when a day or two since we received a solicitor's letter requesting us "to insert in your next issue a suitable apology, the wording of which we feel sure we may leave to your good feeling." This demand was made in consequence of the appearance in our last issue on page xiii. of an advertisement headed "Hoff's Malt Extract." This well-known extract of malt has been for years advertised in this and other leading medical journals; but there is a split among the Hoff's, and the lawyers are to be treated to a share of the prey in consequence. It seems to our non-legal minds that this request for an apology should have been addressed to Mr. Coleman of Glasgow, or Mr. Leopold Hoff of London, they alone being responsible for the advertisement. However, that is other's business than ours, and no apology is needed from us.

We may, however, give the following particulars which is the limit of our knowledge of the matter: Some ten years since a Mr. Newman inserted an advertisement in this Journal of "Hoff's Extract of Malt" for the first time, and has continued to insert and to pay for similar announcements as Mr. Johann Hoff's Sole Agent for the United Kingdom, to the present time. During the past few months a Mr. Leopold Hoff opened an office in London, advertising himself as the only person entitled to use the name of Hoff, and that no other extract of malt but that bearing his signature was genuine. Thereupon Mr. Newman, the original and sole agent of Mr. Johann Hoff, the manufacturer of the original article, issued "caution" advertisements, and at the same time placed the matter in legal hands. It now appears that Mr. Leopold Hoff is a son of the brother of Mr. Johann Hoff. No one can dispute his right to the name of Hoff, but whether he is justified in cautioning the profession and the public against an unauthorised use of Hoff's name by Mr. Newman, who is still the recognised agent of Mr. Johann Hoff, is another matter—one, in fact, upon which we must not pronounce pending the decision of a legal tribunal. Meanwhile, that portion of the profession which has been accustomed to prescribe the original Hoff's Malt Extract will form their own judgment of the rival claims.

EPIDEMIOLOGICAL SOCIETY.—This evening (Wednesday), at 8, Annual General Meeting.—Election of Office Bearers. Annual Report of the Council.—Mr. George Fleming, "On the transmissibility of Diphtheria from Animals to Mankind."

OBSTETRICAL SOCIETY OF LONDON.—This evening, at 8, Specimens will be shown by Dr. Wiltshire, Dr. Brunton, Dr. Godson, and others.—Dr. J. Hickinbotham, "On Notes on a Case of Placenta Prævia complicated by a large Myoma."—Dr. Mansell Moullin, "On a Case of General Edema without Anasarca."—Dr. Barnes, "On a Note on the so-called Lithopedion."

### VACANCIES.

Belmullet Union, Knockalower Dispensary.—Medical Officer. Salary, £100. Election, June 6.

City Provident Dispensary.—Assistant Surgeon. Salary, £120, with midwifery fees extra. Applications to the Secretary, 164 Aldersgate Street, London, E.C.

Monaghan District Lunatic Asylum.—Assistant to Resident Medical Superintendent. Salary, £150, with furnished apartments, &c. Election, June 9. (See Advt.)

Sheffield Union.—Resident Assistant Medical Officer. Salary, £100, with board. Applications to the Clerk to the Guardians before June 8.

St. Mary's Hospital, Paddington.—Curator and Pathologist. Particulars on application to the Dean of the School.

Sussex County Lunatic Asylum.—Apothecary. Salary, £100, with board and residence. Applications to the Resident Medical Superintendent at Hayward's Heath, before June 15.

Worcester County Asylum.—Resident Medical Superintendent. Salary, £250 per annum. Applications to the Clerk to the Visitors, Sansome Place, Worcester.

### Births.

BOYD.—May 26, at Portland Terrace, Regent's Park, N.W. the wife of Surgeon H. Boyd, M.D., 14th Sikhs, of a son.

POIGNAND.—May 23, at 214 Upper Street, Islington, London, the wife of Malcolm Poignand, M.D., of a son.

### Deaths.

BARRETT.—May 25, at 12 High Street, Welshpool, Charlotte, the beloved wife of T. B. Barrett, M.B.C.S.

LYLE.—May 24, at 102 Eys Hill, Newcastle-on-Tyne, Robert Lyle, M.D.

FELLS.—May 7, on board the s.s. *Agamemnon*, in the Suez Canal, Bransby Cooper Fells, M.B.C.S.E., in his 56th year.

ROPER.—May 23, at Exeter, Charles H. Roper, M.B.C.S.E., L.S.A.L., aged 53.



The Subscription List will close on or before **THURSDAY** next, **JUNE 9th.**

# LAND MORTGAGE AND AGENCY OF FIJI, LIMITED.

**CAPITAL £500,000,**

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*Offices*—3 VICTORIA STREET, WESTMINSTER ABBEY, S.W.

The objects of the Company are to make advances on real and other property in the Crown Colony of Fiji, and (subject to the sanction of a General Meeting of Shareholders) in the Islands adjacent thereto; also to transact Agency business connected with the Colony.

Fiji has made wonderful progress since 1874, when it became a British Colony. It offers an ample field to a Company, formed as the present one is after the plan of those Companies which in other Colonies have been so successful.

The Islands of Fiji are remarkably fertile. They present large attractions to enterprising men who desire to rapidly accumulate wealth. Considerable attention is being directed towards them from the neighbouring continent of Australia. They will in all probability become the commercial centre of the numerous islands known under the designation of Polynesia. As the Panama Canal progresses, increased attention will be directed to these islands, and its completion will bring them within little more than 30 days from London.

Sugar, coffee, tobacco, tea, copra, and other tropical products can be raised in Fiji under most favourable conditions of soil and climate, whilst there is abundance of land to be obtained with a Crown title.

The Company has been formed at the instance of very influential residents in Fiji, and most able local management will be secured.

The Company will lend money on the security of real or other property with a margin of about 50 per cent., and will carry on also a genuine Agency business, but will not enter into speculations on its own account.

The profits derivable from the land enable borrowers to offer very remunerative rates of interest for advances, for which there is a considerable demand.

It is proposed to obtain money on the Company's debentures at rates which will leave large profits on the lending of the money.

The Directors believe the Shareholders may confidently

rely on highly remunerative dividends, whilst the sound character of the business and its freedom from speculation may save them from risk.

The following table shows the result of similar undertakings:—

	Last Dividend, with Bonus
Trust and Agency Company of Australasia, Limited	20 per Cent.
Agricultural Company of Mauritius, Limited	20 "
Australian Mortgage Land and Finance Company, Limited	17½ "
New Zealand Trust and Loan Company, Limited	16 "
Mauritius Land Credit and Agency Company, Limited	15 "
New Zealand Loan and Mercantile Agency Company, Limited	15 "
Australian Agricultural Company	14 "
Scottish Australian Investment Company, Limited	13½ "
Otago and Southland Investment Company, Limited	12½ "
Scottish American Investment Company, Limited	12½ "
Scottish American Mortgage Company, Limited	10 "
North of Scotland Canadian Mortgage Company, Limited	10 "
No promotion money will be paid.	

The Directors have agreed to accept no remuneration for their services till five per cent. dividend is paid to the Shareholders.

The Directors have already received applications for £65,000 Capital.

The Memorandum and Articles of Association may be seen at the London Offices, where also and from the Solicitors every information may be obtained.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 8, 1881.

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## Original Communications.

### THE PRACTICAL TREATMENT OF DIPSOMANIA. (a)

By STEPHEN S. ALFORD, F.R.C.S.,  
Hon. Sec. Society for Promoting Legislation for the Cure of Habitual Drunkards.

BEFORE considering the practical treatment of dipsomania I will make a few remarks upon its predisposing and exciting causes, since no disease can be intelligently treated unless these are ascertained.

True dipsomania is undoubtedly a disordered condition of the nervous system, manifesting itself at first by functional derangements.

Dipsomania must not be confused with mere drunkenness for it soon becomes irresistible, and beyond the control of the ordinary will; often quite unconnected with temptation, and arising from a special individual condition; whereas drunkenness depends to a great extent on accidental outside allurements. Dipsomania may be hereditary or the result of an inherited nervous temperament, and transmitted like other family diseases. It is allied to such nervous complaints as insanity, hay fever, or sick headache, and like them is periodic in its attacks, and often accompanied by hallucinations, delusions, sleeplessness, tremors and nervous exhaustion.

Civilisation tends to produce this condition by causing nerve power to be prematurely used up. Among savage and half-civilised communities, though excessive drinking is often prevalent, the disease of Inebriety has scarcely been manifested. The exciting causes may be purely accidental, as from brain exhaustion following loss of property, or bereavement, or from physical injury, as in the case of sunstroke, or railway accident. The attack may be suddenly induced by certain climatic conditions, such as, sea air, east wind, dryness of the atmosphere, extremes of heat or cold, or in fact by anything disturb-

ing the harmony of the organisation, and thus arousing a hereditary tendency hitherto dormant. It may also be inadvertently lapsed into by a frequent resort to alcohol to sustain exhausted energy, and restore used-up nerve power. All diseases, whether of a local or constitutional character, which affect the system by perverting or lowering healthy nerve power, are liable to react in Inebriety. The effort to relieve exhaustion and remove a miserable, desponding condition, leads to a craving for alcohol which at the time cannot be restrained.

The successful treatment of dipsomania depends on a clear estimation of all circumstances and conditions connected with the case, as family antecedents, temperament, and personal history. Hereditary Inebriety is difficult to control, since the paroxysmal craving which can only be kept under by constant watchfulness and rigid abstinence from all alcoholic drinks is never completely lost. Voluntary effort on the part of the individual is necessary for the successful treatment of this class of inebriates, and they are generally anxious to conquer their inherited infatuation for alcohol, and will readily co-operate in any plan likely to ensure their emancipation.

Those who unwittingly lapse into Inebriety, and whose susceptible nervous temperament has an intolerance of alcoholic drinks, if they really wish to conquer this habit, can easily be treated successfully; especially if taken in an early stage. This class is not, however, so eager for recovery as the class in which Inebriety is hereditary, since the nerve exhaustion is greater, and the will power in abeyance, as if paralysed. But even these, when, after a few weeks of kind and judicious treatment, the immediate effect of the alcohol has passed off, gratefully consent to assist the efforts made to restore them, and willingly submit to all necessary restrictions. It is for this class particularly, that compulsory powers are required, to place them under control from the first, for while still suffering from the miseries of alcoholic depression, they are unwilling to entirely abandon its use.

When Inebriety arises from external causes, such as accidents, sunstroke, shocks, &c., the maniacal condition is most marked. Patients (thus attacked are incapable of acting and judging for themselves, and need early

(a) Read before the British Medical Temperance Association, May 27th, 1881.

restraint, not only for their own safety, but also for that of those associated with them. This unfortunate class of inebriates, as well as those whose disposition, when under the influence of alcohol is naturally fierce, are not responsible for their actions; their natural uncontrollable ferocity making them dangerous to themselves and others. Much of the quarrelling and violence in this country arises from persons highly susceptible and easily made incapable by alcohol, and really in an irresponsible state. Instead of punishing such for so-called crimes, a paternal government should take care of them, and protect the community from the disastrous effects of their wild actions.

Those who have become inebriates from companionship, and the habits and allurements of society, are allied to the mere drunkard, and are seldom willing to stop their drunken career unless compelled; disease, the result of their own intemperance, may arrest their course, but often too late for restoring what might have been a useful life. In all cases there must be the power of restraining the inebriate from alcohol; otherwise all efforts are futile.

The want of this power has baulked medical men in their efforts to treat inebriates. The infatuation is so intense, and the cunning efforts to obtain alcohol so persistent, that, without positive power of control, it is impossible to keep them from it. Hence, to secure success, individual liberty of action must for the time be sacrificed.

The imperfect Habitual Drunkards' Act of 1879 permits this power to be exercised, provided the inebriate consents voluntarily before two justices to submit himself to be placed under control in a licensed house, subject to Government inspection. Most hereditary inebriates will do this, as will also some from all classes of inebriates, but many are left uncared for, and allowed to ruin their families and destroy themselves; and, in their mad paroxysm, commit unconsciously all kinds of so-called crimes, including murder, for which, in this country, they receive capital punishment. What is needed is to obtain sufficient legislative power for the detention of all such incapable Dipsomaniacs in a well-managed home.

As soon as an inebriate is received into such a home, and until the alcoholic effects have passed off, he should be kept in bed, under medical treatment. All alcoholic drinks should be at once withheld; no harm will result from this total and sudden suspension of stimulants, not even in delirium tremens. The letting-down system, by gradually discontinuing alcohol, is unwise, as it feeds the craving, and hinders the recovery. The morbid craving will soon abate, but to relieve the intolerable sinking and nervous prostration acidulated drinks, barley water, buttermilk, and such-like diluents should be freely given for a few days; even if sickness occurs these drinks should be persevered with, for the sickness helps to cleanse the stomach. These drinks also act freely on the skin and kidneys, and thus have a beneficial effect on the secretions. Russian vapour baths, if they can be obtained, will promote this, and tend to soothe and allay the distressing restlessness, and to divert and occupy the attention. After a few days a little light food can be given, such as toast with beef tea, or some farinaceous preparation, but butcher's meat should for a time be avoided.

It would, perhaps, be better for confirmed inebriates at all times to take butchers' meat moderately, since it taxes the stomach, and creates a sinking feeling. Liebig considers that vegetarians, from chemical and physiological causes, would necessarily dislike and avoid alcohol.

During the early stage of treatment, if accompanied by wakefulness and delusions, bromide of potassium in large doses, with capsicum, frequently repeated, has a beneficial effect. The bromide soothes the agitated nervous system, and the capsicum allays the gastric craving. The ordinary anodynes, especially chloral hydrate, should be avoided. As soon as the alcoholic contamination has passed off, which it will require fully three or four weeks to effect, exercise and light occupation will be beneficial, and then the general moral treatment must be brought to

bear. Harshness will cause sullenness and obstinacy, and therefore, kindness and sympathy must be shown, and an effort made to arouse the better feelings, create a desire for recovery, and inspire a confidence that they can be restored if they will exert themselves, and second the efforts made on their behalf. The better part of the man being thus aroused, the alcoholic contamination eradicated, and the nervous system rallied, the influence of restored inmates, with whom they should now be allowed to associate, will be useful, helping to confirm a determination to throw off the old habits. Under judicious management and religious influence this improved condition may become permanent; in most cases nine or twelve months—in confirmed cases even some years—may be required to strengthen and confirm these habits. By degrees full liberty can be allowed the patients to go about as they like, at first only in company with a tried inmate, but on parole as regards alcoholic drinks. The habit of self-denial under temptation is thus practised, and becomes confirmed; and so valuable lives may be restored to their families and to society. Such I believe to be the most successful plan for the treatment of the inebriate.

To carry this out, it is absolutely necessary to have sufficient power of restraint during a paroxysm, as well as from the first, so as to put the inebriate under control, voluntarily or otherwise. No one will be more thankful afterwards for this suspension of their mad career.

During convalescence red cinchona bark strengthens and sustains nerve power; but when attacks of exhaustion and sinking arise, caffeine or coca will afford temporary relief; various nerve tonics, as quinine, arsenic, and strychnine, may also be given with benefit. The preparations of iron are not adapted for these cases except where there is anæmia. To prevent relapses, a lifelong abstinence from alcohol is absolutely necessary.

In America it is estimated that one-third of the inebriates under judicious treatment recover; a third are restored for a time, and the remaining third are unaffected. My experience convinces me that if the care of inebriates were more generally recognised, and effectual opportunities existed for their treatment in the early stages, a much larger proportion might be recovered. As it is, the percentage of recoveries will bear comparison with those from other diseases. In this country, for instance, it is estimated that only ten per cent. of those under treatment for insanity are restored to health. We must not so much depend upon purely medical treatment as on judicious management and kindness.

Religious influence is important in the second and subsequent stages of treatment, and to sustain the constant watchfulness necessary to maintain the total abstinence that must be religiously observed under all circumstances throughout life. This conquest of self, and keeping the morbid craving in subjection, few men can accomplish. At times, even after years of abstinence, the desire will be most distressing and overpowering. It is refreshing, under such circumstances, to recognise and experience the existence of a higher power, who will give the necessary help to all who really believe and earnestly ask for it. Permanent recoveries are uncertain without this divine help. Recognising the fact that craving for alcohol will arise from time to time, it is important to remove every opportunity of temptation; therefore, no inmate of an inebriate home should be allowed to possess money, or any valuables, without the express permission of the superintendent. As soon as they are able the patients should join in systematic occupations and amusements, for which purpose every inebriate home should have workshops and opportunities for games and sports, and these, as far as possible should be systematically arranged. Much of the benefit of hydropathic establishments depends on the systematic bathings and exercises. Inebriate homes would do well to adopt some of their plans. It is important that the treatment of inebriety should be commenced before the habit becomes too confirmed, and the physical and moral natures

thoroughly contaminated. If compulsory powers of control existed it would lead many voluntarily to place themselves early under restraint. These, knowing their inability to overcome their habit of inebriety, and that sooner or later they must submit to restraints, would adopt the more private plan of voluntary submission rather than run the risk of public exposure, particularly when they know that at the most the restraint could not exist for more than twelve months.

In America 94 per cent. of the inmates of inebriate homes have thus voluntarily given up their liberty; no doubt, in many cases, the knowledge of the compulsory power possessed by the State has conduced to this. But even in this country many have voluntarily submitted to control, recognising their inability to manage themselves. Well-managed homes find no difficulty in obtaining inmates, although they have no legal powers of detention. Yet thousands, not having the means to pay high terms, are left uncared-for. Many clergymen, and other professional men have applied to me for the opportunity of being admitted into a licensed inebriate home at a moderate charge. There is still the lower class, the source of most of the misery we find amongst us, who fill our work-houses and prisons, and to recover whom such persevering efforts are being made by temperance advocates. Are they to be left to destroy our country, and spread around them misery and distress, which a kind, firm control might prevent?

The people of this country, as a body, do not believe in inebriety as a disease. Even a medical man said to me the other day, "I would hang these drunken fellows up on every lamp-post."

Efforts are being made to establish in this country a Model Inebriate Home at a moderate charge to the inmates, so that, while restoring many of this neglected class, the public may be convinced that inebriety is a diseased condition, from which recovery can be obtained under proper treatment.

## ON TWO CASES OF CONSUMPTION.

By WILLIAM H. PEARSE, M.D., Edin.;

Senior Physician to the Plymouth Public Dispensary.

A. H., male, *æt* 20, came to the Dispensary on October 7th, 1880. He is a sailmaker's apprentice, living in the country, on the banks of the Tamar. His father, *æt* 39, is now in the second stage of phthisis; his father's sister died of phthisis at 30; his mother and her sister died of phthisis. He has spat blood, and has been ill since July last.

*Physical Type.*—Fair complexion, eyebrows heavy, upper lateral incisors small, nails large, hands and feet cold, scant whisker.

*Physical Signs.*—October 9th, 1880.—The left infra-clavicular region is dull on percussion, and has moist râles; the left infra-axillary region is dull on percussion, but has no moist râles. The right side is natural.

I ordered an out-of-door life, all and any food to which his fancies inclined him, and which included onions and pickles; also cod-liver oil, and the following mixture three times a day after meals, and which he has continued from October 9th, 1880, to the end of April, 1881:—

R. Cinchonid. sulph., gr. xx;  
Acid muriat. dil., ℥v;  
Liq. arsen. hydro., ℞c;  
Aq. maris., ℞lxxx;  
Mangan. sulph., gr. xx;  
Infus. quassia, ad., ℥x.

Twenty doses.

Nov. 20th.—Left infra-clavicular region is dull on percussion, and has moist râles.

Dec. 11th.—Appetite and general health much improved.

Jan. 27th.—No moist râles heard on the left side.

April 20th.—The left clavicular region has now fair resonance on percussion; the left infra-clavicular region has fair resonance on percussion; soft inspiratory sound and prolonged expiratory sound; no increased vocal resonance; no moist râles. The left infra-axillary region gave a little click-like sound once at the end of a deep breath; all else was natural. The right infra-clavicular region has fair resonance on percussion, and prolonged expiratory sound.

This patient is now bright and energetic. He says that he is well, and has resumed his labour as a sailmaker. There has been not only a lessening of the physical signs of phthisis, but a fair return of strength and energy has taken the place of the former lassitude.

E. G., female, *æt* 24, applied for treatment on January 14th, 1881; a fine woman; has had two children; no family history of phthisis; upper incisors regular, not decayed. Has had cough and much expectoration for some months. Has spat blood.

*Physical Signs.*—The right clavicular region is a little less resonant on percussion than the left; the right infra-clavicular region has not quite equal resonance on percussion to the left, but the resonance is fair; in the same region the inspiratory sound is rough, and the expiratory sound prolonged; also there is small crepitation; no increased vocal resonance. The left infra-clavicular region is not dull on percussion, has no prolonged expiratory sound, or increased vocal resonance.

I prescribed—

R. Quinæ sulph., gr. xxij;  
Acid muriat. dil. ℥iiss;  
Liq. arsen. hydro. ℞lxxx.  
Aq. ad. ℥x.

One twentieth part to be taken three times a day after meals. Also to take cod-liver oil.

The patient has continued the treatment about four months. The moist râles have diminished; no new physical signs have developed.

May 9th, 1881.—The left infra-clavicular has no moist râles, no prolonged expiratory sound, no increased vocal resonance. The right infra-clavicular region has fair resonance on percussion, about, or nearly equal to, that of the left; soft inspiratory sound, and soft prolonged expiratory sound; there are some small moist râles with the inspiratory sound. In January she complained of weakness, much hot flushing, and night sweats; also she had been wasting. She says that she is now stronger, better, and has gained much in flesh; she has, in fact, become very stout.

The improvement in these two cases may have been due to natural causes, irrespective of treatment—to those periodic tendencies to recovery which sometimes show; not the less the improvement has been very marked, and has been coincident with the treatment.

I am continually prescribing the combined muriatic acid, quinine, and arsenic treatment to a large number of those who are of the phthisical type, but whose cases have not advanced beyond the indigestion or bodily debility stages, and, with rare exceptions, with marked benefit. In the midst of other failures, it is a relief to find some more advanced cases benefited.

Until the spectrum or other analysis, shows us, on what deficiency in composition of the body, and thus of vital correlated energy, the early failure of healthy growth of the lung segments depends, we can only work by analogy; and it is on the ground, that phthisis, though generally a chronic disease in England, is an acute fever in some other countries, that it has co-relations with ague, and that anatomically, it is co-related with the skin system, that I have persistently, during some years, given a combination of arsenic, quinine, and muriatic acid, and especially to those numerous cases which have not yet advanced beyond the stages of indigestion, general weakness, or wasting.

## THE PRACTICAL EDUCATION OF THE PROFESSION.

By THOMAS LAFFAN, M.K.Q.C.P.I., M.R.C.S. Eng.,  
Physician to Greane Fever Hospital.

In former times it was the universal custom to put a youth, when taken from school, as an apprentice to a practitioner. Every general practitioner in the province had his two or three pupils. Those who aspired to become metropolitan practitioners, paid handsome fees to a London or Dublin hospital surgeon. This system produced men who were eminently practical. They obtained a thorough familiarity with drugs. It was not that kind of familiarity that students now obtain by the mere sight of drugs, from a distant bench in a *materia medica* theatre. They learned to become thoroughly conversant with their appearances, their uses, and their doses. A profound knowledge of their chemical reactions they had not, but they acquired enough of both for all practical purposes. Students thus brought up, learned faith in the medicines they used. Their faith may have been too large a one; but, at least, large faith is better than no faith. With us moderns, it is too much the custom to find in our text books a description of anything and everything but that which relates to fulness and variety of treatment. The lecturing system, with its scant contact with drugs, is largely responsible for this. No doubt we should be glad to see, in Scriptural phrase, everything proved with reference to the supposed virtues of drugs. We are asked to believe that medicines possess therapeutic virtues, which, with all respect to tradition, we would like to have some more complete proof of than we have at present. It is one thing, however, to desiderate a rational system of therapeutics, and another to disbelieve in them as much as we do. The youth, who was thus bound, was not sent, as we now send our youths, straight from the restraints of school into the furnace of city life. On the contrary he was placed under circumstances peculiarly suited to his years and inexperience. He had over him a master's eye, and a master's orders; and he was bred up in habits of discipline and subjection which were most useful to the shaping of his character. In large towns, under the present system, the youth is subjected to no restraint or discipline, and, as a result, only too many bitterly pay for the want of a restraining hand. On this point we cannot do better than quote some eminent authorities.

The first shall be that of an unfortunate man, but of a man who, more than any other in England, had opportunities for knowing the drawbacks occasioned by the present theoretical system of training. We refer to Mr. Baxter Langley. He says in his *Via Medica*:—"It appears to me a grave error to take a young man from school and plunge him at once into the theoretical studies of medical science; for it is absurd to expect that, during the short space of four years he shall learn the laws of physics, chemistry, botany, zoology, human and comparative anatomy, pathology, practice of medicine, surgery, midwifery, and medical jurisprudence. My experience leads me to the conviction that the most successful men are those who have some practical and general knowledge, and are able to observe and manipulate well before they enter upon their attendance at lectures. Hence, I am strongly convinced that a year or two well spent with a provincial surgeon is not time thrown away by the tyro in medicine. Students are apt to think that the whole object of their studies is to pass certain examinations, but thousands of men find out the burden and calamity of this mistake when they are called on to prove their practical acquaintance with their profession under some sudden and terrible emergency." Elsewhere, the same authority declares that men have been found unfit to undertake the duties of active practice, because of their want of such a training. We will quote one more gentleman. It is one who, though not so well known as Dr. Langley, speaks so much to the point as to imperatively require a place here. Dr. Roberts, of Port Maddock, President of the North Wales Branch of the British Medical Association, in the course of his address

on taking the chair, delivered the following observations:—

"I wish to draw the attention of the members to (in my opinion) the grave mistakes involved in the practical abolition of apprenticeship. I cannot believe that the five years indentured pupillage required by the regulations of the Society of Apothecaries, is a day too long, particularly if served with a general practitioner in a mixed practice. During that time, in his young years, the pupil not only learns practical pharmacy and the uses and doses of drugs, but becomes familiar with the routine of general practice in the surgery and consulting room, and has the great advantage of visiting patients and attending medical and obstetrical cases, not on his own responsibility, but with the feeling that he has always his principal to fall back upon in case of need, and his master to censure him in case of unskillfulness or neglect. He has ample opportunities of learning practical surgical duties, such as cupping, bleeding, dressing wounds, introducing catheters, &c., and also of treating fractures and dislocations. All this instruction he undergoes with the full knowledge that he is bound by his indentures to do his work, and that the law invests his master with large powers of coercion and correction in case of neglect or wilful default. A habit of discipline and self-control is thus early acquired, which, together with the practical experience already acquired, is most valuable to him in after-life. I might contrast the old system of apprenticeship, which I have imperfectly described, with the curriculum now too much in vogue. The student goes straight from school to a metropolitan or other large town to attend lectures and observe the practice of hospitals. He is thus thrown, at a tender age, among all the temptations of a big town. He attends the lectures, which he is for a long time unable to follow. He daily walks through the wards of the hospital in a crowd of other students at the heels of one of the physicians or surgeons, and hears the patients interrogated, sees their tongues examined, their pulses felt, and his attention may be occasionally drawn to cases of rare or special kind, but seldom or ever to the common disorders of suffering humanity, which he will mostly have to treat in ordinary practice. He hears prescriptions dictated which to him are all double Dutch, as he has no practical acquaintance with any of the drugs or the compounding of them. He witnesses operations performed in the theatre, but is not allowed to try his prentice hand upon anything except the subjects in the dissecting-room. He perhaps reads hard, and goes up for his examinations—inflated and crammed with theoretical knowledge, it might be—

'A bookful blockhead, ignorantly read,  
With loads of learned lumber in his head.'

After spending, in this manner, portions of his four short years in acquiring knowledge, he receives his diploma, and is launched upon his unfortunate countrymen and countrywomen as a fully-qualified practitioner. Of course, in nine cases out of ten, medical men, so educated, have the sense to perceive that they must learn the practical part of their duties, and they forthwith advertise for assistantships, condescending to accept salaries of from £100 to £120 a year, and their board and lodging, for being taught the real, or, at any rate, the most important part of their profession. But that is not all—and I hear the same complaint from many of my professional friends. The qualified assistant, so educated, is generally too conceited and self-sufficient to acknowledge his ignorance, or to consult his employer as an apprentice would. The employer, therefore, not only pays for a light which does not shine, but is constantly kept anxious, and on the *qui vive*, lest his qualified assistant, through some maltreatment of a case, may bring him into trouble. I think, therefore, that those gentlemen ought, in justice, to pay handsome premiums rather than receive salaries for the opportunity afforded them of becoming practical practitioners, ere establishing themselves in practice on their own responsibility. I must apologise for dwelling so much upon the subject, but I cannot help feeling strongly that something ought to be done, either to return to the

old and well-tryed system of apprenticeship, which, as you know, still obtains in the profession of the law, and most trades and callings of the higher sort, or to adopt some other plan by which the same advantages of real, practical medical education in early life shall be secured."

We have reproduced the above extracts because they entirely agree with our own views, and have the additional weight of the great experience of those who have uttered them. Years ago we published similar views, and we rejoice to think that the medical authorities are now coming round to them. At the last meeting of the Medical Council it was resolved that one year out of the four might be spent as the apprentice to a country practitioner. The metropolitan interest vigorously opposed this, as it always does everything opposed to its own special interest. They sought to oblige the student to spend the entire four years at some medical school, but, happily, the good sense and public spirit of the majority defeated them. Sir James Paget declared, on that occasion, that had he a son commencing the profession, the first thing he would be to send him, for at least a twelvemonth, to a country practitioner. The Council also recommended that the licensing bodies should require from each candidate for final examination a certificate of his having been, for six months, an hospital dresser or an assistant, with care of patients, to some general practitioner. The choice left opened up a field to country practitioners which, in Ireland, has been entirely closed to them since the apprenticeship system was done away with.

Sir Dominic Corrigan opposed this on the grounds that it was not desirable to entrust the care of patients to unqualified persons. We agree with him on this point, and therefore regret that another amendment, introducing the "part care," was not carried. This, after all, is an objection of a purely theoretical kind, so far as this country is concerned, for, with us, no apprentice will be entrusted with the exclusive care of patients. The late Professor Parkes objected to this system on the ground that theory should precede practice. An objection coming from such an authority is entitled to consideration. This, however, is one which does not hold water. Great part of the knowledge which apprentices acquire, either requires no antecedent knowledge of theory for its acquisition, or such a knowledge of theory as most certainly may be acquired in the country. Take, for instance, the knowledge of pharmacy and of drugs. What theoretic information, not at the pupil's disposal, is required to learn compounding, and to learn also the appearances and doses of drugs? We grant that a complete knowledge of the chemical and botanical parts of materia medica cannot be obtained outside the lecture-room and laboratory. Two sixpenny primers will supply pupils with easily-mastered information, in both botany and chemistry, sufficient to enable them to understand a goodly part of these subjects. Such students, when they subsequently find their way to a materia medica lecture, will not be in the unknown land that students differently brought up will find themselves in. On the contrary, they will be merely adding to, and methodising an existing stock of knowledge, not laying in a new, and but half-understood load altogether. Talking of sixpenny primers, when we, ourselves, commenced materia medica—and we did so, to our grief, not in the way we are here recommending—it was a sixpenny primer that enabled us to follow those portions of the subject that we have before alluded to. Other students, who did not take to the primers, found themselves unable to follow one-half of the subject. Dr. Parkes' views are based on the supposition that botany and chemistry should be learned before materia medica; but how many students do really know them, either before or after that subject? Enough, for our point, that the heart may be broken in an important subject during the days of a country apprenticeship; that the knowledge so acquired will be much more substantial, indeed, than that picked up in a lecture-theatre, and that the balance will be acquired in the theatre in half the proportion of time

required by the entirely uninitiated student. Then look at the compounding. What kind of compounding is, or can be, taught at a Dublin or London hospital? It is a poorly-attended hospital that has not sixty students. What may the sixtieth part of the compounding of such an hospital be deemed worth? Ought we to consider it worth anything? We think not? and we are more positive in our opinion, inasmuch as that, to aggravate matters, a few months during the summer is the only time that these students have, at their disposal, for the acquisition of the knowledge.

Then let us look at hospital practice. What theory is required in order to pass a catheter? What theory, without practice, is sufficient to pass one? We have known the picked men, under the system which now prevails, obtain their diplomas without being able to pass a catheter, or being able to do, with anything like ordinary skill, twenty other small things, which no practical examination can provide for, and which, taken together, form the bigger part of daily practice. An apprentice can read both medicine and surgery under his master, not with the same advantage as if he knew the antecedent subjects, but with this advantage, that he will master a goodly portion of both, and that he will subsequently visit the lecture-theatre, only to clear up some portions, and add to, and systematise the whole. How different the position of the student who has not had such training. The lecture is, for a long time, as strange to him as if it were delivered in an unknown tongue; and when he does begin to understand it, it makes a very much less solid and permanent impression on his mind than it would if he had been differently brought up. An apprentice also obtains a familiarity with the appearance, the diagnosis, the prognosis, and the treatment of disease, which places him quite at home in the wards of the metropolitan hospital, and enables him to profit more in one month than the mere green youth in twelve by the methodical teaching, and special instruction of his new teachers. We know that we shall scandalise some learned theorist by talking about a student learning the treatment of disease before he has been able to learn Virchow's latest novelties; but, we ask, how much of our treatment is founded on such a rational basis as to be beyond the ken of the tyro? The practical knowledge of hospital minutiae, which can be acquired by the pupil of a country practitioner, can never be acquired by three out of four of your be-lectured students. An amusing attempt is being made by the authorities of two great London hospitals to meet this practical difficulty by appointing the preposterous number of 150 medical and surgical dressers to attend the patients of a single hospital. Comment is unnecessary. The difficulty can be met in one way only, and that is, by taking provincial hospitals into partnership in the work of education. This need in nowise interfere with metropolitan interests, or add to the expense of education. One-half the money would suffice that is now wasted by the loafer, who takes four years to scramble through his diplomas. The industrious man who, despite the regulations of the Medical Council, gets through in two years, or rather in twenty-seven months, and who spends the balance of the four years roaming about town, would also find it more to his advantage to pay a little in money at the commencement of his studies for a provincial training than to incur a larger loss, not in money alone, but, it may be in shame and self-reproach in after years. There is one subject which, of all others, might be supposed to be wholly learned at a medical school, and that is anatomy. Now, no opinion is more erroneous than this. We have had some experience in anatomical teaching, and were always satisfied if the pick of our class knew the entire bones after three months' hard work. Now, we have also known apprentices come to town bringing with them a thorough knowledge of all the osseous parts of anatomy. Here was a good three months saved, and something more, for such students at once were able to take in a larger amount of knowledge in the dissecting room than their utterly ignorant fellow students. Nay, more, while the latter



were wading through the bones, the former were mastering a more advanced part of their subject, and at the end of the session it becomes a difference, not of three months, but almost of an entire year. Nor is this all. Nothing is more easy than for a country student to obtain, through the medium of a stray post-mortem, a few anatomical preparations, and contributions from the lower animals, enough knowledge of the viscera, &c., to enable him fully to profit by the hospital opportunities at his disposal for the study of internal diseases. Let us, in conclusion, hope that the Medical Council will insist on the licensing bodies giving effect to its recommendation in this matter. By all means let some condition be annexed that will oblige the master to intelligently instruct his pupils, and the pupils to profit by the instruction of the master. Let us have no shams; no farcical attempts to stretch the practical resources of metropolitan hospitals far beyond the point to which they are capable of extension.

Finally, let us have no certificates certifying to apprenticeships which have never been served. If this new change be loyally carried out we shall rear a race of students very different from the rowdy element so largely entering into our present numbers, and a race of practical men who will combine a knowledge of their business with a knowledge of the theories upon which it is based.

## Clinical Records.

### ST. MARY'S HOSPITAL.

Under the care of MR. A. T. NORTON.

*Necrosis of Ungual Phalanx of Thumb—Excision of Diseased Bone—Sarcomatous Growth from Wound—Amputation at Carpo-metacarpal Joint.*

Notes by MR. HANDFIELD JONES.

PATIENT, a thin, sallow-looking woman, æt. 55, was admitted into St. Mary's Hospital on February 15th, 1881, suffering with necrosis of the unguinal phalanx of the right thumb. Five years ago, without any assignable cause, the nail commenced to split down its centre, and the patient was soon able to pass a needle down between the nail and the matrix without causing herself any pain, though on so doing a small amount of fluid escaped. No further bad result followed; the nail grew naturally again; and patient thought no more of the occurrence until two years ago, when, according to the woman's account, the thumb began to grow bad again and fester, at the same time becoming intolerably offensive. She seems to have allowed matters to go on without seeking aid, until at last the pain became so excessive that she was forced to apply for relief.

On admission, the top of the thumb presented all the appearances of underlying dead bone, and a probe lightly introduced at once touched the necrosed surface. In the right axilla a lump, consisting apparently of enlarged glands, was felt but the patient stated that this had existed for some years, and, though at one time it had been tender and painful, yet now it did not cause the least trouble.

On February 17th the dead bone was removed, and the surrounding tissues being found healthy the operation wound was dressed in the usual way. Nothing noteworthy occurred until the first week in March, except that the wound did not heal well. There was an undue quantity of suppuration, as well as an unnatural amount of pain and tenderness in the thumb. Early in March, however, exuberant granulations began to sprout up, thereby separating the lips of the wound; at the same time pain became very intense, and the end of the thumb became covered before long with a large fungous, sloughy mass which bled freely on the slightest pressure. Red oxide of mercury was applied and constant poulticing ordered, but without effecting any good.

On March 31st Mr. Norton removed the whole of the thumb, under Listerian precautions; and by the middle of April the patient was able to leave the hospital, the wound having healed up without any complication.

On examining the diseased thumb after the operation, a large sarcomatous growth was seen sprouting from the head

of the second phalanx outside the periosteum; extending also down the sides of the bone for a short distance past its centre. The bone itself seemed to be undergoing a process of degeneration. When the patient left the hospital, and, indeed, during the whole of her stay in the ward, there had not been the slightest symptom of pain or tenderness in the axilla, though the lump in that region had been carefully watched; but on the patient's returning on May 28th to show her hand, marked changes were noticeable. The mass which had been about the size of a pigeon's egg, circumscribed and movable, was now occupying the whole of the axilla, firm and fixed, and had apparently made its way under the pectoral muscles. There could be no doubt, but that the growth was of a sarcomatous nature and from its extent and connections any idea of removal was manifestly out of the question. The cicatrix of the operation wound was still perfectly sound and healthy.

## Special.

### REPORTS ON THE SANITARY CONDITION AND ADMINISTRATION OF THE ISLE OF WIGHT.

*East Cowes.*—The town sewerred in 1862; the sewers not yet flushed or ventilated; engineering mistakes, bad workmanship, and bad management connected with these works. A great part of the new town still unsewered, the houses drained into cesspits, and these overflowing cause nuisances. The water supply scanty, interrupted; one source "little liable to pollution except at seasons of very high tides." Scavenging fairly performed. The houses occupied by the poorer classes for the most part in a decent condition. In an estimated population of 2,058 there were recorded, in five years, 11 cases of fever, viz.—in 1875, 1; in 1876, 4; in 1877, 2; in 1878, 2; in 1879, 2. In 1876 there occurred 11 cases of scarlatina. No diarrhoea during the five years. Among paupers in the same period only one case of fever, and it enteric, occurring in 1879. No scarlatina recorded during the five years among this class. It is added, however, "there is no doubt that enteric fever has prevailed at East Cowes to a considerable extent," also that its prevalence has been justly attributed to defects described in the drainage and water supply.

*West Cowes.*—The chief escape for sewer air is at the inlets of drains in and about the houses. Water supply "must be regarded as suspicious in quality." Yet the medical officer of health does not appear to have reported against it. It is obtained chiefly from works of the local board. Scavenging generally well performed. Some houses occupied by the poor dirty, dilapidated, setting cleanliness at defiance. In five years seventeen fatal cases of fever occurred among the ordinary population (5,730) namely, 1 in 1875, 4 in 1876, 4 in 1877, 2 in 1878, and 6 in 1879. Scarlatina prevailed in 1876 and 1877, v. z., 39 cases in the former year, and 8 in the latter. Diarrhoea gave only 3 cases, namely, 2 in 1877, and in 1878. Among the pauper class no case of fever was noted in either of the three years first named. In 1878 there were 20 (8 enteric); in 1879 19 (8 enteric). Scarlatina produced 6 cases in 1879. None in the previous four years. Of the pauper cases in 1878 it is stated that 8 were of unquestionable enteric fever, and 12 doubtful—probably mild cases of the same disease; in 1879 8 cases of enteric fever, and 11 of other or doubtful character. The full number of cases in all classes in the town may be believed, therefore, to have been very considerable.

*Newport.*—Banks of filthy mud exposed at low tide in the estuary. In some parts of the town the courts narrow and confined. The town generally well built and open; partly sewerred, but sewer ventilation in abeyance; street gullies stopped, the only escape for sewer air at the inlets of drains in and about houses. Water-closets in general use, in some places cesspit privies. Parts occupied by the poor ill drained, ill paved, and dirty. Pigs kept in dirty places by the poorer classes. In an estimated population of 6,947 there were 9 deaths by scarlatina. Except in 1875, deaths by diarrhoea occurred in every year of the period, namely—1 in 1876, 4 in 1877, 7 in 1878, and 4 in 1879. Among paupers the cases of fever were: in 1875, none; in 1876, 6 (of which one was enteric); 1877, 4 (3 enteric); 1877, 10 (8 enteric); 1879, 19 (10 enteric). In this class no scarlatina was recorded in 1875; in 1876 there were 24 cases; in

1877, 2; in 1878, 2; and in 1879, 2. The reports state that "with the absolute certainty of the inhabitants being exposed to the influence of drain and sewer air, the occurrence of enteric fever can be no matter of astonishment;" also, that were it not for the constant supply of good water, this disease *would probably* have been more prevalent than it has been.

*Ryde*.—Up to five years ago sewers unventilated. Since then they have been extended, improved, and ventilated; now complaints made regarding offensiveness from the ventilators. Generally speaking, the house drainage is efficient, yet no ventilation of the house drains. There *must be* access of sewer and drain air into the dwelling houses. Houses of the poorer classes generally clean; their privies outside, themselves in dirty, ill-paved, ill-drained positions. Water supply generally good, a few houses supplied by wells, the water of them "necessarily suspicious" in quality. Pigs and other animals in some parts kept in a filthy state. In an estimated population of 11,260, there were recorded 24 fatal cases of fever in five years, namely—7 in 1875, 4 in 1876, 8 in 1877, 1 in 1878, and 4 in 1879. Scarletina prevailed in two of the five years, causing 11 deaths in 1876, and 5 in 1877. Diarrhoea caused 15 deaths in 1875, 3 in 1876, 4 in 1877, 2 in 1878, and 3 in 1879. Among pauper classes no case of fever was recorded either in 1875 or 1876. In 1877 there occurred 27 (all enteric); in 1878, 26 (20 enteric); and in 1879, 25 (all enteric). Among the same class scarlatina, unrecorded in 1875 and 1876, produced 22 cases in 1877, 12 in 1878, and 1 in 1879. With reference to the prevalence of fever, the remark occurs that "*perhaps* the fact of due precaution to prevent the access of sewer and drain air to the interior and about houses *may have been one cause* of its prevalence."

*St. Helen's*.—Generally well sewered. Sewers at Oakfield originally provided with ventilators, but as offensive odours from ventilators arose, they have been closed. At Oakfield, accumulations of filth in yards of many dwellings, evidently of old standing, "*calculated to endanger health*." During the last few years pure water from Ryde Water Works instead of the previous faulty supply. Several houses in Oakfield dirty, their surroundings; insanitary, yards unpaved and undrained. Population unstated. The fatal cases of fever recorded in five years 10, namely—4 in 1875, 5 in 1876, 1 in 1877, none in 1878 or in 1879. In 1876, 6 deaths by scarlatina, 2 in 1877, none in other years of the period. Diarrhoea deaths: 7 in 1875, 2 in 1876, 1 in 1877, 2 in 1878, and 2 in 1879. Pauper cases, however, were: in 1875, 11 (all enteric); 1876, 30 (29 enteric); 1877, 16 (all enteric); in 1878, 12 (all enteric); in 1879, "several cases." Among the pauper classes the cases of scarlatina were 2 in 1875, 52 in 1876, a few in 1877, 3 in 1878, and 9 in 1879. In the reports no record occurs of diarrhoea in the latter class, yet in the second quarter of 1878 there was a sharp outbreak (about 20 cases) of choleraic diarrhoea in the village of St. Helen's. The medical officer of health inquired into it, but failed to discover its cause. According to the report, it appears *probable* that the works of sewerage (in part), the improvement of the water supply, especially at Oakfield, have made an impression upon the sickness and mortality by fever.

*Sandown*.—Several wells closed on account of their pollution, complaints against the public water supply as to its dirty condition and *apparent* unfitness for use, "of a muddy greenish colour," the sediment presenting under the microscope "cellular structures of a vegetable nature with floating bodies of animal origin." It is *believed* to be filtered before use. The Yar, from Niton and Wroxall, polluted with sewage and excrement; sand filtration would improve its quality, but it would still be a dangerous water. Scavenging of the district imperfectly performed. Estimated population 2,320. Of fever among persons belonging to the district 3 fatal cases in 5 years, namely—2 in 1877, and 1 in 1878; none in either of the other years since, 1875 to 1879 inclusive. Of scarlatina, 5 deaths in 1875, 1 in 1876, none in either of the other places. Of diarrhoea, 2 in 1875, 2 in 1876, 3 in each of the three following. Pauper cases of this disease in 1875 none recorded, in 1876, 34 (other or doubtful sorts); in 1877, 2 (ditto); in 1878, 8 (ditto); in 1879, 7 (ditto). Of scarlatina, 11 cases in 1876, 1 in 1877, 2 in 1879. None in either of the other years. "It is an unhappy custom of some practitioners to keep the word 'enteric' or 'typhoid' to signify strongly marked and typical cases of the disease." "Either the so-called fevers

most abundant when scarlatina was passing away were themselves examples of that disease, or the cases were real instances of *enteric* fever, but not recorded as such."

*Shanklin*.—Thoroughly sewered when built upon; sewers insufficiently ventilated. Prior to four years ago house drains badly laid, and imperfectly connected. A fourth of water closets in the town unsupplied with water, such closets outside the houses. In some houses the same cistern supplies the closet and drinking water, in a few a connection exists between them. Houses of the poorer classes generally well looked after; but the state of Ribstone Court very unsatisfactory. Water supply for the most part very defective, the supply intermittent; about one-third of all houses supplied from shallow wells liable to contamination through porous soil from imperfect drains. In estimated population of 2,035, fatal cases of fever recorded in 5 years 2, namely—1 in 1875, and 1 in 1876; in the other years either no returns or no cases. In each of these two years one death by diarrhoea. No death by scarlatina is recorded, but returns wanting for 1877 and 1878. Among pauper classes there were recorded 10 cases of fever in 1875, 9 in 1876, 4 in 1877, 7 in 1878, and 9 in 1879. Scarletina: 1 case in 1876, and 3 in 1878. Of diarrhoea, none during the period. The information regarding fever described as "most indefinite." "There *would seem* no room for doubt that whether severe or mild, enteric fever is of only too common occurrence in Shanklin." The reports by the medical officer of health "characterised by a too roseate tinge."

*Ventnor*.—Sewers in various parts broken or choked; offensive odours from outfall nearest the pier and esplanade. Within the last six years charcoal ventilators introduced, but this method a failure, and sewer air enters the houses. Sewers never flushed. Water closets in general use, their pipes unventilated. Most of the houses supplied with water by the company, others from private shallow wells, which "*cannot be free from considerable suspicion* of dangerous pollution." The general reservoirs "exposed to absorb sewer air conducted to it through the waste pipe." Population 4,841. Sixteen deaths by fever in 5 years, namely—2 in 1875, 2 in 1876, 4 in 1877, 2 in 1878, and 4 in 1879. Only one fatal case of *scarlatina* during the period, namely, 1879; 4 of *diarrhoea*, namely, 1 in 1876, 2 in 1878, and 1 in 1879. No similar statistics regarding paupers. The prevalence of enteric fever in Ventnor is stated to be "a matter of notoriety." In most instances the disease has been contracted in the place. The cases have been attributed "either to the use of polluted well water, or to the admission of sewer air into the houses, mainly by the latter cause." Another *unrecognised cause* has most probably been the pollution of the company's water by the absorption of sewer air. But the difficulty against this theory is "that we should have expected the disease to have appeared on a larger scale among the inhabitants and visitors in the place."

## Translations.

### ON THE VALUE OF OPERATIONS WHICH INVOLVE INCISION OF THE MEMBRANA TYMPANI.

By Dr. J. POLLAK, of Vienna.

Translated by W. DOUGLAS HEMMING, F.R.C.S. Ed.,  
Bournemouth.

(Continued from page 114.)

II.—ANOMALIES of tension of the membrana tympani, catarrhal swelling of the mucous membrane of the tube, stricture of the same, ulceration and cicatrisation of the pharyngeal orifice of the tube (syphilis), tumours in the naso-pharynx, (polypi, adenoid vegetations, hypertrophy of the pharyngeal tonsil), paralysis of the palate muscles, hinder or render quite impossible the ventilation of the tympanum. It results that the air in the tympanum becomes partially absorbed and rarefied, the now preponderating pressure of the external air forces the membrane inwards, rendering it abnormally tense; the point of insertion of the tendon of the tensor tympani approaches the inner wall of the tympanum, the tendon, therefore, becomes relaxed, as a result of which secondary contraction of the muscle, and shortening of the tendon, ensues.

Objectively the pathological condition shows itself by pro-

jection of the short process, perspective foreshortening of the handle of the malleus, and the formation of two folds in the membrana tympani, of which one proceeding from the short process backwards appears especially well marked, and, therefore, is of great importance diagnostically and therapeutically.

Its form and direction varies much. Whilst in many cases it appears like a broad bow, directed backwards and downwards, to pass over to the periphery of the membrane, in other cases it forms a straight tendon, tightly stretched horizontally directly backwards, or like an arch, it bridges over, the handle of the malleus lying beneath it in a pointed angle, so that between them there is a difference of depth of 1 mm., or thereabouts. The condition of the membrane takes part in the investigation with Siegle's pneumatic speculum, in the opening of the Eustachian tube, whilst with an impervious tube there will only be perceived slight vibration of the membrane. When the air in the meatus is alternately condensed and rarefied by the above-mentioned speculum, after an injection of air has been made there will be perceived a much greater mobility of the membrane, as in the normal state.

The disturbances of hearing, which are produced by excessive tension of the membrane, are very variable, and often bear proportionately little relation to the amount of the latter. Besides the disturbance of the function of hearing, there occur subjective sensations of sound, a feeling of fulness and obstruction in the ears, a sense of weight and oppression in the head, and attacks of giddiness.

It is possible in a large number of cases, by treating the fundamental malady, by inflation of air, by injection of medicated fluids into the tube and tympanum, by other therapeutic methods, which it would be beyond the scope of this paper to describe in detail, to induce a relaxation of the membrane; in many, especially chronic cases, however, we are not in a position by the above-mentioned therapeutic methods, to attain an improvement in the position of the membrane and the ossicles. The improvement in hearing is very slight, and soon passes off, and the subjective tinnitus becomes, by its persistence, very troublesome to the patient.

In this form of tension of the membrane, Gruber recommends multiple perforations of the membrane; Politzer, and later Lucae, perforation of the posterior fold. Of the first-mentioned operation, I have no experience; the latter I have performed in 35 cases. Of the technicalities of the operation, it may be observed that it should be performed with a small double-edged, lance-shaped needle. The section should be made  $1\frac{1}{2}$  to 2 mm. behind the short process vertical to the fold. The section often causes a squeaking sound. I have generally observed no ill effects. Only in one case was the chorda tympani cut through, without any ill result, since after three days, the normal relations were completely restored.

The results obtained were the following:—With the exception of one patient, in whom, from the long duration of the disease, the imperfect perception through the bones of the head had led to a consecutive labyrinth affection, there took place after the operation a significant improvement in the hearing power, and complete disappearance, or considerable diminution in the subjective aural symptoms. Unfortunately, 23 of the patients operated upon, since, for two or three weeks, the improvement of hearing remained, removed themselves from further observation.

Whether these are to be considered as improved, or entirely cured, I can scarcely say, as six of the other cases operated upon showed relapses after the expiration of three or four months. A repetition of the operation produced a similar result. In this way I have operated upon the same ear of one young lady seven times. In five cases I was able to verify the maintenance of the improved hearing after two or three years. Interesting is the result in the case of Herr Schuster, on the posterior superior segment of whose left membrana tympani Professor Gruber operated with galvano-cautery, on account of relaxation. The posterior fold was extended backwards, like a thin tense tendon, and was not changed in position by inflation of air. After the incision it disappeared completely. From these results I draw the conclusion that incision of the posterior fold is not an absolutely certain means for removing long-standing abnormal tension of the membrane, but that the operation, on account of its probability of success, and its easy practicability, should be undertaken experimentally in all these cases in which the abnormal tension of the membrane, and the resulting disturbance of the hearing apparatus cannot be reached by any other local or medicinal treatment.

After long duration of the inward curvatures, and tension

of the membrane, produced by the preponderating external air pressure, there gradually occurs partial or entire thinning and relaxation of the membrane. Partial thinning shows itself as dark, more or less, circumscribed sunken spots, easily confounded with cicatrices of the membrane. Frequently the thinning and relaxation is observed at the posterior superior quadrant of the membrane. The distinct conspicuousness of the stapedia-incudal joint, in favourable cases also of the stapedia, and of the niche of the fenestra rotunda, and the apparent projection of the first from the plane of the membrane, makes up in such cases a characteristic picture, which changes essentially on inflation.

The relaxed, glass-like, transparent part, projects forward in the form of a bag, hides the hitherto visible part of the inner wall of the tympanum, and sometimes even the malleus handle, to sink in again after a short time, yielding to the external air pressure. If the relaxed membrane is drawn in *in toto* (collapsus membrana tympani), as a result of its thinness it allows the inequalities of the inner wall of the tympanum to be clearly perceived. By fluctuation of the air pressure in the drum, which, in rare cases, may be produced even by the movements of respiration, it is curved outwards, and more tightly stretched, returning on the cessation of the pressure in folds to its former position. The disturbance of function stands in direct relation to the size of the relaxed part, and may be explained by the diminished power of vibration of the membrane, and the damage which ensues to the acoustically important portions of the tympanum.

Relaxation of the membrane, however, may also be brought about by preponderance of air pressure in the tympanum, produced by abuse of inflation (Valsalva experiment; all forms of air douche) in a widely open tube, a form of relaxation, for the diagnosis of which we are indebted to the labours of Professor Grüber. Ocular examination does not reveal such striking changes of texture as in the form of relaxation above described.

If, however, we cause a patient, having this kind of relaxation of membrane, to perform Valsalva's experiment, we shall see the posterior superior segment markedly protruded; if we examine it with a Siegle's speculum, the drumhead appears, on the alternate condensation and rarefaction of the air, like a loosely hanging membrane. Of very great importance and interest is examination with the tuning-fork. Whilst a sound ear, during the Valsalva experiment, when the tension of the membrane is normal, hears the vibrating tuning-fork, held before the ear, worse, but when placed on the skull, better, the reverse is found in relaxation. Persons affected with a high degree of relaxation of the membrane, come to know instinctively how to perform the Valsalva experiment in the interest of improved hearing, and they exercise it; hence the relaxation is increased, and the intra-labyrinthine pressure heightened.

As regards treatment, it is only when a great part, or the whole membrane, is concerned in the relaxation, that operative procedure is required. Attempts may be made by pencilling with nitrate of silver, or dropping in a solution of the same (Toynbee), or by blowing in astringents to the inner side of the membrane, to set up reactive inflammation in the membrane, so with a similar object is proposed multiple perforation of the membrane. The last named is recommended only in small atrophic sunken spots of the membrane, like cicatrices. Grüber uses, as a last resource only, galvanocaustic application to a part of the affected tissue.

(To be continued.)

## Transactions of Societies.

### THE MEDICAL TEMPERANCE ASSOCIATION.

THE fifth annual meeting of this Association was held on May 27th, in the rooms of the Medical Society of London, Dr. B. W. RICHARDSON, F.R.S., in the Chair.

Dr. J. S. RIDGE, the honorary secretary, read the Report, which referred to the papers read at the quarterly meetings, to the action taken at the International Medical Congress at Brussels in August last, and the Conference at Bristol in October; also, to the adoption of Dr. Norman Kerr's proposition that the dinner tickets at the British Medical Association's Annual Dinner should be exclusive of wine.

It also stated that the Local Government Board had in-

stituted an inquiry into the increase of mortality in the West Derby Union Workhouse, alleged to have occurred through the decrease of the use of alcohol therein.

The members of the Association had increased to 250, and the associates (medical students) to 16.

After the installation of the re-elected officers,

Dr. RICHARDSON returned thanks, and said there were enough medical abstainers to increase their numbers to 500, or even 1,000.

S. S. ALFORD, Esq., then read an able paper,

ON THE PRACTICAL TREATMENT OF DIPSOMANIA,

which will be found on page 483.

In the discussion that followed,

Dr. EYTON JONES said he had entirely lost faith in any remedial measures that were not of a coercive character. He had asked a great number of inebriates to submit themselves to some repressive measure, but while two or three had done so the majority had exhibited the same slyness with respect to this matter as they did in obtaining stimulants; and as inebriety was largely increasing amongst females, he felt that coercion was the only thing to look to. He had acted as a magistrate for nearly fifteen years, but found that great suspicion existed on the part of the public, and that if coercion were established in this matter medical men would be found who would be biassed in such a way as to send persons to these asylums who did not properly come under the class of dipsomaniacs. He thought that a mode of examination might be established which would put the question beyond doubt. He was further of opinion that the law should provide that dipsomaniacs should be proclaimed before two magistrates upon testimony of a most reliable character; and then the public at large would come to regard coercive measures as being of greater value than moral measures. If Dr. Norman Kerr's statistics were reliable—and he had proved that nearly 50,000 lives were lost annually in this country, directly owing to intemperance—what became of the few cases of dipsomaniacs who were cured and returned to their families. He believed the only way of preventing such people from ultimately being sent to gaol for committing crime was to assert the majesty of the law in the individual before he became a criminal.

Dr. NORMAN KERR thought the great point they ought to look at was one of which the clergy and other moral reformers had lost sight. Over and above the moral and physical degradation there was in a great many cases something more than the merely moral or social aspect of the question—viz., the disease behind. Until the people of this country understood that drunkenness was the result of a physical narcotic poison operating upon the physical, mental, and moral nature, they would fail to grapple with the subject. It was essential always to bear in mind that there was no danger in suddenly cutting off the supply of alcohol; but he could not agree with the writer of the paper that any amount of beefsteak in the world would give anybody an appetite for liquor, nor that vegetarianism was desirable. Dipsomania was quite an artificial disease, and if alcoholic liquors were abstained from it would soon die out. With regard to the bark cure, red bark and other tonics were good things; but of the so-called bark cure and other things of the kind which came from Chicago he could not speak in too strong terms of disapproval, the whole being a sham—a system of quackery. It was essential to remember that more than medical treatment was necessary. At present there was no licensed home in the country to which he could recommend a patient. The Dalrymple Home would soon be ready, and he believed that would have a very good effect.

Dr. DRYSDALE felt a great deal of doubt as to the possibility of locking-up people because they were inebriated. He was strongly opposed to the vegetarian tendency of the paper, neither could he agree with the essayist in the enormous influence of theology in curing dipsomania. As medical officer to the Rescue Society he thought that women were quite amenable to successful treatment in regard to drunkenness, and also in regard to other vices.

Dr. ALFRED CARPENTER, J.P. (Croydon), said that dipsomania was a disease capable of being cured, and that was the great point we had to keep before us. As a medical man, and as a magistrate, he had had repeated applications made to him to commit individuals to some place where

they would be kept from drink, but up to 1879 the law of England did not allow such an asylum to exist. He trusted that everybody interested in this question, and particularly medical men, would support the Dalrymple Home. They would then be able to show Parliament what had been done at present; and that by proper treatment it was possible to effect the absolute cure of dipsomania.

Dr. BRANSON said the keystone to the whole matter was prevention, and the education of the people to the terrible disease brought about by intemperance.

On the motion of Dr. James Edmunds, the debate was adjourned to the 24th of June, at the same place, at four o'clock, Mr. Alford, in the meantime, being thanked for his paper.

## The Mineral Waters of Europe.

THE "MEDICAL PRESS"

ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,  
President of the Pharmaceutical Society of Ireland, Lecturer  
on Chemistry, Carmichael School of Medicine, &c.

WITH

NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P. Lond.,  
Lecturer on Materia Medica and Therapeutics at the London  
Hospital, Physician to the Hospital for Diseases of the  
Throat, &c.

(Continued from page 470.)

THERAPEUTICS OF ALKALINE WATERS—continued.

FROM our estimate of the relative qualities of the alkalies we would suggest that large doses of potash salts should not be continued without great care. This brings us to another point in the treatment of acute rheumatism by alkalies. We believe that the mistake most frequently made is to continue the remedy too long. Suppose it is decided in any given case, that it is desirable to alkalinise the system, then it is better to do so at once, and potash is to be preferred to soda. Large doses may be given for a day or two without fear; in fact, until the urine is alkaline; but having reached that point, only just enough potash should be given to maintain the secretion neutral for a few days. After this it may be allowed to be feebly acid. The good to be obtained from the alkali in such cases, has already for the most part been secured. If the justice of these remarks be admitted, their application to the subject in hand will be obvious, from the fact that alkaline waters are often recommended in chronic rheumatism in which they should be prescribed with circumspection. Probably, the introduction of salicin will largely displace the alkaline treatment of acute rheumatism, but there will also be cases in which the alkalies seem to be indicated, and then they can be tried in the manner we have recommended; perhaps, too, as preliminary to salicin, salicylic acid, or the salicylates.

To return from this special case to the more general application of alkalies. It is impossible to overlook their simple chemical effect on the primæ viæ. Indeed, for this they are often prescribed, without reference to ulterior action, and in such cases it is that we have most often met with the abuse of this class of remedy. Our readers are,

however, likely to be alive to this evil, and we may therefore pass on. In the blood the alkalies appear as albuminates, phosphates, and carbonates. The solution of fibrin and albumen is closely connected with their presence, and Liebig thought that carbonate of soda might be regarded as a sort of conveyer of carbonic acid to the lungs. Organic acids and carbo-hydrates and probably some of the more important constituents of the blood are oxidised by these agents, and this accounts for the wasting sometimes seen from their use, especially in fat patients. It would seem not improbable that we can render the blood unusually alkaline, by a careful administration of successive doses, graduated according to the rate of elimination, but the rapidity with which these remedies are carried out of the system, renders it impossible to do this by doses at long intervals. Here is sufficient food for thought to any one who has fallen into mere routine practice. Besides making oxidation more active, alkalies stimulate osmosis. There can be no doubt that, as continual interchanges take place between the blood and the tissues, we may carry on our work still further by the long continued use of alkalies, and it is probably in this way, rather than in the action in the blood, that the wasting we have alluded to is brought about. When it is advisable to increase tissue-metamorphosis, it may be accomplished in this manner, though the reader will, perhaps, think that there are other more natural methods of reaching this end. Whether such increased metamorphosis leads to the more rapid formation of new tissue is a question which most would answer in the affirmative, but we cannot forget that so desirable a consummation may be sometimes prevented by the very remedy employed. If it impair digestion and assimilation, what other results can ensue? This has happened again and again, but may be avoided by a wise plan of administering the remedy. It is the *proper* use of alkalies, and chiefly of the bicarbonate of soda, that the physicians of Vichy, and other alkaline spas have never seen do any mischief. But their improper use may be fraught with *peril*, and the late M. Gubler related several instances of alkaline cachexia to the Paris Academy. We have already indicated that this might easily occur, and in doing so, have pointed out the manner in which it is most probably brought about.

Something must be added as to the special indications for administering the waters of this group. Their alkaline property is the most obvious, and to that the chief importance has always been attached. Whether we speak of them as antacids or as agents assisting to maintain the normal alkaline reactions within the body, their use in functional diseases of the alimentary canal is closely related to the employment of soda in other forms. In dyspepsia and diarrhoea this is readily seen, as well as in other disorders of the stomach and bowels. It is by no means proved that we can increase the normal quantity of soda in the bile, and yet it is believed by some that gall stones have been dissolved in this way. If there be no foundation for this belief, it seems certain that many cases of jaundice—chiefly those depending on catarrh of the cystic duct—have been relieved by alkaline waters. Much the same may be said of functional liver derangements; and competent observers record cases in which palpable enlargement of this organ has diminished during a course of these waters.

Such cases are usually treated by the thermal springs, and the influence of the quantities of warm fluid, as well as other circumstances, must not be lost sight of. In lithiasis and in gout these waters are also largely employed, although soda is not considered the most appropriate alkali in these conditions. It is probably by hastening tissue changes that they are efficacious, for the view that they merely neutralise excess of uric acid is insufficient, and this effect is even disputed. In catarrh of mucous membranes these waters are useful. As far as the alimentary membrane is concerned, this may be thought due to the antacid effect, but it can hardly be the case in the respiratory tract, where these waters, and more markedly those which also contain chloride of sodium, prove serviceable. Catarrh of the bladder, and other parts of the genito-urinary tract, may also be treated by these waters, but in such cases caution is to be enjoined. In diabetes alkaline waters must not be given in too large doses, or continued too long at a time. We have refrained from going too deeply into the differences of the several alkalies, because in mineral waters we have practically only to do with soda. The action of bicarbonate of soda, the chief ingredient, is however, sometimes modified by the presence of chloride of sodium, as well as the other constituents, and whether alone or in combination the effect varies with the dose, the degree of concentration of the water, the period of the day when it is taken—a point which resolves itself into the state of the digestion at the time—and, lastly, the temperature at which it is drunk. With regard to this last point something has been said in a former report. Here, therefore, it need only be remarked that warmth favours the absorption of the soda, and the warm waters are most in repute when it is desired to affect the fluids of the body, but cold springs are recommended where the local effect on the *primal viæ* is aimed at. Some of the bottled waters may be warmed to imitate as far as may be the conditions in which they are taken at the springs. We have now only to note the principal waters of this class.

*Vichy* is the sovereign of alkaline spas. It possesses both warm and cold springs; its waters are well adapted for bottling, and are, in fact, exported in enormous quantities. Professor Tichborne finds less soda in the bottled waters than might have been supposed from previous analyses; but still, the quantity is so great that Vichy retains its pre-eminence as the strongest alkaline spa. The number and varying qualities of its springs enable those skilled in their use to rely entirely upon them when mineral waters of a powerful alkaline nature are required. It is always to be remembered that these waters are potent medicines.

The *Grande grille* is a hot spring, temp. 105 deg. Fahr., and perhaps more used than any on the spot. It is specially used in diseases of the abdominal viscera, in the cachexia induced by residence in hot climates, in obesity, and whenever it is desired to stimulate absorption. In some cases of biliary calculi Vichy is useful. Diseases of the spleen are treated, but with much less benefit. Patients with gravel or other urinary affections resort in great numbers to Vichy. In gout, the *Celestins* spring, which is cold (temp. 58 deg. Fahr.), and by far the most pleasant to drink, is in most repute. It bears exportation well, and, as a naturally cold water, seems

well adapted for bottling. The writer has prescribed it for many years. The *Hauterive* has recently replaced it to a considerable extent. We may, however, observe that all the springs possess the same general character, that the distinctions offered are by no means absolute, that one may usually replace the other, that the differences observed at the springs are mostly due to the various temperatures, and that, so far as regards the exported waters, all may be considered of equal value. In disorders of the stomach it is unnecessary to point out the indications for alkalies. In diabetes Vichy has been of great service, but the treatment is usually carried out at the spa. A season has often been followed by excellent results, and, during the intervals between their visits, patients may at intervals drink the bottled waters, with the circumspection indicated above. As the writer has previously published a pamphlet (a) on these waters which has passed through four editions, he need say no more on the subject here.

(To be continued.)

(a) "A Visit to Vichy, with an Account of its Thermal Springs, &c." By Prosser James, M.D.

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THE

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**The Medical Press and Circular.**

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 8, 1881.

**SANITATION IN THE ISLE OF WIGHT.**

MUCH has of late years been done in the Isle of Wight to improve the sewerage of towns and private houses

and to provide for the inhabitants a supply of pure water. That public health, comfort, and convenience have gained thereby is not to be doubted. But how far the occurrence of that particular form of disease which has come to be looked upon as directly and alone due to neglect in both these respects has undergone corresponding decrease is a point on which the reports referred to in another column furnish information of a somewhat negative kind. In these reports the statistical tables given do not in all instances convey information exactly similar throughout the series, or of so precise a nature as could be desired. Taking them, however, as they stand, and selecting more immediately the subject of fever, the following are the results shown: the eight districts into which the island is divided have an estimated total population of 66,219, omitting corrections for the more recent census. In the tables given the numbers of *deaths* among the general population, and of *cases* among the pauper classes appear side by side; thus the conditions indicated differ from each other; but the general results over a period of five years have nevertheless their value. In the general population the deaths by fever as recorded, were for the years respectively from 1875 to 1879—22, 24, 23, 11, and 20. It is apparent, however, that in some respects information on this point is defective, thus as regards Shanklin, in 1877 and 1878 a mark of interrogation takes the place of arithmetical figures. With reference to the pauper classes the number of *cases* in each of the five years already mentioned are respectively 28, 81, 54, 86, and 80. That these figures are but extremely "approximate" is indicated by the marks of interrogation in returns quoted by the indefinite expression "several," as applied to St. Helens in 1879, whereas in each of the four preceding years and counting backwards, the figures for that place were 12, 16, 30, and 11; at Ryde, regarding which the statistical information, interrogative in 1875 and 1876, gives respectively 27, 26, and 25 cases in 1879, and so on. But as a general result, the tables indicate that whereas in 1875 there were recorded 22 deaths by fever in the general population, there occurred 20 in 1879; other years varying from 11 in 1878 to 24 in 1876; the *cases* among paupers 28 in 1875 to 80 in 1879; the variation between 54 and 86 in the intermediate years as already stated. Upon the whole, then, combining the statistics of mortality and of cases, the totals are found to vary from 40 in 1875 to 105 in 1876, 77 in 1877, 97 in 1878, and 100 in 1879, so that, taking the data as given, the result is that a very great and alarming increase has taken place in the prevalence of fever in the Isle of Wight during the five years ending with 1879. According to the same report great improvements, as already observed, had been in progress during those five years in respect to "sanitary" work in that island. Surely, therefore, the conclusion is justifiable that the causes upon which the occurrence and prevalence of *fever* depends are to be sought for in other conditions than those alone to which such measures have during that period been directed.

With reference to particular localities information does not appear as to whether fever has really prevailed to a greater extent in such as are faulty in "sanitary" conditions than in those that are more satisfactory. That



this point is taken for granted appears from the remarks made regarding Newport, that "with the absolute certainty of the inhabitants being exposed to the influence of drain and sewer air, the occurrence of enteric fever can be no matter of astonishment." But no allusion occurs to other conditions which necessarily affect the inhabitants of such localities, as their own state of poverty, social position, habits, and manner of life, all of which go far to determine the nature and type of disease among such classes.

So also with regard to water. Where direct connection cannot be traced between contaminated water and the occurrence of fever, such connection is assumed, notwithstanding also that argument is against it. At Ventnor, for example, we read that cases of fever have been attributed "either to the use of polluted water, or to the admission of sewer air into the houses;" also that "another unrecognised cause has *most probably* been the pollution of the company's water by the absorption of sewer air." Conjectural in the extreme; and that it was considered so by the reporter himself appears from his own remarks:—"The only difficulty in admitting this to have been a means of distribution for enteric fever in Ventnor is, that we should have expected the disease to have appeared on a larger scale among the inhabitants and visitors in the place." Of course, it would have so appeared.

The report describes the unfortunate but very natural result which has arisen from the strong tendency manifested of late years to inculcate one set of conditions with regard to causation of specific forms of fever, to the almost complete exclusion of every other circumstance and condition whether inherent in individuals or affecting them from without. It is expressly stated that guardians assume Medical Officers of Health to be superior sort of Inspectors of Nuisances; also that they perform much of the work proper to the latter functionary, to the detriment to their ability to advise comprehensively, and from a proper point of view upon the larger sanitary wants of the district. It is further, and most properly added, "the conditions endangering health which require medical experience for their apprehension and medical intelligence for their remedy, are those which it is the legitimate work of the Medical Officer of Health to bring to light and advise upon." Just so. It is very well to observe cleanliness of person, surroundings, and in mode of life generally. But to limit attention to matters of simple conservancy, as is now too much the fashion of the day, is to cramp and paralyse the higher functions of that official.

#### THE GENERAL MEETING OF THE IRISH COLLEGE OF SURGEONS.

THIS important meeting, which has been looked forward to for some time past as the occasion which would decide the future of medical teaching and examination in Ireland, was held on Saturday last. It was known that a great effort would be made to adjourn *sine die* the new scheme of education and examination which had been matured and adopted by the Council of the College, and which was now submitted to the Fellows for their approval,

and much influence had been brought to bear to bring the provincial Fellows to Dublin to vote *pro* or *con* on this proposition. The result was an unusually large assembly of the College, numbering 84. The great majority of the Fellows were, as might be expected, metropolitan, the proportion being 65 Dublin residents, and 19 provincial visitors. The chair was occupied by the President, Dr. McClintock, and after the usual preliminaries that gentleman referred to the Annual Report, and pointed out that, while it was submitted by the Council for discussion, it was not the custom of the College that its adoption should be moved; nor was it competent to the Fellows to reject it, though they were invited to discuss any or every subject referred to therein. A debate followed, upon a motion submitted by Dr. Jacob, and seconded by Dr. Martin, of Portlaw, to the effect that "The method of communicating the proceedings of the Council by an Annual Report is insufficient and unsatisfactory;" and it was, for the second time, recommended to the Council to arrange for the issue "at quarterly periods of an accurate and complete *procès* of its business."

On this resolution the President made a statement setting forth the reasons of the Council for not complying with the former recommendation of the College and for the omission of any notice of the matter from the report. The College then voted, the resolution being carried by a majority of 26 to 11, eight of the minority being members of Council, and many Fellows not voting. After some criticism by Dr. J. Bellew Kelly, of Drogheda, upon the method of keeping the College accounts, Dr. Mapother moved, and Dr. Tufnell seconded a resolution, the purport of which was that the Council should frame a scheme of education and examination conformable with the Medical Council recommendations, and should consider the propriety of deferring further action on the matter until other licensing bodies had adopted a similar system. This resolution gave rise to a prolonged and animated debate, in which Dr. Macnamara, Dr. William Carte, Dr. M. A. Ward, Dr. F. A. Nixon, and other Fellows spoke against the proposed scheme, and Dr. Kidd, Dr. Barton, Dr. Bennett, Dr. Martin, of Portlaw, Dr. Jones, of Cork, and Dr. Jacob spoke in its favour. On a division the voting was—for Dr. Mapother's resolution, 27; against it, 31. Non-voters, 26. The resolution was, therefore, lost, and the proposed Scheme practically approved by the College.

This vote we take to be equivalent to a final affirmation of a reform of the existing educational system in Ireland, which will be of incalculable advantage to the student, to the Irish surgeon of the future, and, we fully believe, to the College itself. The practical working of the system of examination remains to be settled, and, this being done, the new system will probably come into effect before November next, and be obligatory on all students commencing study after that date.

The College "Club" dinner was held in the evening and brought together between sixty and seventy members and guests. The President occupied the chair, and had on his right and left the President of the College of Physicians, Sir Edward Sinclair, the President of the Irish Medical Association, the High Sheriff of the City, Sir George B. Owens, and other leaders of the profession. The *reunion* was in all respects quite successful.

## Notes on Current Topics.

### The Chelsea Hospital for Women.

Among the events of the season may be ranked the Old English Fancy Fair to be held in the Albert Hall at Kensington, the opening of which takes place to-day (Wednesday). The object of the bazaar is to augment the resources of the Hospital for Women at Chelsea, an institution in which the Princess of Wales exhibited a strong interest by laying some time ago the foundation-stone of additions to its buildings. The arrangements in connection with the "Fayre" are of the most complete and elaborate kind, and the scene presented by the Hall when converted to serve the purpose of an old English market place will be one that will well repay a visit. On the opening day the presence of several members of the royal family, including T.R.H. the Prince and Princess of Wales, the Princess Christian, &c., &c., will tend to increase the efficiency of existing institutions.

### The Influence of Light on Ants.

THE indefatigable researches of Sir John Lubbock have made the features of ant economy all but thoroughly familiar to the great number of working naturalists at home and abroad, and so well is his claim identified with discoveries in connection with these little animals that the scientific zoologist unconsciously associates all the knowledge of them he possesses with Sir John's name. In a long series of papers read at intervals before the Linnæan Society of London, and dealing with the subject of ants, Sir John Lubbock has done very much to clear up doubtful points in comparative physiology and psychology; in many ways, too, the suggestions associated with his conclusions have assisted towards awakening the spirit of research in other and younger minds, a result to be very much desired. The latest contribution from Sir John Lubbock, read on Thursday last, deals with the influence of light on ants. He satisfied himself that the different rays of the spectrum acts on them in a different manner from that in which they affect us; for instance, that ants are specially sensitive to the violet ray. If an ants' nest be disturbed, the ants soon carry their grubs and chrysalises underground again to a place of safety. Sir John availing himself of this habit, placed some ants with larvæ and pupæ between two plates of glass about an eighth of an inch apart, a distance which leaves just room enough for the ants to move about freely. He found that if he covered over part of the glass with any opaque substance the young were always carried into the part thus darkened, and that if he placed side by side a pale yellow glass and one of deep violet, the young were always carried under the former, showing that though the light yellow was much more transparent to our eyes, it was, on the contrary, much less so to the ants. From this point he further proceeded to test the effect on them of ultra-violet rays, which to human eyes are invisible. For this purpose he covered certain nests in two parts, one with violet glass, the other with a flat bottle containing sulphate of quinine and bisulphide of carbon, both highly diathermic bodies. In every case larvæ were carried to beneath the clear coverings, the dark violet portion being carefully shunned.

Again, he threw a spectrum into a similar nest, and found that if the ants had to choose between placing their young into the ultra-violet rays or in the red, they preferred the latter. He infers, therefore, that the ants perceive the ultra-violet rays which to our eyes are quite invisible. But everyone will not quite follow the implied conclusion that these rays are necessarily experienced as rays of light, an assumption urged by Sir John Lubbock, who speculates on the probability of the mixed colours presenting other than the white familiar to human eyes. The experiments are not yet by any means completely described, but so far they have a high degree of interest for the physiologist, and there can be little doubt that, difficult though it may be to exactly define its direction, the influence of such inquiry is beneficial not to science simply, but also to progress in its practical application in medicine.

### The Spread of Small-pox.

It is with increasing alarm that we witness the steady growth in the weekly fatalities from small-pox. The vigorous attempt that might have been made at an earlier period of the epidemic, is no longer possible now, and there remains the miserable conviction that however greatly the outbreak may extend, it has been largely helped to this end by the inconsiderate and selfish clamourings of those who refused to hear or attend to reason's voice. We never defended the principle of creating centres of small-pox treatment in neighbourhoods already populated to any extent; on the contrary, we have again and again urged the necessity for building small-pox hospitals where isolation might be practically ensured; but notwithstanding this, at a time when every moment was of consequence, it was surely unwise to close what might, by affording shelter to more or fewer cases of disease, have served a while longer the purpose for fulfilling which it had been condemned, that, namely, of being a small-pox hospital. Now, of all times, when any day the bounds within which infection is at present confined, may be overpast beyond all power to recover, and an all but universal infection of susceptible persons ensue, is the most inappropriate for continuing the bickerings that seem to be the natural atmosphere surrounding the unfortunate Asylums Board. By and bye, when the violence of the visitation is abated, the subject can be fully and safely discussed; meanwhile, let aid, rather than obstruction, be offered to increase the efficiency of existing institutions.

### Civic Presentation to Dr. Miller, of Londonderry.

THE Corporation and citizens of Derry were engaged last week in paying a well merited tribute of respect to a worthy and much-esteemed member of our profession, who has figured for a very long period in the history of the City of Derry. In November last Dr. Miller, after spending close on a half a century in the Town Council, signified his intention of retiring, owing to his declining years. In consequence of this intimation the Council, in the following month, unanimously adopted an address; and in which allusion was made to the great services he had rendered, in his civic and professional capacity, to the community. Sir Edward Reid, Mayor, presided at the presentation, and conveyed the address

of the Corporation, beautifully engrossed and illuminated, and handsomely bound in morocco. At the same time the chief magistrate was made the medium of handing to Dr. Miller the spontaneous gift of the citizens in the shape of a chaste centre-piece of solid silver. Dr. Miller was elected alderman in the ancient Corporation of the City as far back as 1832. While that Corporation existed he was twice mayor, and after the reconstruction of the civic body he held the Chief Magistracy for no less than five times. He served in the civic office for upwards of forty-eight years, and during that period did much to improve the sanitation of the city. Few men have been so long engaged in public life as Dr. Miller, and we could hardly find an instance of one who has been so much associated with the people, both politically and socially, so highly honoured by all sections of the community.

#### Registration.

THE Medical Council has issued an important notice on the subject of registration of medical practitioners. Upon the wording of this notice, it will be recollected, a dispute took place between the Branch Councils and the General Council in London, which occupied many months, and was the subject of sundry law opinions. The announcement now sets forth that every registered medical practitioner should be careful to send to the *Branch Registrar by whom he was originally registered* immediate notice of any change in his address, in order that his correct address may be duly inserted in the "Medical Register," otherwise, by Section 14 of the Medical Act (1858), such practitioner is liable to have his name erased from the "Medical Register," and to lose the right to hold certain appointments, to sign valid certificates, or to recover, in any court of law, charges for professional aid, advice, and visits, and the cost of any medicines or other medical or surgical appliances rendered or supplied by him to his patients. Every registered medical practitioner should also send to the *Registrar by whom he was originally registered* notice of any addition to his qualification that he may wish to be inserted in the "Medical Register."

#### International Medical Congress.

A LIST of upwards of one thousand intending members has already been prepared, and 130 medical men, including many leaders of the profession, both in London and the provinces have paid their membership subscriptions and inscribed their names on the register of the Congress. Prof. Maurice Raynaud, the giver of the French address has chosen for his subject "*Le scepticisme en médecine au temps passé et au temps présent,*" and from his well known ability in this direction we may confidently expect a great literary treat. A large number of papers for the various sections continue to flow in from home and abroad and are undergoing translation preparatory to being published at the time of the Congress. The committee have received a grant of £26 5s. to the general fund from the Royal College of Surgeons in Edinburgh, this raising the total sum received from the various corporate bodies to £292 15s. An effort has been made to induce the railway companies to reduce their fares to

gentleman proposing to attend the Congress, but without success, although our Foreign Minister Earl Granville addressed the ambassadors at the various European courts on the subject. An exception has been made by the South Eastern, and London, Chatham, and Dover companies and the Chemin de Fer du Nord of France, who have most generously granted permission for visitors to travel from Paris to London and back for a single fare. The Norwegian passenger steamers from Christiania to England will carry our Scandinavian confères for a single far for the double journey.

#### Follies of Fashion.

APART from the perennial folly of tight lacing, to which attention was recently drawn by us, and the equally ridiculous and abominable practice of deforming the feet by encasing them in shoes only half their natural size, the last decade has not witnessed anything in dress-foolishness that will compare with the indecent and dangerous thing called "crinoline," an invention that would have done credit to the most evil-minded of all disreputable geniuses. It is with no ordinary feelings of disgust and loathing that men, to whom there remains any sense of propriety, regard the prospect of a possible reusucitation of this dead monster; and it may not yet be too late to urge upon those unfortunate beings who will by following the directors of fashion, submit themselves to the horrors of this hideous cage, the grave injury they will thus inflict, not on themselves alone, but on the whole of the civilised world, by consenting to adopt the decrees of silly frivolity. Better by far were it that an attempt should be faithfully made once more to recover the native shape which all but a very few women of this generation are entirely without claim to, by dressing after the model set by the Ladies Dress Reform Association. The follies of fashion are the greatest evil modern society has to combat, and its effort to resist it are at best, but flimsy and unreal.

#### Germes of Malignant Charbon.

IN a recent note to the Academy of Sciences of Paris (*Comptes Rendus*, No. 5, 1881), M. Pasteur states that there is a farm near Senlis where many sheep annually perish of malignant charbon. These sheep have been interred in a walled garden; in one part none have been placed for twelve years. About two ounces of the surface earth was taken from this part; it was well washed and guinea pigs inoculated with the smallest particles; the animals rapidly perished of malignant charbon. Then at the farm seven sheep were each afternoon placed in this part of the garden; as there was no grass the sheep were fed at the stable, with the rest of the flock; notwithstanding this, two of the sheep soon perished of charbon, while the five others, and the rest of the flock, did not suffer. Thus two sheep perished through the habit they have of turning over the earth, and yet no diseased animal had been interred in the spot for twelve years. In this part of the garden were grown some of the vegetables used on the farm, and but one of the farm people suffered; he had been attacked by malignant pustule, which had not proved fatal. These facts would seem to prove that vegetable combustion and assimilation do not destroy the

germs of certain microscopic organisms which may be contained in manure or in the carcasses of dead animals.

#### Death of an Army Medical Veteran.

IN Surgeon-Major John Coughlan, who died last week at Kingstown, co. Dublin, has passed away the oldest medical officer in the British service. His duties brought him frequently into communication with the Iron Duke during the Peninsular campaign, and indeed the narrative of his life during the great military operations in the first quarter of the present century would fill a volume. He entered the service as assistant surgeon on the 9th November, 1812. Few men had seen more active service endured more hardships, or had more narrow escapes. He served in several regiments for a period of thirty-five years and afterwards in the 86th, from which he retired on half-pay in 1844. He was the oldest medical officer in the service, having a short time since completed his 90th year. He had two sons surgeons in the army who died on foreign service.

#### Rupture of Internal Organs without Apparent External Lesion.

WE read of two such cases in the reports of the Société Anatomique (Paris). The first occurred in the service of M. Duplay; the patient had been caught between a waggon and a lamp post. There seemed to be no external contusion, but the patient complained of intense pain in the hypochondrium. At the autopsy a complete rupture of the kidney was found, with a torn condition of the spleen; there was effusion of blood between the layers of the omentum and mesentery.

In the second case, a workman was thrown from a team; his hernia escaped from beneath the truss which maintained it, at the moment of the accident. There was no sign of abdominal contusion, and the symptoms simulated those of strangulated hernia. At the autopsy, a small opening, about the size of a dime, was found in the small intestine; there was effusion of the intestinal contents into the cavity of the pelvis, and generalised peritonitis, but no strangulation of the intestine.

#### Scrofula and Tuberculosis.

M. GRAUCHER recently made a communication on this subject to the Société Médicale des Hospitiaux, a long and careful analysis of which, by M. G. Artaud, appears in *La France Médicale*. M. Graucher considers the question from four points of view, etiological, experimental, anatomico-pathological, and clinical, and arrives at the following conclusions, with which he terminates his memoir: 1. Tubercle is a fibro-caseous neoplasm, the evolution of which takes place by successive stages; this evolution may be incomplete, and be arrested in the early stages, complete and produced in a few months, or last through life. 2. Pathological anatomy and experimental pathology are in accord in ranking with tuberculosis, under the title of local tuberculous, most of the affections called scrofulous. 3. Lupus and superficial inflammation of the skin and mucous membrane, will probably in their turn be ranked in the same category. 4. The necessities of practice not allowing us to mix together all the tubercular

affections, it is convenient to keep the word *scrofula* to designate slight and curable tubercular lesions.

#### Bromide of Ethyl in Hysteria and Epilepsy.

MM. BOURNEVILLE and Ollier have been studying the action of bromide of ethyl on hysterical and epileptic patients, and have arrived at the following conclusions (*Le Praticien*):—1. Papillary dilatation at the commencement of the inhalation of the bromide is not constant. 2. Complete muscular resolution is exceptional. 3. Anæsthesia is produced in very variable degrees according to the subjects. 4. The temperature, the secretions, the general state do not appear to be in any way modified. 5. The pulse and respiration are slightly accelerated. 6. There may be produced more or less marked trembling of the limbs during the inhalation, but it does not continue after it. 7. Hysterical attacks are generally easily stopped by bromide of ethyl. 8. Attacks of epilepsy may sometimes be arrested by giving the remedy during the period of tonic spasm; more often the inhalation has no effect. 9. In epilepsy the regular employment of the remedy by daily inhalation for one or two months, markedly decreases the frequency of the attack.

#### The Administration of Purgatives by Hypodermic Injection.

MUCH attention has been directed in Germany and Italy to finding some means of replacing tartar emetic, ipecacuanha, and saline and vegetable purgatives of all kinds, by simple hypodermic injections of apomorpha and aloin (the alkaloid of socotrine aloes). Just as with a subcutaneous injection of apomorpha effects of nausea and vomiting have been obtained, so with a warm aqueous solution of aloin (1-25th) injected in the thigh or fore-arm, there have soon been produced true symptoms of purgation. In these cases the remedy does not act by direct contact with the gastro-intestinal mucous membrane. These, as *Paris Medical* says, are very singular facts which call for serious study and verification.

#### Sisters of Charity as Nurses.

THE plan has been actively pushed in Paris to dispense with the services of the sisters of charity in the hospitals, and substitute paid nurses. About one-third of the medical officers of the hospitals are opposed to the change, and have protested against it. The Municipal Council is for the change by a heavy majority, and are about to open a "Municipal School for Nurses" at the La Pitié Hospital. One objection urged against the sisters, is their proselytising tendencies. From our own observations of the class which fill the Paris hospital, such, or any kind of religious admonition would not be amiss.

#### Death from Bromide of Ethyl.

DR. R. J. LEVIs, of Philadelphia, the distinguished advocate of bromide of ethyl, recently lost a patient under this anæsthetic at the Jefferson Medical College Hospital, Philadelphia. The patient was about to be operated upon for stone in the bladder, but died as the first incision was being made. Dr. Levis was present during the administration of the anæsthetic, and no doubt exercised every known precaution.

### Nitrite of Amyl in Cystic Catarrh.

A REMARKABLE disinfectant action of nitrite of amyl on the urine has been noticed by Dr. Weiser, and he employs it for this effect in chronic catarrh of the bladder (*Le Praticien*). Three drops of nitrite of amyl in 300 grammes of tepid water are injected into the bladder twice a day. For disinfection and preservation of the urine nitrite of amyl is preferable to carbolic acid, when the presence and search for albumen do not present an obstacle.

### Variations of Population in Ireland.

ALTHOUGH the alterations in the population of the Irish towns as compared with the Census of 1871 are not yet accurately known; yet it has been ascertained that in Dublin, Belfast, Londonderry, Newry, and Dundalk the population has increased, and therefore the birth- and death-rates are overstated when calculated according to the returns of 1891. On the other hand, it appears that a decrease has taken place in the populations of Limerick, Waterford, Drogheda, Galway, Clonmel, and some other towns in Ireland.

DR. TANNER has found a rival in a Mr. John Griscom, who recently began a forty-five days' fast at Chicago, under medical supervision.

SMALL-POX caused 100 more deaths in London and its outer ring of suburban districts last week, one in Brighton, and one in Norwich, but no fatal case of this disease was registered in any of the seventeen other large provincial towns.

THE following is the subject for the Jacksonian Prize of the Royal College of Surgeons of England for the ensuing year; viz., Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment. For the present year, it is the Pathology and Surgical Treatment of Diseases of the Hip-Joint.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Plymouth 13, Birmingham 15, Brighton 16, Bristol 17, Wolverhampton 17, Hull 17, Bradford 18, Edinburgh 19, Glasgow 19, Norwich 19, Salford 19, London 19, Newcastle-on-Tyne 20, Sunderland 20, Leeds 20, Portsmouth 20, Nottingham 20, Leicester 21, Manchester 22, Sheffield 22, Oldham 22, Liverpool 24.

THE Royal Commission on the Medical Acts met on Friday, Saturday, and Monday, 27th, 28th, and 30th of May, at 2 Victoria Street, Westminster, London. There were present the Earl of Camperdown (chairman), the Right Hon. W. H. F. Cogan, the Master of the Rolls, Sir William Jenner, Mr. Simon, C.B., Professor Huxley, Dr. M'Donnell, Professor Turner, Mr. Bryce, M.P., and Mr. John White (secretary). The evidence of Dr. Acland, Sir James Paget, and Mr. Erichsen was taken.

IN the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—

22; Brussels 22; Amsterdam 23, Rotterdam 19; The Hague 24; Copenhagen 29, Stockholm 26, Christiania 21; St. Petersburg 62; Berlin 23, Hamburg 24, Dresden 27, Breslau 29, Munich 39; Vienna 32; Buda-Pesth 38; Rome 29, Naples 33, Turin 26; Alexandria 36; New York 33, Brooklyn, 24, Philadelphia, 23, Baltimore, 23 per 1,000 of the various population.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

GLASGOW WESTERN INFIRMARY.—The new wing of the Glasgow Western Infirmary, added through the bequest of the late John Freeland, a native of Glasgow, who died at Nice, leaving £40,000 for this purpose, was publicly opened on the 1st inst. The additional wing is on the east side of the building, and contains about 200 beds, which just doubles the accommodation of the infirmary. The new wards have been arranged and fitted up with all skill and care, and their bright airy appearance very much impress a visitor. A building for the accommodation of the nurses has also been added. The proceedings were conducted in the clinical theatre, and there was a large attendance of ladies and gentlemen.

GLASGOW ROYAL INFIRMARY APPOINTMENT.—Dr. John Barlow, Lecturer on Physiology at Anderson's College, has been appointed Extra-Surgeon to the Royal Infirmary Dispensary. The other candidates were Drs. Kirk, Muir, and T. B. Henderson.

GLASGOW MATERNITY HOSPITAL.—Dr. Hugh Miller has issued in a separate form his introductory lecture of the clinical course at this Hospital for 1881. Introductory addresses are a species of literature *sui generis*, and must not be tried by the recognised canons of taste, either in respect of matter or style. While we do not agree with Dr. Miller's medical philosophy, nor admire altogether his somewhat reckless use of metaphor, we doubt not that in proper hands both instruction and information will be derived from this address. The history of the obstetric art is traced from the time of Hippocrates (*Hypocrates*, of a former distinguished Glasgow obstetrician) down to the present time, and an exposition given of the conflicting theories of disease, and the improvement made in mechanical appliances. We do not find that Dr. W. L. Reid's forceps has been referred to, or the nebulous carbolic reception of the new-born babe. Surely this is an overlook. By the bye, was *Dioscorides* a Glasgow obstetrician?

GLASGOW DEATH-RATE.—The death-rate of Glasgow for the week ending with Saturday, the 28th ult., was 22 per 1,000 per annum.

HEALTH OF EDINBURGH.—For the week ending with Saturday, the 28th ult., the deaths in Edinburgh numbered 80, and the death-rate 18 per 1,000. Chest diseases still account for half of the mortality, while that from zymotic diseases amounts to 11.

COMBE LECTURES.—On the 31st ult. the fifth of the series of Combe lectures was delivered by Dr. Andrew Wilson in the hall of the Church of Scotland Training College, Chambers Street, Edinburgh. There was a large attendance of students and others. Dealing in the outset with the subject of joints, the lecturer remarked that these were divisible into two great groups—incomplete and complete joints. The three chief

kinds of joints found in the body were hinge joints (three-fourths of the whole being of this description), ball and socket joints, and pivot joints. The lecturer illustrated the structure of these and the muscle of the arm by means of a beautiful model prepared for the Combe trustees, and went on to describe the functions of the body in action. He pointed out that food, however nourishing, was totally incapable of sustaining life in the absence of water, and in this connection observed that if the public had been better informed on the subject less surprise would have been expressed at the "fasting" experiment of Dr. Tanner, which taught nothing that was new. There were cases on record of life being prolonged for fifty and fifty-five days on water, so that there was no mystery about the matter. In closing Dr. Wilson touched on the question of diet, which, he explained, should be regulated by the following circumstances:—Personal constitution, age, habit, and occupation, state of health, and race or climate.

**REGISTRAR-GENERAL'S RETURNS.**—The weekly return of births, deaths, and marriages in the eight principal towns of Scotland for the week ending Saturday last, says:—The death-rate in the eight principal towns during the week ending with Saturday, the 28th May, 1881, was 18·4 per 1,000 of estimated population. This rate is 5·3 under that for the corresponding week of last year, and 1·5 under that for the previous week of the present year. The lowest mortality was recorded in Dundee, viz., 11·4 per 1,000; and the highest in Perth, viz., 29·2 per 1,000. The mortality from the seven most familiar zymotic diseases was at the rate of 2·8 per 1,000, or 0·4 under the rate for last week. Acute diseases of the chest caused 89 deaths, or 7 less than the number recorded last week. The mean temperature was 54·9, being 5·9 above that of the week immediately preceding, and 1·3 above that of the corresponding week of 1880.

**EDINBURGH INFIRMARY FEVER HOSPITAL.**—Under the warrant granted on Thursday, the 2nd inst., by the Edinburgh Dean of Guild Court, operations were commenced yesterday, at the instance of the managers of the Edinburgh Royal Infirmary, for the conversion of the eastern division of the old Infirmary buildings into a fever hospital for the reception of patients who, but for the terms of the Infirmary charter, would fall to be treated in the new buildings in Lauriston. By a rearrangement of the wards, provision is to be made for seventy-four beds, which will be set apart for the treatment of cases of typhus fever, typhoid fever, erysipelas, and small-pox. The sanitary arrangements of the hospital will be improved in accordance with modern requirements, and suitable accommodation provided for the nurses who are to reside within the building, while a small lodge is to be built for the gate porter. The alterations are expected to be completed by the end of October, at a cost of about £2,500. Messrs. D. & J. Bryce, 131 George Street, are the architects for the work. As has been previously mentioned, the remaining portions of the old Infirmary buildings have been acquired by the Town Council for the purpose of being fitted up as a general hospital for the treatment of infectious diseases.

## Literature.

### SYPHILIS AND MARRIAGE. (a)

THIS is a welcome volume, inasmuch as it may, for the first time, introduce to English readers, in their own tongue, one

(a) "Syphilis and Marriage." By Dr. Alfred Fournier. Translated by A. Lingard, with a preface by Jonathan Hutchinson. London: Bogue. Pp. 264. 1881.

of the numerous treatises of the first of modern writers on syphilis, Dr. Alfred Fournier, Professor of Syphilography at the Ecole de Médecine, of Paris. The work is sure to be widely read, since it has been graced by a preface from the most ingenious of all English writers on the disease, Mr. J. Hutchinson.

A pupil of Ricord, M. Fournier has been the friend and coadjutor of that eminent Parisian surgeon for the last twenty-five years, ever since the period when Bassereau made the important discovery that there was no connection between soft sores and the initial lesion of syphilis (the hard sore), and, at the same time, showed that secondary symptoms were contagious, and, indeed, by far the most common causes of contagion in the disease. Dr. A. Fournier, in his splendid monographs on the chancre, on gonorrhoea, on tertiary syphilis, on syphilis in women, on the incubation of the syphilitic chancre, and a perfect host of other subjects relating to venereal diseases, has proved himself to be by far the most learned and competent writer on that branch of medicine.

In this treatise, on the question of syphilis in marriage, Mr. Fournier is justly anxious that such a formidable disease shall not be allowed to contaminate in any great degree the fountain-head of future generation, the married state.

As Mr. Hutchinson remarks, he is very familiar with facts as to the long and almost indefinite persistence of the syphilitic taint when imperfectly treated; and of the lamentable consequences of rash and unauthorised marriage under such circumstances. Not only, as he is careful to remind us, have these consequences concerned the health of wife and child, but occasionally, by the permanent incapacitation of the husband, the family has been plunged into deep poverty. So strong has been the impression which facts of this kind have made upon his mind, that he has been driven to conclusions, which may appear to others, less conversant with them, to partake of an alarmist character.

In this country it has been considered sufficient to keep a man from marrying until he has passed some two years or so after contracting the primary sore. As far as we remember, Mr. Lawrence used to recommend a man to put off his marriage day only for a year, and his pupil, Mr. Jonathan Hutchinson recommended a delay of two years.

Mr. Alfred Fournier is far more exacting than any English authority has deemed it necessary to be. After quoting from some medical men who think that a man who has once contracted the disease ought never to become a father, and refusing to go so far as that, he says (p. 101):—

"Not to take into account for the moment any other point than the length of time during which the patient has been contaminated, I do not believe that a syphilitic patient should be permitted to dream of marriage under a minimum of four years, devoted incessantly to treatment. Three or four years, such is, according to my view, the minimum (note well the word, if you please) the necessary indispensable minimum, in order that the diathesis may sufficiently disappear under the double influence of time and treatment, and that the patient, again returning to health, may have the right to aspire to the titles of husband, father, and head of a family. Yes, three or four years; and it is not too much. I am not too exacting. A longer time would be even better, I am certain; for with syphilis it is always well to wait when it involves interests so sacred as those of a young wife and a whole family."

After three or four years have passed usefully devoted to a proper treatment, I think myself authorised by experience in tolerating the marriage, excepting on account of some particular contra-indications, deducible from one or other condition of the programme."

Another case is as follows:—A syphilitic man marries, and may or does infect his wife. What is to be advised? Dr. Fournier replies as follows (p. 168):—"As regards the husband there can be no doubt there is nothing else to be done than to prescribe a treatment, and clearly and unmistakably to intimate to him that *he must not become a father*. You know, gentlemen, what happens in a pregnancy when both parents are infected; above all, when maternal syphilis is recent, and has not yet undergone the corrective influence of treatment. Pregnancy, under these circumstances is a disaster. It is your duty, then, to instruct your patient upon this point, and in order to leave no doubt upon his mind you must speak as follows:—"In your present condition, in the disease which affects both you and your wife, pregnancy would be the greatest possible misfortune, for your child would either die before birth, or else it would come into the world with syphilis, to the great trouble both of yourself, your wife, and



your two families, not to mention the gossip of your friends, &c.'" On page 161 he adds—"So listen to me attentively: you must take every care not to have a child." You are free, gentlemen, to enlarge upon this subject, and to complement your meaning by such instructions as your client may require. You are free, as M. Diday says, to be the professor to the end, but whilst keeping within the bounds of decorum, let not your meaning be doubtful."

Dr. Fournier considers that no patient who has once been affected by any cerebral symptom of a syphilitic kind ought to think of marrying; and as he seems to be of the opinion that benignant eruptions are oftener followed by such brain affections than the severer forms of eruption, he would seem to hint that when the disease is very mild at the commencement the patient ought to defer for very many years all thoughts of paternity.

Infantile syphilis, according to Fournier, is a most fatal disease. His hospital notes show that in 167 cases of pregnant syphilitic women the child survived only 22 times, whilst there were 145 cases of the death of the child through miscarriage, premature birth, still birth, or early death after birth. Dr. Coffin at the same hospital, Lourcine, noted only one surviving child out of 28 pregnancies among his patients, and Dr. Pileur found that of 260 children born living at full term, 141 died in a very short time, and only 22 survived more than a month.

With regard to treatment, Fournier is a well-known mercurialist of the most pronounced order. He prescribes the drug by a method which he styles *successive and intermittent*, which consists in giving about two grains daily of proto-iodide of mercury for about a couple of months, then omitting a month, then returning to the dose for about two years. Then, after this, the patient who is a candidate for marriage and paternity is to have more treatment, mercury and iodide of potassium. In page 184 he thus speaks:—"For my part, I believe myself authorised to say, from what I have seen, that in no case the duration of anti-syphilitic treatment should be less than three or four years, whatever may be the form of the disease, and however mild originally. Three or four years methodically consecrated to an energetic medication, such is the necessary minimum, according to my view—I will not say to cure the disease, but to suppress its dangerous manifestations for the present and for the future." What will the medical world say to this in London?

## Correspondence.

### NEW SCHEME OF EDUCATION AND EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

[Although the Fellows of the College have, at their general meeting last Saturday, decided to approve of the Scheme being brought into operation, which decision has made the publication of this letter unnecessary, nevertheless, we think it well to print it, as it goes far to confirm the Fellows in the determination at which they have arrived.—Ed. M. P. & C.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg you will allow me to give some explanation as to the details of the proposed Scheme. I have already shown that the institution of sessional examinations is the essential part of the Scheme. For the efficient working of this it is obvious that the examinations must be honestly sessional, that there must be no over-lapping, no crowding together of all the examinations. The student must prove at the end of each year that he has done the work of the year, and that he is prepared to advance to the higher range of subjects, having mastered the lower. It is therefore made an absolute rule that each year's examination must be passed before credit be given for further studies, except in cases of illness, or when, from other causes the student is unable to comply with the rule, when the Council may, on special application permit him to present himself for examination after the succeeding year of study has been entered upon. Two opportunities are provided for him each year—one in July, immediately after the termination of the year's studies, the other three months further on, so if he fail in the first in-

stance he can try it again. It has been objected that the making it imperative that each year's examination should be passed within the year will, in case of rejection, impose an additional year of study. But if a student should be so idle or so incompetent that he could not go through an examination in a limited range of subjects, at the end of a year devoted to their study, it is better that this should be discovered promptly, than that he should go on to the end of the course wasting his time and money by erroneous methods of study, or indulgence in idle and vicious habits, and that if he be unfit for his profession he may learn it in time and apply himself to other pursuits.

The first year of professional study is arranged so that the student may, if the son or pupil of a medical man, pursue his studies at home under the eye of his parents. The physics, elements of chemistry, and botany are taught in the better class of schools, and even in the model schools under the National Board, or they can be studied still better under the supervision of educated medical men, by the aid of some of the excellent manuals now so easy of access. For five or ten pounds all the apparatus and materials for their practical study may be obtained. An hour or two spent each day in the compounding department of a workhouse hospital or dispensary would teach all the pharmacy required. A box of bones and a cheap microscope would complete the equipment. The student who could slice a potato and demonstrate its structure in a microscope, and recognise the vessels and fibres in a stalk, would be well prepared to enter on the study of structural anatomy. The careful observations of minute details involved in the correct description and classification of a few familiar plants would be the best preparation for higher studies. At the same time a familiarity with the outward aspect of discourse and the daily routine of practice may be acquired in the hospital or dispensary. In this way a student would soon come to know whether the profession he has chosen is one suited to his taste and abilities. He would acquire an amount of elementary knowledge and manipulative skill that would enable him to at once take advantage of the systematic teaching of the lecture theatre and dissecting room, and when visiting a clinical hospital, instead of being shocked by what he sees, and puzzled by the virtually unknown language he hears, he would be able from the commencement to appreciate and store up for future use the information afforded him. A not less important feature of this system is the experience of life and opportunity of forming character and educated tastes so obtained. Instead of a lad, fresh from school and freed for the first time from the restraints of school life being sent to live in chambers in a large city, and exposed not only to the temptations of a city life, but it may be, to the evil example and influence of class fellows who have already fallen, he may pursue his studies for this year at home, under home influences and home supervision, and be prepared to enter on the battle of life with a more matured experience of its dangers and realities, and with associations, habits, and tastes to make him a less easy victim to temptation.

Those students who may have it in their power to attend lectures on practical anatomy and chemistry at this period are recommended, but not required to do so, partly for the benefits to be derived from the lectures, and, still more, that they may have more time in future years to devote to clinical and practical work.

After the first year the remaining studies must be pursued in the school and the clinical hospital, and the curriculum is arranged so as to allow of the fourth year being almost entirely devoted to the hospital work and the study of disease, as well as the greater part of the third—and for the fourth or final examination the student is afforded three opportunities of passing, at one or all of which he may present himself.

That "this system is in theory good" is admitted by the most earnest opponents of its adoption. That it is calculated to improve the education of our students, to raise the status of our profession, to serve the interests of society, and thus enable our College to promote its reputation, to maintain its honour and dignity, and most efficiently fulfil the objects for which it was instituted, and that it should therefore be adopted and enforced is held by a majority of the Council numbering at least two to one—a majority embracing some of the most sagacious, most experienced, and most cautious men who at present take part in the management of the College. But it is said—"This measure will imperil the existence of the College." There are some men who see ruin in every reform, but the reform comes, and cannot be stopped, and bring not

ruin, but renewed vigour and increased prosperity. Such, I believe, will be the result of the adoption of the present proposal. At all events, it is our duty to do that which we believe to be right, let the consequences be what they may.

I am, Sir, yours, &c.,

GEORGE H. KIDD.

28th May, 1881.

### ANIMAL VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As it seems that the preliminary objections to animal vaccination have now been overcome, and we are even promised that, in some indefinite future, calf lymph shall be supplied from Government sources, for the keeping up of stocks, may perhaps eventually, to be of use to us in times like these, when small-pox is so common in London, and lymph is obtained with such difficulty, perhaps it would be as well to remember what experience has already taught with regard to the origin and properties of cow-pox.

*Origin.*—First of all, then, it appears from the wide experience of Mr. H. Martin, of Boston, that it is not sufficient for the purposes of obtaining lymph of good quality, to take vaccine lymph from the arm of an infant, and therewith raise vesicles on a calf. It is true, that this so called *retro-vaccination* succeeds perfectly in causing the appearance of vesicles on the animal; but the lymph thus produced, was found to be quite destitute of protection power (Martin's pamphlet, 1876).

Again, it is unwise to repeat the experiment of Coely and Badcock, and to inoculate calves with the pus from small-pox patients, because it has been found (Chauveau) that *occasionally*, when infants have been vaccinated from the eruption caused on the animals by those inoculations, small-pox has been produced. There is, however, no necessity to do this any longer, since there are so many sources of undeniable cow-pox in Europe and America at present, whence calves may be inoculated without such risk.

At the same time, notwithstanding the negative results of the attempts of Chauveau Viennois and Meynet at Lyons, when they attempted to inoculate cows with variola, and failed to obtain any well marked vaccine vesicle, I have become convinced from a long personal conversation at Cambridge with the late Mr. Coely himself, in August, 1880, that small-pox in the human being is the real origin of vaccinia. In what way the transformation takes place in the organism of the bovine species, I leave those to determine who can better judge of the varieties of microscopic elements and their affinities. But, as far as evidence goes at present, it seems to me, proved that vaccinia is modified variola.

I notice from time to time that practitioners complain of the failure of the calf lymph contained on points to produce any effect. This is due to the cause which makes human lymph on points also often fail. But now where, as in London, we have such an excellent operator as Dr. Renner to betake ourselves to, to get *perfectly fresh lymph*, such failures are indeed rare. I would recommend all London practitioners to go to the calf itself, at 28 Marylebone Road, and see that they get the lymph fresh from the animal, and then they will no longer have to complain of its insufficiency.

I am, Sir,

Yours obediently,

C. R. DRYSDALE, M.D.

17 Woburn Place, W.C.  
May 27, 1881.

### IRISH MEDICAL ASSOCIATION.

THE annual meeting of this Association took place on Monday, at the Royal College of Surgeons in Ireland, and attracted an unusual number of members. The day's proceedings were inaugurated by a breakfast at the Shelburne Hotel, to which the Association was invited by Dr. McClintock, the President of the College of Surgeons. Nearly 100 members sat down, and they were welcomed in a short speech by the host, and after the re-

past Dr. Chapman, President of the Association, returned the thanks of the members for the hospitality extended to them.

The meeting for despatch of business opened a little after 12 o'clock, Dr. Chapman occupying the chair. After some discussion on a personal matter, the report was read and its adoption moved, to which proposal an amendment to omit a paragraph relating to defaulters, was moved by Dr. Chaplin. This proposal was negatived, and there followed a most interesting and prolonged debate on the policy of the Association with reference to the Infectious Diseases Bill. An amendment to the report to omit those paragraphs which pledge the Association to oppose the Bill was moved by Dr. Robert MacDonnell and seconded by Dr. J. W. Moore. This proposal was supported by Dr. Cameron, Dr. McClintock, Mr. Stokes, and Dr. Corley, and was opposed by Drs. Jacob, Quinlan, Darby, Jones (Cork), Welsh, Martin (Portlaw), Jacob (Maryboro'), Davys (Swords), and other speakers. The debate lasted over two hours, and a division resulted in the rejection of the amendment and affirmation of the policy of the Association by 23 to 11.

Several other important resolutions were adopted. We shall give a full report of the proceedings next week.

### THE ELECTION AT THE IRISH COLLEGE OF SURGEONS.

THE election of President, Vice-President, and Council took place on Monday last. New, and apparently very satisfactory, arrangements had been made to discourage canvassing within the walls of the College, and to enable voters to mark their lists without being overlooked. The entire outgoing Council offered themselves for re-election, and in addition, Mr. Baker, Drs. Bennett, Roe, Meldon, and Franks presented themselves to the electors. One-hundred-and-six Fellows voted, and the result of a scrutiny showed that all the Council retained office, save Mr. Alcock Nixon—Dr. H. Bennett, Professor of Surgery in the School of Physic being elected. Dr. Chaplin, of Kildare, the outgoing Vice-President, succeeded to the Presidency; and Dr. John Kellock Barton, Surgeon to the Adelaide Hospital, was chosen Vice-President.

Royal College of Surgeons of England.—The following candidates, having passed the required examination for the diploma, were admitted Members of the College on May 18th :—

Dixon, George Frederick	Rowley, Charles
Jones, William Wansborough	Shore, Herbert George
Owen, John Morgan	Tripp, Charles L. H.
Rigby, John, L.S.A.	Wood, Louis Edmund

The following were admitted Members on May 19th :—

Anderton, James Edwin	Laurent, O. A. Eugene
Boerwell, John Irvine	Mudge, Thomas
Buxton, Joseph Wilmot	Medley, Harold T. D.
Cranston, William Lefevre, L.S.A.	Slater, William
Evans, Thomas G. C.	Tew, James Scott, L.S.A.
Heyman, Frank Gibbins	Udale, Joseph James

Examinations for the F.R.C.S. Eng.—The following gentlemen passed the first part of the professional examination for the Fellowship at meetings of the Board of Examiners on May 21st, 23rd, 24th, and 25th :—

W. S. A. Griffith, A. Dingley, Alfred J. Anderson, E. R. Williams, Edmund W. Roughton, and Frederick J. Paley, St. Bartholomew's Hospital; G. S. Watson and M. H. Bulteel, St. George's Hospital; W. Willis, Glasgow, Edinburgh, and Middlesex Hospital; Joseph Cullier and Alexander Wilson, Owens College, Manchester; A. Q.

Silcock, University College; Ernest E. Maddox, Edinburgh; Walter R. Wynter, Middlesex Hospital; Sidney Worthington and Wheelton Hind, Guy's Hospital; Charles A. Ballance, St. Thomas's Hospital; Henry W. Pigeon, Cambridge and Guy's Hospital; John C. Davie, London Hospital; John Y. Bostock, Cambridge; Herbert H. Ashdown, Edinburgh; D'Arcy A. Power, Oxon and St. Bartholomew's Hospital; William H. Horrocks, Liverpool and University College; Charles A. Morris, Cambridge; J. Donald, Charing Cross Hospital; Ernest Hudson, University College; Charles H. Wise, Queen's College, Galway, and Westminster Hospital; Walter T. Brooks, King's College; Edward Harrison, Cambridge; Louis A. Dunn, Guy's Hospital; David L. Jones, Charing Cross Hospital; and Joseph L. Hewer, St. Bartholomew's Hospital.

## 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. E. T. SANDERS.**—We have no objection to tell you all we know about the matter; and concerning the point of interestedness we must leave you to form your own conclusions. Of course it is impossible for us to make the subject one for public comment, though it would please us well to do so. Tied as we must be, therefore, we can only wait until the time for definite action arrives.

**A COUNTRY SURGEON.**—Consult Gant's "Science and Practice of Surgery" and Holmes' "System." The treatment, we consider, should be specific, though not a few surgeons regard the growths as warty excrescences merely. Calomel, in the form of a powder, applied to the surfaces has yielded good results with us frequently; but it is necessary to keep the masses carefully separated by lint or cotton wool. Mutual pressure encourages discharges and retards healing. The size need not alarm you at all. It is very common to see them here at least twice as considerable. Subscription duly received and handed to publishers, who will forward receipt.

**CAUTION.**—There has been no second edition, but we are informed the first is all but exhausted, and will shortly be followed by another. The work includes directions for staining and mounting specimens, as well as for preparing and hardening them. Its full title is "Manual for the Physiological Laboratory."

**MR. GRINDROD.**—You are quite right. We shall be glad if you will call, when it shall be fully explained.

**A STUDENT.**—You are by no means alone in complaining of the treatment you were subjected to, and we have it under contemplation to recommend a lengthy inquiry into the conduct of the persons you name. It is most unfortunate that those occupying so important a post, a post, too, in which urbanity, good feeling, and the utmost consideration are demanded, should constantly exhibit such wanton disregard of all canons of good taste and good breeding as has been continually done by the two examiners you mention.

**A SUFFERER.**—See reply to "Student." We may add that the greatest indignation has been called forth in several quarters by the repeated acts of terrorism you complain to have been subjected to, and probably it will result in important changes.

**THE INTERNATIONAL MEDICAL CONGRESS.**—The Hon. Secretary General appeals in our advertising columns to intending subscribers to remit their subscriptions without further delay. He will be also glad if all who can make it convenient will call at the Royal College of Physicians and register their names.

**MR. SIDNEY DAVIES** is thanked for report of case, which shall appear in an early number.

**MR. COATES.**—See reply to Mr. Sidney Davies.

**THE NEWSPAPER PRESS FUND.**—The anniversary dinner of this Fund, which is fixed to take place at Willis's Rooms on Saturday, the 18th inst., under the presidency of the Right Hon. Sir Stafford Northcote, M.P., promises to equal in its attractions and results the most successful of the previous festivals. The list of stewards, containing about 220 names, includes distinguished members of the Corps Diplomatiques, members of both Houses of Parliament, and other gentlemen eminent in art, literature, and science, and the liberal professions. Mr. Sims Reeves hopes to be able to assist in the musical programme, which, it is anticipated, will, as heretofore, be under the direction of Sir Julius Benedict.

**DR. C. J. P.**—We believe it to be a legally constituted institution, but have no personal knowledge of the governing body.

**VACCINATOR.**—Opinions are very divided as to the quality and efficacy of the lymph supplied from the National Vaccine Establishment. We have good reason to believe that failure in some cases is the result of a careless performance of the operation.

**F.R.C.S.**—His term of office as president has expired.

**DR. J. E. R.** should read Dr. Richardson's article afresh; it should be taken in the light of an inquiry, not as dogmatic teaching. The author's experience is decidedly valuable.

**QUACK NOSTRUMS.**—A correspondent in Scarborough remarks that the letter signed "A Physician" in our last is only too true. He instances a case within his own personal knowledge where a man who could not earn sufficient by blacking boots became an itinerant quack medicine-vendor. At this he became rich enough to educate his son for the profession, and died worth a fortune. The son, although a member of the Royal College of Surgeons of England, would not stoop to practice, but lives in luxury upon a few quack medicines, one of which is advertised to cure seventy-nine different diseases and ailments. He thinks that cases of this kind are not encouraging to honourable conduct, and complains of the connivance of the Government in making revenue from the sale of patent medicine stamps.

**CONSULTATION WITH HOMOEOPATHS.**—Referring to the Quain-Kidd controversy, the *Cincinnati Clinic* sums it up thus: "A physician cannot consult with a homoeopath for two reasons—1, because he is a homoeopath; and 2, because he is not."

## VACANCIES.

**Brookwood Asylum, Surrey.**—Temporary Assistant Medical Officer. Salary, two guineas per week and board. Applications to Dr. Brushfield at the Asylum, Woking, Surrey.  
**City Provident Dispensary.**—Assistant Surgeon. Salary, £120, with extras for midwifery. Applications to the Secretary, 164 Aldersgate Street, London, E.C., before June 15.  
**Sheffield Union.**—Resident Assistant Medical Officer. Salary, £100, with board. Immediate applications to the Clerk to the Guardians, Union Offices, Sheffield.  
**Stirling District Asylum, Larbert.**—Assistant Physician. Salary commencing at £80, with board. Applications to Dr. MacIaren before June 11.  
**Marlybone Western General Dispensary.**—Physician. Honorary. Applications to the Secretary before June 13.  
**West Riding Asylum, Wakefield.**—Resident Clinical Assistant. Board, but no salary attached. Applications to Dr. Herbert Major at the Asylum.

## APPOINTMENTS.

**ADAMS, M. A., F.C.S.**, has been re-appointed Public Analyst for the Borough of Hythe.  
**BAKER, J. B., L.R.C.P., M.R.C.S.E.**, House Physician to Charing Cross Hospital.  
**BENHAM, F. L., M.R.C.S.E., M.B., B.S.**, Assistant Medical Officer to the New Infirmary, St. Marylebone.  
**CANNING, P. W. G., E.N., L.R.C.P., Ed., L.R.C.S.Ed.**, Resident House Surgeon to the Hull and Sculcoate Dispensary.  
**CARTER, R. B., F.R.C.S.E.**, Ophthalmic Surgeon to the Bolingbroke House Hospital for Paying Patients, Wandsworth.  
**FRASER, T., M.B., L.R.C.P., Ed.**, Medical Officer to the Workhouse of the Berwick-on-Tweed Union.  
**GORDON, S. M.D.**, Consulting Physician to the Coombe Lying-in Hospital, Dublin.  
**GUNN, R. M., M.A., M.B., C.M., M.R.C.S.E.**, Ophthalmic Surgeon to the North-West London Free Dispensary for Children.  
**HADDEN, W. B., M.D., M.R.C.S.E.**, Physician to the St. George's and St. James's Dispensary.  
**HALL, S., M.B., M.R.C.P.**, Assistant Physician to the Metropolitan Free Hospital.  
**JULER, H. E., M.B., F.R.C.S.E.**, Assistant Surgeon to the Royal Westminster Ophthalmic Hospital.  
**KILNER, C. S., M.B., C.M.**, Medical Officer to the Workhouse of the Thingoe Union.  
**LUNN, J. R., M.R.C.S.E., L.R.C.P.**, Principal Medical Officer to the New Infirmary, St. Marylebone.  
**LYSTER, Mr. C. R. C.**, Assistant House Physician to Charing Cross Hospital.  
**MIDDLETON, W. H., L.K.Q.C.P.I., L.R.C.S.I.**, Visiting and Consulting Physician to the Mullingar Lunatic Asylum.  
**MORGAN, W. L., M.A., M.R.C.S.E.**, Surgeon to the Radcliffe Infirmary, Oxford.  
**MOSSE, Mr. H. E.**, Assistant House Surgeon to Charing Cross Hospital.  
**NANCE, Mr. H. C.**, House Surgeon to the Whitehaven and West Cumberland Infirmary and Fever Hospital.  
**NOAKES, S. S., L.R.C.P.L., M.R.C.S.E.**, Temporary Assistant Medical Officer to the County Asylum, Lancaster.  
**OLIVER, J., M.B., C.M.**, House Surgeon to the Durham County Hospital.  
**WOODHEAD, G. S., M.B., M.R.C.P. Ed.**, Demonstrator of Pathology and Assistant to the Professor of Pathology, University of Edinburgh.

## Births.

**BERRY.**—June 3, at Appleton Cottage, Great George Street, Wigae, the wife of William Berry, M.R.C.S. Eng. & L.R.C.P. & S. Ed., of a daughter.  
**CHURCHILL.**—June 1, at 4 Cranley Gardens, South Kensington, the wife of Frederick Churchill, M.D., F.R.C.S., of a son.

## Marriages.

**THOMPSON-KNIGHT.**—March 23, at St. John's Church, Belfast, Victoria, William Brendon Thompson, second son of Dr. John Thompson, F.R.C.S., of Bideford, North Devon, to Jessie Maude, eldest daughter of the late James Mylne Knight, Esq., of Rosebrook, Victoria, formerly of Edinburgh.  
**WILLIAMS-BURTON.**—June 1, at the Abbey Church, Selby, Yorks, H. J. Carnegie Williams, Esq., of Santa Fe de Bogata, U.S., of Colombia, eldest son of H. Lewellyn Williams, M.D., of 5 Atherton Terrace, Queen's Gate, S.W., to Rose Matilda, eldest daughter of J. Burton, Esq., of Turnham Hall, near Selby.

## Deaths.

**DENNIS.**—June 1, at Burnham, Westgate, Norfolk, Augustine Valentine Dennis, M.R.C.S.E., aged 63.  
**HILLIARD.**—May 21, at the Vicarage, Tettenhall, near Wolverhampton, G. R. Hilliard, M.R.C.P.L., late of Chelmsford, aged 80.  
**NAPIER.**—May 20, suddenly, at George Street, Hanover Square, London, W., W. Donald Napier, M.R.C.S.E., aged 50.  
**RADFORD.**—May 29, at Higher Broughton, Thomas Radford, M.D., F.R.C.P. Ed., aged 88.  
**ROWAN.**—At his residence, West End, Kilkee, Dr. Rowan, aged 32.  
**WHITLEY.**—May 20, at Bedlington Vicarage, George Whitley, M.D., aged 65.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 15, 1881.

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### CLINICAL LECTURE

#### ON THE DIFFERENTIAL DIAGNOSIS BETWEEN CERTAIN HYSTERICAL CONDITIONS AND MYELITIS.

Delivered at the National Hospital for the Paralyzed and Epileptic.

By THOMAS BUZZARD, M.D., F.R.C.P.

(Continued from page 441.)

GENTLEMEN,—In the diagrams before us (drawn from photographs for which I am indebted to Dr. Gowers) are two pairs of feet which present a certain superficial resemblance. In each the inner border is drawn up into the position of a not severe varus. They are the feet of two young women who were in the hospital at the same time, and there is this especial point of interest about them, that F—, really a case of acute myelitis, had been treated as a case of hysteria; and B—, really a case of hysteria, came in as a paralytic.

F.



I show you the patient F—. She came into the hospital on April 24th, 1880, on account of loss of power in the

lower extremities. The girl is the daughter of a labourer, and she has always lived well. Her parents are both alive and healthy. Two of her brothers have died "in fits," one at four years, the other at fifteen years of age. I record this circumstance, but it is really valueless. So-called fits may mean almost any kind of sudden seizure, whether attended by loss of consciousness, or convulsions, or not. The patient herself has never suffered from scarlatina, acute rheumatism, or chorea. The history of her present illness is this: On December 30th, 1879, she suddenly complained of a feeling of pins and needles in both lower extremities, from the waist downwards, and this continued for a whole day. Next morning she managed to get downstairs, but suffered such great pain in her legs that she returned to bed. In the evening she again got up, and was able at that time to walk with help. The next morning, however, she could not move her legs at all, and could not feel when they were touched. There was no pain or constrictive feeling in the waist. She had felt perfectly well the day before the illness began, had not had any shivering, and had not, to her knowledge, taken cold. About a week previously remembers to have had a little pain in the back of her head, and on the morning of the attack she felt giddy. For a week after the attack she was feverish, and very thirsty and restless. She could not sleep at night. It appears, too, that for some

B.



time after her attack there was retention of urine, and a catheter was used. Later on there appears to have been

some incontinence of urine, as well as loss of control over the bowels, and some not severe bed-sores. Two months after the onset she, for the first time, began to move the left leg. The right leg was not able to be moved till five weeks later. She recovered sensation in the left leg about six weeks after the onset, and in the right about a week afterwards.

The following note of the patient's state was taken by Dr. Broster on admission. She is a fairly nourished girl, not manifestly anæmic, but her hands are cold and cyanotic, the lips being natural. She feels quite well in herself, has no headache, and sleeps well. There is no paralysis of the face or upper limbs. The spine presents no curvature, and is free from pain and tenderness. She has no feeling of a tight band about the body. The lower limbs both look blue and are cold, especially about the feet. The left leg in the lower part of the calf measures ten inches, the right eleven. The left thigh measures thirteen inches, the right twelve. She can lift the left heel two feet off the bed, and can bend the left knee. On the right side, on the other hand, she can only just make the faintest attempt at flexing the hip-joint or ankle-joint, and cannot flex the knee-joint at all. The left foot is not distorted, but the right foot is in a position of talipes varus; it can be everted by external aid, though not by the patient's volition. The foot cannot, however, be extended forcibly. If an effort be made to do this, the tibialis anticus becomes quite tight. There is no rigidity of the joints. The patellar tendon reflex is absent on the right side, and notably deficient on the left. There is no ankle clonus on either side. The cutaneous reflex from the sole of the right foot is absent altogether, and is only slight in the left.

When admitted, the muscles of the left leg reacted to induced currents of a little greater strength than those capable of causing the contraction of healthy muscle. On the right side, however, whilst the anterior tibial group of muscles required considerably stronger currents than in health, the peronei did not reach to the greatest strength of Stohrer's battery. The cutaneous sensibility did not appear to be defective in either leg. The action of the bladder as well as that of the rectum was normal. The catamenia had never been established.

After a week the following result was obtained from electrical examination:—

*Right Side (Faradism).*—In the vastus internus (motor point) no reaction was obtained. The tibialis anticus muscle responded nearly normally. The peroneus longus did not react to the strongest current which the machine could give.

*Left Side.*—The vastus internus (motor point) required a current of 10 deg. (in the machine employed 20 deg. is the weakest strength, 15 deg. that required normally). The anterior tibial group of the peronei required 12 deg.

On May 6th the patient found that she could lift her right heel about two inches off the bed, and just flex her right ankle-joint slightly, but she could not bend the right knee. Examined by the voltaic current (galvanism), both left and right anterior tibial group reacted to the interruption of a current from 22 cells Stohrer. The left quadriceps extensor responded to 30 cells, but in the right no contraction could be produced by any strength employed.

May 12th.—She can raise the left heel a yard off the bed and the right about six inches. The right ankle-joint can be moved better. She can now just bend the right knee.

November 2nd.—She is able to walk on crutches, the right foot being dragged. As she stands she can move the right lower limb forwards and backwards, and lift the knee from the ground by the iliaco-psoas.

*Electrical Examination.*—Right leg. (Faradism.) Tibialis anticus is nearly normal. Extensors of the toes and big toe and peroneus longus no reaction. Quadriceps extensor no reaction to galvanism. Peroneus longus 20-30 cells slowly interrupted, slight reaction. Vastus externus reacts to 30 cells. Vastus internus shows no reaction.

Nov. 23rd.—Right leg. (Galvanism.) The vastus internus now reacts to 16 cells interrupted, the externus to 20 cells, the peroneus longus to 28 cells. There is still no patellar tendon reflex in the right limb; it is present in the left.

This girl, who was taken ill on Dec. 30th, 1879, went to an hospital on Jan. 9, having at that time entirely lost the use of both lower extremities. She was at once treated with a daily cold shower bath, and after a week currents from a magneto-electric machine were applied to her legs daily. The inference is that the condition was referred to

hysteria. She says that she could not feel the currents at all for the first three days. The currents were applied daily for a month. No movements took place in her legs in response to them. Whilst in the hospital she got slight bed-sores on the hips.

At the present time, Dec. 1, the right foot is in a state of calcaneo-varus, from the paralysed peroneus longus and calf muscles being unable to antagonise the tibialis anticus. The case can hardly be considered a pure example of anterior acute polio-myelitis, as the disorder of sensation, paralysis of bladder and rectum, and formation of bed-sores, showed that the mischief was not limited to the anterior cornua, but that the sensory grey matter was also rather extensively involved. But the disorder of sensation and nutrition (as well as the paralysis of bladder and rectum) cleared off, and the condition left is that of a case of infantile paralysis.

In this case the electrical examination alone is sufficient to exclude hysteria. Duchenne wrote that the electro-muscular contractility was normal in hysterical paralysis. According to my observations there are exceptions to this, which, however, is doubtless the rule. Occasionally there is a distinct, although slight, lowering of electrical excitability in the muscles in hysterical paralysis, where this has been of long duration. The lowering of excitability, however, applies to both forms of electrical excitation, and in that respect differs from the "reaction of degeneration," where the decrease in faradaic excitability is usually accompanied by increased excitability to the voltaic current. We never see in hysteria the various muscles of one limb showing differing degrees of abnormality of response to Faradism, from a condition of total absence perhaps in some, to nearly a natural state in others. Moreover, according to my observation, in hysteria applications of electrical stimulus (and especially of the voltaic current) on one or two occasions usually suffice to restore the natural excitability of the muscles (equally in all), which has simply declined apparently through disuse. A difficulty can only arise where the observer has but one opportunity of testing the electrical condition, and it is then quite possible to occur. It must be remembered that, as a distinct lowering of Faradaic excitability almost invariably signifies organic change in a nerve or nerve centre, a diagnosis of hysteria can never safely be arrived at whilst that condition persists. On the other hand, I need scarcely remind you that the preservation of a completely normal faradaic excitability in the muscles of a limb does not show that that limb is not paralysed. It would be hardly necessary to refer to this, but that I once heard it stated in a court of law that the plaintiff was certainly not paralysed, since the muscles of the limbs contracted to electrical currents! In cases of paralysis, it is only when the integrity of the grey matter of the anterior horn is disturbed, or when there is some lesion of the anterior root or trunk of the nerve, that you find decided loss of electric excitability. You may have, and frequently do have, complete paraplegia with all the muscles responding normally.

As regards the patellar tendon-reflex, I have never seen it lost in a case which proved in the sequel to be hysterical, although I am not prepared to deny the possibility of its absence in such circumstances, if the muscle has suffered from lengthened disuse.

The other patient, B—, æt. twenty-four, came in unable to stand without support. In trying to walk between two persons the left foot was seen to be in a position of varus, as shown in diagram, and as she lay in bed the foot occupied the same position, although it was not then quite so determined.

The following notes of her case were taken by Dr. Beevor, Resident Medical Officer of the Hospital:—

Lydia B., æt. 24, single, came into the Memorial Wing of the Hospital on May 12th, 1880. She had experienced much trouble and anxiety at an early age, having been forced by circumstances to occupy a position of great responsibility when she was only seventeen. She is an orphan, her father having died from phthisis when she was an infant, and her mother about two years ago, from heart and "brain disease" (hemiplegia). A brother has phthisis. There is no insanity in the family. The patient describes herself as having been quite healthy up to twenty years of age. She has never had scarlet fever or rheumatic fever. Her present illness began two years ago, with pains starting from the nape of the neck and shooting over the top of the head. After this she had pain in the spine and the

lower half of the left side of the back, for which she took chloral. She then had pain in the left arm and leg and along the left side. About three years ago she was locked in a room, and, in consequence, had a fit. According to her own account, she lost consciousness, struggled violently, but did not bite her tongue. Two attacks occurred within an hour. About three months after this she had another fit in which she again lost consciousness, but was not convulsed. After being ill for about twelve months, during eight months of which she stayed in bed, she got better, but the pain did not leave her entirely. During this time she had about fifteen fits. In April, 1879, she again had pain in the left ovarian region, which shot round her back. This prevented her from walking. Then there was pain too in the nape of her neck and back of the head, and in the left arm and leg. In June she was laid up for six weeks, then got about till September, when she became much worse, and in December was laid up. She then began taking chloral, and this has been continued. Since December she has been getting worse, and has had about three fits each month. The fits are not always preceded by any warning. Sometimes, however, before she is attacked her tongue feels too large for her mouth. She may have headache too, and pain in the right side of the face and head. There is also sometimes pain in the left ovarian region, shooting up to her head. She began to menstruate when she was fifteen and continued regular till she was twenty. Since this time she has been irregular, an interval of two months sometimes occurring between the periods. When patient was admitted she was in an excited state, praying to have chloral given to her in the afternoon and evening; none was given. On the following morning she was quieter, but said she had not slept until six a.m. Her condition on admission was as follows:—She is rather thin and pale, but not, apparently, very anæmic. She complains of pain in the head and neck and about her body. There is no curvature of the spine. The column is tender on pressure in the upper cervical and lumbar regions. The face is symmetrical. The upper limbs present no difference in size, and with each hand there is a grasp of five kilogrammes. The lower limbs are not wasted. The right thigh measures 13½ inches in circumference; the left 13¼ inches. The right calf measures 10½ inches; the left 10¼ inches. The patient as she lies can lift the right heel about a yard off the bed, and the left about a foot. The patellar tendon reflex is excessive on the right side, and still more exaggerated on the left; but there is no foot clonus on either side. Patient cannot stand without assistance. When supported on both sides and told to walk she takes a very long time to move the left foot, but brings the right foot forward more precipitately. Urged to move quickly her feet double up under her and get entangled so that she would fall. The left foot in these circumstances always assumes the position shown in the engraving. The cutaneous sensibility is not at all diminished. There are painful points in the district of the fifth nerve and brachial plexus. The electric irritability of the legs is normal, the muscles contracting to a current which excites healthy muscle. On June 2nd I was testing the sole reflex. That of the left foot was normal. In the right, however, for a minute or two tickling was followed by no response. On its being persistently continued it was evidently felt more and more strongly, and great efforts were manifestly made to restrain the reflex movements. The muscles of the legs became contracted and drew up strongly. The face was flushed, and exhibited signs of excitement. The legs were drawn up and separated as though with endeavour to get them out of the way of the tickling process. On the 8th June, after menstruating for two days, patient had a fit in the morning. She had felt faint and complained of pain in the nape of neck and back of head. Then her head felt as if it would burst, and she felt "very strong" and "as though she was mad." She screamed and struggled very much, and fought a good deal, but recovered immediately when doused with cold water. After the fit she felt weak and giddy and sleepy. She says that before a fit "her nerves beat" and keep her awake all night. Faradisation of the skin of the legs with the wire brush was begun on June 22nd, and continued daily. On July 25th the patient went for a walk with the nurse, and succeeded in going round Queen Square. Next day she walked to the Foundling Hospital and back. She was shortly afterwards discharged almost entirely recovered.

Now, this patient had suffered for three years from convulsive fits, in which she was described as losing her consciousness. The occurrence of fits in such cases as these may materially aid our diagnosis, or, on the other hand, may lead us into error. Supposing that the patient who is apparently paralysed has attacks of typical hysterical eclampsia, we have in them a symptom which, when associated with others, may tend to render a diagnosis of hysteria certain. In the present instance, although the first fit occurred after the patient had been frightened by being locked up in a room, and was therefore presumably hysterical the attacks, some of which were witnessed in the hospital, were of an epileptoid rather than hysterical character, and their occurrence lent us no aid. As I said just now, they may easily lead to error; and I shall be able to give you a striking illustration of this point.

(To be continued.)

## ON THE DIAGNOSIS AND TREATMENT OF APOPLEXY. (a)

By THOMAS STRETCH DOWSE, M.D., F.R.C.P. Ed.,  
Physician to the Hospital for Epilepsy and Paralysis,  
Regent's Park.

GENTLEMEN,—I have chosen for the subject of my lecture of to-day "The Diagnosis and Treatment of Apoplexy." At first sight the subject may appear to possess less of interest than many other subjects in connection with diseases of the brain and nervous system; yet I cannot fail to be impressed with the fact that the practitioner of medicine is frequently summoned to attend such cases, where the question of diagnosis is not always an easy matter, and where the question of prognosis becomes doubtful; and I venture to say that the question of treatment is not unfrequently more difficult than either. We will, however, take it for granted that in no case of apoplexy can the appropriate remedies be applied unless we are able to diagnose with a fair amount of accuracy not only where the lesion of the brain is situated, but it is also necessary for us to comprehend the nature of the lesion as well as its extent which has given rise to the fit of apoplexy. I hope in the remarks which I am about to make I shall show you in a clear and practical manner that my assertions are not groundless.

I need scarcely remind you that an apoplectic state of the brain may be brought about by a disorderd condition of the blood. By a diseased condition of the circulatory apparatus for the transmission of the blood either in the heart itself or, as is more frequently the case, in the vessels of the brain. Apoplexy may give rise to death in a few hours or in a few days, or it may result in paralysis. Yet, on the other hand, the concussion and compression to which the brain has been subjected may pass off and leave the patient free from any objective signs which may lead us to conclude that some serious injury to the brain has been inflicted. It would be unwise, in my opinion, for all practical purposes, to restrict the term "apoplexy" to those cases only which are associated with sudden hæmorrhage into and ploughing up the substance of the brain, and it would be in a measure unwise to apply the term apoplexy to those cases of coma which are due to renal and vascular changes and which are invariably associated with a chronic inflammation of the pia mater and arachnoid membrane giving rise to a soddened state of the brain due to the extravasation of serous fluid from the blood. I am inclined to adopt Dunglison's definition of the term apoplexy "as a form of disease characterised by the sudden diminution or loss of conscious sensation and voluntary motion usually caused by pressure on the brain." If we apply the term apoplexy to those cases only where by sudden hæmorrhage into the brain without premonitory symptoms we have complete and immediate loss of animal life, then I must say that such cases are extremely rare.

(a) A Lecture delivered at the Hospital, May 2nd, 1881.



I must briefly in the first place call your attention to the circulation of the blood in the brain. We have two systems of vessels which supply the brain with blood, namely, the basal system and the cortical system. To the elaboration of these systems we are indebted to M. Heubner, M. Duret, and M. Charcot. The basal system comprises the circle of Willis and the trunks of the cerebral arteries in connection with this circle. If the base of the brain be exposed and the arteries gently raised with the handle of a scalpel the numerous offshoots can be readily traced as they pass to supply the various ganglia. The grey matter is much more vascular than the white. We know that the post-cerebral arteries supply the sphenoidal and occipital lobes, the anterior arteries supply the anterior lobes and a large extent of the internal surface of the hemispheres as well as the subjacent regions of white matter, while the middle cerebral or sylvian arteries distribute themselves over the inferior frontal and ascending convolutions, the parietal lobe, and dip into the subjacent parts of the medullary centres, and, moreover, furnish branches to the optic thalami and corpora striata. The great psycho-motor centres of the brain are thus supplied by the branches of the sylvian or middle cerebral artery, and we shall find that this artery and its branches are more frequently the seats of hæmorrhage, thrombosis, and emboli than are the other arteries of the brain; in fact, the anterior cerebral and the posterior cerebral arteries are by comparison rarely the seats of thrombosis, embolism, or hæmorrhage. It is only reasonable to come to the conclusion that we should, as a matter of course, find that the more common seats of hæmorrhage are in the arterioles which spring almost immediately from the great arterial trunks which have been just referred to, for they resemble, as Heubner describes them, the straight shoots at the base of a forest tree, and more than this, they are not anastomosing arteries for they terminate in pencil-like tufts of capillaries; and again, the road from the heart and main arterial trunks to these vessels is short and more direct than in those vessels which supply the grey matter of the convolutions of the brain and which anastomose in every direction. Hence we find rupture of the basal system of vessels much more frequent than rupture of those vessels which form the cortical system. Pathology, indeed, teaches us the truth of this, for, as a matter of fact, in all large hæmorrhages and especially those which fill the ventricles with blood, we shall find by careful dissection that rupture has occurred either in the lenticulo-striate or the lenticulo-optic arteries, which are direct branches of the sylvian artery, or we shall find that rupture has taken place in those branches which are sent to the optic thalamus by the posterior cerebral artery, namely, the posterior internal optic artery and the posterior external optic artery; and just in the same manner and for the same reason that these arterioles are the most liable to rupture, so are they most frequently the seats of miliary aneurisms.

According to Andral and Durand-Fardel the vessels, which I have just referred to and which supply the corpus striatum and optic thalamus, were the seats of hæmorrhage in 162 out of 199 cases. Gintrac, whose laborious statistics in cerebral hæmorrhage are worthy of note, states that in a total of 751 cases of all ages he found that it occurred in different situations of the brain, in the following ratio:—Meninges 172, cortical substance of the brain 45, middle lobes of the brain 127, posterior lobes 33, anterior lobes 17, corpora striata 72, optic thalami 38, pons and cerebral peduncles 76, medulla 2, cerebellum 55. From these statistics, and from common experience no less than from the vascular anatomy of the brain, it is evident that the middle lobes of the brain in the neighbourhood of the corpus striatum and optic thalamus are the most frequent seats of hæmorrhage, and thus the most frequent sources of apoplexy.

I should like to draw your attention once more to the researches of Gintrac, in reference to the age when

hæmorrhages are most liable to take place. He states that out of 658 cases he found—

Birth	to 10 years ...	...	15 cases.
11 years	to 20 " ...	...	24 "
21 "	to 30 " ...	...	44 "
31 "	to 40 " ...	...	74 "
41 "	to 50 " ...	...	98 "
51 "	to 60 " ...	...	129 "
61 "	to 70 " ...	...	152 "
71 "	to 80 " ...	...	110 "
81 "	to 90 " ...	...	12 "

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Now, from these statistics alone, in reference to age and localisation, we gather very important knowledge and information, which will help us to a differential diagnosis in regard to the seat, or what may be the probable seat, of lesion when we are called to visit a person who is in an apoplectic fit; and we must never forget that the same symptoms which are produced by hæmorrhage may be produced by cutting off the blood-supply by thrombosis or by embolism. My own experience leads me to the conclusion that thrombosis of the cerebral vessels, and more particularly of the cerebral veins, is not unfrequently a cause of apoplexy in cases of septic blood poisoning, where the initial symptoms of the illness have been referable to a state of so-called sub-acute rheumatism, but where, in fact, the blood has become disorganised by septic agency, and defibrination of this kind has taken place in the venous blood current, producing such defect in the cerebral circulation, ending in dissolution and death.

Although, as we have seen, apoplexy may occur at any age, there can be no question that the liability to these attacks increases from 20 years and upwards, and in, perhaps, the majority of cases the age is over 60. This is said by many observers to be due to degeneration in the coats of the vessels, either from gouty or atheromatous change, or from changes due to Bright's disease; or it may be from syphilis; and I think it is highly probable that where apoplexy takes place between the age of 35 and 45 years, that syphilitic change of the vessels is by no means an uncommon factor.

Before entering upon the consideration of the regional diagnosis of certain brain lesions which give rise to apoplexy, I would draw your attention to a condition of the brain which produces a state resembling it in many respects, but which differs from it in many and very important particulars. I allude to what is referred to by Trousseau as "apoplectiform cerebral congestion," but which is, according to this learned authority (and I may say in passing that the views expressed by Dr. Moxon recently at the College of Physicians tend to the same direction), due rather to a bloodless state of the brain, and is allied to epilepsy and eclampsia. By way of an example of this condition, a man with or without premonitory symptoms falls down suddenly in an apoplectic condition, in which state he may remain for some hours; but the application of cold to the face, and sinapisms to the calves, or an injection of common salt by the rectum, soon restores him to a state of consciousness; and on the following day all the symptoms have disappeared.

Trousseau (a) gives many cases of this condition, and I would ask you to allow me to narrate one of them:—"Some time ago I was fetched in haste to see a neighbour, aged 70, who had been seized with apoplexy on the Boulevards. He had been insensible for a quarter-of-an-hour, but was recovering his senses as I arrived. He did not yet recognise me, however, and looked vacantly round, moving his arms and legs about without being conscious of it. His lips and nose were swollen, and his eyes injected. By degrees, and within a few hours, he recovered entirely, without my having had recourse to any active measures. His valet then informed me that his master had, in the last two or three years, had several attacks of

(a) Trousseau, "Clinical Medicine," vol. I.

the same kind, and that the symptoms had passed off in the same way, once after bleeding, and on the other occasions after a mustard foot bath. In the same year I was consulted by a solicitor from the country, aged 35, who in the course of the previous six months had suffered from three apoplectic fits. He had been bled and purged on each occasion to his great satisfaction, and leeches were applied once a month round his arms. The last attack had occurred as he was going upstairs, on his return from some important pleadings. His head had struck against the stairs. The apoplectiform phenomena had lasted an hour at the most; and when I saw him his intellect, sensibility, and power of motion were perfectly normal. I can with difficulty believe that apoplexy occurs in persons aged 37, particularly when the attacks return every two months. It immediately occurred to me that the case was one of epilepsy, and I suggested it to the medical man who had sent the patient to me. His answer was that nothing authorised my suspicion, and that convulsions had never been noticed. I still maintained my opinion, however, and shortly afterwards, the poor man had in court a regular epileptic fit, which, unfortunately, left no doubt in anybody's mind; and he was compelled to give up his profession."

Although Dr. Trousseau, with his large experience and consummate clinical observation, could readily diagnose the epileptic from the apoplectiform state, I feel assured that mistakes may and do arise in reference to this matter; but I have often been led to a right diagnosis by carefully inquiring after the patient's habits and history, particularly in regard to epileptiform conditions, such as sudden and transient attacks of vertigo and unconsciousness; whether there had been nervous twitches preceding the attack, and whether anything like convulsions of the limbs had been observed, or involuntary discharge of urine during sleep; whether the pillow was ever found wet with saliva in the morning, and so on. I must repeat that it is well to keep these points in view if we would diagnose the condition of the apoplectic or the epileptic with any degree of certainty, and several cases of epilepsy have come under my immediate observation which were said to be cases of apoplexy, but which, by a little careful inquiry, have turned out to be purely epileptic. I remember well the case of a man who was admitted under my care into the Central Sick Asylum, at Highgate, said to have suffered from apoplectic seizures, and on one occasion I was called to him during the night, and found him quite unconscious, with stertorous breathing; yet on the following morning he was quite well. A few nights after this he got out of bed, went to the lavatory, seized a poker, and commenced smashing everything within his reach. He was quite unconscious of what he was doing. I had him carefully watched on the following night, and just about the same time he had a confirmed epileptic seizure. I will not here attempt to discuss the question whether, in these cases, the brain is in a state of anæmia, or congestion, it will be sufficient for my purpose if I have shown that cases of epilepsy may be mistaken for apoplectiform cerebral congestion, and I shall, I hope, be able to show you more clearly as I proceed how the one may be diagnosed from the other. A remarkably interesting case of apoplexy from meningeal hæmorrhage came under my care some years ago, which shows how very careful the physician has to be not to jump at rash or hasty conclusion. I was called hurriedly to the ward to see a young man, aged 22, who was said to be in a fit. I found him lying upon his back quite unconscious, and every muscle of his limbs and face was in a state of clonic convulsion, and although I was somewhat doubtful as to the nature of the attack, I told the nurse to watch him, and then to report to me how he was. I saw the case one hour after this, and the man's condition remained precisely the same, and within thirty-six hours of the time of his seizure this young man was dead; and when the calvarium was removed the convulsions of the left hemisphere were found to be enveloped in blood. In the same ward, and within a few days of the case just

narrated, I was called to see a man of about the same age. He was suffering from renal disease and uræmic convulsions, and had I not been aware of this I should possibly have concluded that this man too, had meningeal hæmorrhage. Small aneurismal dilatations of the capillary vessels of the grey matter of the cortex of the brain, as well as of the branches which supply the corpus striatum, are much more frequently the seat of small hæmorrhages which give rise to apoplectiform seizures than, I think, is usually supposed; and, in making post-mortem examinations in persons over fifty, who have died from some non-cerebral affection, I have observed in connection with these military aneurisms the traces of slight extravasations, with degeneration of tissue which must have given rise to some objective signs during life, although the evidence of these signs might have been of the most transitory character. Some six months since I was travelling in a railway carriage with a well-known public man, over 50 years of age, and whilst we were conversing I noticed some very abnormal movements in the extensor muscles of the thumbs of both hands, and seeing that my attention was drawn to his hands, he asked me what there was to attract my notice, and I then remarked to him in a joking way that his cerebral grey matter was unstable, and that he had abnormal discharging lesions, possibly, from an impaired circulation of the brain. He smiled, saying that he felt a little stupid and faint sometimes, and I was not at all surprised when I heard of this gentleman's death from apoplexy, although, at that time, when I last saw him, he was in the enjoyment of the most robust health.

I will now put the question—Are we justified in coming to the conclusion that certain persons, either from heredity or bodily conformation, are specially predisposed to apoplexy? I should certainly say that such was the case, but with regard to heart disease as a cause of apoplexy, my experience quite bears out the statement of Dr. Walshe, who arrives at the conclusion that hypertrophy of the left ventricle of the heart exerts no agency in producing apoplexy. Generally, hypertrophy of the left ventricle of the heart is associated with mitral or aortic lesions, which are conservative as regards the effects of the augmented power of this ventricle upon the cerebral circulation. There can be little doubt, however, in my mind, that a dilated right heart interferes greatly with the cerebral circulation, and is, in a large number of cases, causative, not only of cerebral congestion, but of positive hæmorrhage from the vessels of the brain, and particularly in those cases which occur when the patient is said to be asleep. We know that a dilated right heart is often associated with engorgement of the liver and abdominal circulation; and no less do we find accompanying this state an engorgement of the vessels of the brain. I believe, however, that such a condition of heart is equally, if not more, likely to give rise to apoplectiform congestions, military aneurisms, and thrombosis, than to hæmorrhage into the brain itself. Fits of apoplexy, we know, do occur after eating too hearty a meal of indigestible food, straining at stool, violent muscular exercise, sexual intercourse, mental excitement, and so on. Now, in these cases, my impression is that a weak right heart is almost always the predisposing, although not the exciting cause. Where there is disease of the mitral or aortic valves of the heart, we may then anticipate, should an apoplectic fit arise, that embolisms have plugged one or more of the cerebral vessels.

(To be continued.)

#### ANTAGONISM IN ACTION BETWEEN ATROPIA AND MORPHIA.

By HERBERT PARSONS, M.R.C.S.

THE following case, as having some bearing on the question of the antagonism in action between atropia and morphia, may be worth recording:

A strongly made, though very unintellectual young

man, set. 19, going out as a miner from Cornwall to Brazil, fell down while disporting himself on the deck and struck his abdomen against a block, experiencing from it so much pain that he fainted. This was in the tropics with an average daily temperature of 80° F.

When first seen he was suffering apparently very great agony, tossing about and yelling and moaning, and there was extreme tenderness at the epigastrium. In order to relieve the pain, I at once gave him a quarter of a grain of morphia hypodermically, and as this produced no effect, repeated the dose in half-an-hour. Very shortly after the second injection the pupils contracted, the violent pain lessened, and he broke out into a profuse perspiration, but at the same time a series of violent convulsions commenced, and continued at intervals of half a minute. During the attacks all the muscles of the body became firmly contracted, trismus and opisthotonos being present in a marked degree. Regarding this symptom as the result of the morphia, I gave him two doses, each containing pot. bromide, ℥j., at intervals of a half hour, at the same time keeping ice applied to the spine. The abdominal pain was of course aggravated to an extreme degree during the spasms, but as there was no failure of pulse or general abdominal tenderness, I did not consider that there was any likelihood of a serious internal rupture. These remedies proving unavailing, I then injected under the skin one-fortieth of a grain of sulphate of atropia. The result of this was the pupils, previously highly contracted, became dilated, the skin from being moist became dry, and the patient also began to show the usual characteristic belladonna delirium, but the convulsions went on precisely as before. Here the atropia undoubtedly counteracted some of the effects of the morphia, but not the one which it was meant to counteract. Finally, chloroform had to be administered, and after he had been kept under its influence for two hours the patient slept all night, and woke in the morning without pain or even headache, nothing remaining but slight epigastric tenderness, which also disappeared in a few days.

Though in this case the exhibition of remedies was not fortunate for the patient, yet it was a case to demonstrate well the actions of the drugs employed, especially in showing the somewhat rarely seen convulsant properties of morphia carried to an extreme degree. During the whole time there was no alteration in the strength or volume of the pulse, nor, though the skin felt very hot and dry after the atropia, was there any elevation of temperature marked by the thermometer. I may mention that the morphia solution employed both on myself and two other persons produced the usual effects.

As in this case there was at no time any appearance of dangerous opium poisoning, of course it has no bearing on the main question as to whether atropia, by stimulating the respiratory centres, will prevent death in such a case.

## Clinical Records.

### ST. BARTHOLOMEW'S HOSPITAL.

*A case of Disease of the Knee-Joint, with Amyloid Disease and Hydrocephalus—Amputation—Recovery.*

Under the care of Mr. MORRANT BAKER.

(Communicated by Mr. SIDNEY DAVIES from notes by Mr. HEWER, Dresser.)

THOMAS S., set. 10, was admitted into St. Bartholomew's Hospital on January 12, 1881. He gave the following history: Two years ago, as he was coming out of school, he fell down the steps and injured his left leg. Directly after the accident the limb was not very painful nor enlarged, but five or six days after, the left knee began to grow larger and larger, and the heel was at the same time drawn up, so that the patient could only walk on his toes. Three weeks after the accident he was taken to the Children's Hospital (Great Ormond Street), where he became an out-patient, and the knee was treated with Scott's dressing, and a bandage. The knee at this time was not at all painful, but simply enlarged, and the

heel drawn up. He remained an out-patient for four months, when, no improvement being visible in the knee, he was admitted as an in-patient, and extension was made with a weight. He remained at the Ormond Street Hospital for six months, when he was discharged, the knee having become straight, but its condition otherwise unchanged. He was sent out with a plaster of Paris casing round the joint.

Three weeks after his discharge an abscess formed on the front of the ankle; this was treated with zinc ointment, and soon healed up. His friends subsequently succeeded in getting him taken in at the London Hospital. Here the joint was opened antiseptically on the inner side, and a drainage tube inserted. The wound discharged a great deal, and was dressed every three days for a month, at the end of which time the tube was removed, the wound syringed out with diluted carbolic acid, and dressed with oiled lint. The wound did not, however, heal up, so a larger drainage tube was inserted, and kept in for some time, after which it was removed and the wound poulticed. The patient was told that the limb ought to be removed, but that he was not in a fit state to bear it. He was taken home, and during his stay there his general health was improved considerably.

His persevering friends at last brought him to St. Bartholomew's Hospital, to see Mr. Baker, who decided to admit him.

*Condition on Admission.*—Head hydrocephalic, and somewhat dolichocephalic. (This had been his condition from birth, and when quite young his head had been tapped). Intellect above the average of acuteness. General condition pale and anæmic; very thin. Abdomen distended; veins much enlarged. Liver greatly enlarged downwards, occupying the whole of the right hypochondriac and epigastric regions, and parts of the right lumbar umbilical, and left hypochondriac regions. Spleen also much enlarged, reaching down to the level of the anterior crest of the ilium. Left leg altogether larger than the right, which is very much emaciated. Left knee much swollen, not painful (at no time had there been any pain). Patient is unable to flex it at all. There are two sinuses on the inner and outer sides of the joint respectively; both discharge freely. Femoral glands not enlarged. Heart and lungs normal. Pulse 118, small, regular. Temp. 99°. Bowels regular. Urine 1011, slightly acid; a trace of albumen present; no sugar.

The following notes indicate the subsequent course of the case:—

Jan. 14th.—Patient sleeps well. Appetite good. The knee is not at all painful. It is kept in a poultice, and discharges a good deal.

16th.—Appetite very good. Abdomen and knee in same condition.

17th.—Urine 1016; a trace of albumen.

20th.—Condition unchanged. Patient is in good spirits, and free from pain. He was taken into the theatre for a consultation, at which there was a general consensus of opinion that amputation should be performed.

22nd.—The thigh was amputated in the lower third. The surrounding tissues were hardened and brawny. The knee-joint was full of pus, and completely disorganised. A strip of gutta-percha tissue was inserted at each end of the wound, and the stump dressed with oil lint. Urine passed, 2½ pints; contained a trace of albumen. Temp. normal; pulse, 122.

23rd.—Patient passed a bad night. Temp. 101° 6. Appetite poor. No pain. The stump was dressed at 1 p.m. Very little discharge; no hæmorrhage.

24th.—Temp. 101° 4; pulse 142. Had a good night. Appetite much improved. Patient in capital spirits; quite free from pain. Stump looks healthy. Very little discharge.

25th.—Temp. 100° 3; pulse 118.

26th.—Sleeps and eats well. Urine, 2½ pints, 1015; more albumen; excess of indican.

29th.—Stump is now poulticed.

Feb. 1st.—Going on well. Urine contains only a trace of albumen.

2nd.—Liver much smaller than when he came in.

3rd.—No albumen in urine.

15th.—Poultices discontinued. Water dressing applied. Liver smaller. Urine contains a trace of albumen.

March 7th.—Patient makes steady progress. Scarcely any discharge from the stump. Liver and urine the same.

25th.—Patient is going to try crutches for the first time, and is going out in a few days.

The dulness of intellect which usually accompanies hydrocephalus was conspicuous by its absence in this case. The

young patient gave quick and intelligent answers to all questions, and from him was obtained the very complete history given above. He also read several books adapted to boys of twelve to fourteen years during his stay in the hospital.

Another interesting point in the case is the involvement of the liver; its immense size on admission, and decrease subsequent to amputation of the thigh. There is little doubt that the enlargement was due to amyloid disease, the result of the long continuing disease of the knee-joint. It would be interesting to find out to what extent the enlargement will disappear, now that its cause has been removed. The spleen and kidneys also appear to have been affected by the amyloid disease.

## Special.

### A PROGRAMME FOR THE OFFICERS OF THE ARMY MEDICAL DEPARTMENT.

We have received a paper bearing the above heading. The writer of it, after declaring that he stands firmly by the unification or non-regimental system, proceeds to show that he himself is extremely dissatisfied under the very system he thus professes to "stand firmly" by, and that, in fact, the grievances of his department are great and various. The nature of some at least of those grievances, and of the means he proposes for their removal are thus enumerated.

In the recent Afghan War, 200 medical officers of various ranks were employed in very trying duties. The *Gazette* of honours has now been published; medical officers are entirely excluded from the promotions, and only three C. B.'s have been given amongst them. The surgeon-general, a C. B. of 26 years standing, has received no reward of any kind. Owing to the unjust position the Horse Guards takes up to the medical service of the army, many of the so-called *combatant* officers are encouraged to do their utmost to depress us in their every-day dealings with us. These officers, in no way our superiors, either in status, education, attention to duty, or patriotism, are encouraged by the neglect shown to us by the authorities, to treat us as if we did not form part of the army.

The principle that underlies the following paragraphs is to endeavour to secure equality within the army with the combatants in everything relating to rank and reward, and to give way at other points, so that a *modus vivendi* may be arrived at.

Our aim should be as follows:—

1. The union of the army medical department officers and the men of the army hospital corps into one body. This union is essential for the development of *esprit de corps*.

2. The existing system of dividing the officers of the army into combatants and non-combatants to cease. The officers now called combatant to be styled "executive," and the existing non-combatants to be called "administrative;" and all rewards for campaigns to be equally shared by all officers of every branch of the service.

3. The existing system of relative rank to be replaced by definite military rank with military titles, as in the pay department of the army. We propose that the director-general should be made an honorary lieutenant-general as well as director-general of the medical corps. The surgeons-general, who now have the relative rank of major-general, to be given definite honorary rank as major-general, and to be designated thus: Major-General Smith, Surgeon-General, A.M.D. In like manner the Deputy-Surgeons-General to have their present relative rank as colonel in the army, converted into definite honorary rank, and to be designated thus: Colonel Brown, Deputy-Surgeon-General, A.M.D. The brigade surgeons to keep their existing titles, but to be given in addition definite army rank as lieutenant-colonels. All the existing pay, allowances, widows' pensions, forage, prize money, batta, &c., would be considered as *departmental*, and be kept as at present, but army rank would be placed on an equality with the average of the combatants, as certified by the War Office actuaries, giving five years to credit for college service. Thus, a young medical officer would receive the pay and allowances of a captain, but he would have to serve four years as a lieutenant in the medical corps, which with his five years' college service, would make up nine years as a subaltern before getting his rank as captain. At twelve years' service we would get all the pay, allow-

ance, prize money, batta, forage, widows' pensions, of a major, as a *departmental* matter, but not army rank of major until about fourteen years' service. At twenty years' service we would get all the pay, allowances, and pensions as a lieutenant-colonel as at present, but not the rank of lieutenant-colonel until after about twenty-one years' service as medical officer.

4. Brevet promotion, one of our greatest needs, should be given us exactly as in the combatant ranks. Our departmental rank not to be increased but to remain like their regimental rank, but honorary military brevet rank, carrying military titles, to be given us. Thus, if a captain in the medical corps distinguishes himself in field service, make him an honorary major, but keep his name still in the former place in the corps list.

5. We claim this defined military rank, not because we wish to ignore medicine, but solely to place ourselves on a defined footing as part of the army, and to protect ourselves by defined military status from the every-day recurring attempts to deprive us of all rank within the service. Italy, America, Switzerland, and other States have so organised their medical service. To-day we live in hopeful times, and England is herself reforming her army, abolishing the harsh discipline that crushed the service, and elevating as far as she can the status of the soldier. The same measure which the people of England are giving to the private soldier, we, her army doctors, also need.

## FRANCE.

[FROM OUR SPECIAL CORRESPONDENT.]

COMPULSORY VACCINATION.—After a great deal of discussion and several passages of arms, the learned Société Académie de Médecine has adopted its report relative to compulsory vaccination and re-vaccination. Its conclusions are, 1st, L'Académie de Médecine believes that a law rendering vaccination compulsory would be a public benefit. 2nd, As to re-vaccination it ought to be encouraged in every possible way, and even imposed by the rules of the administration when thought necessary. The report has been forwarded to the Government, and a Bill has been already framed on the subject. It will meet with little opposition.

ELECTRICITY IN ACCOUCHEMENTS.—M. Apostoli, a celebrated gynecologist, communicated the results of his researches relative to a new application of electricity in accouchements. From the study of thirty-three cases observed during the last two years, of which eleven were miscarriages, and for which he applied the battery over five hundred times, M. Apostoli draws the following conclusions:—1st, Faradisation of the uterus is always absolutely inoffensive. 2nd, Faradisation is a constant sedative. 3rd, Faradisation abridges considerably convalescence in accelerating the involution or retraction of the uterus. 4th, Faradisation accelerates the return and regular exercise of all the functions. 5th, It preserves the woman from all uterine complications. It is the true and effective treatment for uterine deviations, its action upon the womb is more prompt and energetic than ergot. This communication was listened to with great attention, and marked for examination.

TRANSVERSE FRACTURE OF THE TWO PATELLÆ.—Simultaneous transverse fracture of the two patellæ caused by muscular contraction is rare enough to deserve notice. Such a case entered the service of M. Pallalon, of the Hôtel Dieu, recently. A young man, who was neither scrofulous nor addicted to alcohol, æt. 22, was playing at leap-frog, and was about to take the jump when he stopped suddenly, his limbs bending involuntarily under him; at the same time he heard a distinct sound of snapping. He was carried to the hospital where it was discovered that the two patellæ were fractured, a space of nearly an inch separating the fragments. At the same time considerable effusion was present in the joints. The fragments being brought together as well as possible by means of sticking plaister, fifteen days sufficed for union to commence, and in three weeks afterwards all the apparatus was taken off.

ATROPINE.—Toxic effects of atropine having been found to manifest themselves where this agent was employed in the ophthalmia of the very young and the aged, a new dilating agent has been discovered by M. Galezowski, the renowned

oculist of Paris, to which he has given the name "homatropine." Having had an extensive experience of it he considers it to be a very good dilator, only that its influence is not prolonged over twenty-four hours. It possesses no irritating principle, and can be employed with perfect safety for children and those advanced in years.—Speaking of atropine, a Dr. Anger recommends it in solution (1 in 1,000) for easing the pain of cancer. Compresses impregnated with this solution and applied to the painful parts are very effectual. He affirms that he has never seen symptoms of absorption such as dilated pupils, dryness of the throat, &c. He considers the action is quite local and consists in contraction of the vessels with diminished sensibility. The compresses are renewed three times a day and covered with oil silk to prevent evaporation.

**DIPHTHERIA.**—M. Vidal uses the following collutory in diphtheria, for which he claims an almost specific action:—Tartaric acid two and a-half drachms, glycerine half an ounce, peppermint water seven drachms. A brush dipped in this solution is made to touch every three hours the diphtheritic patches, which soon reduce themselves to a pulpy liquid mass which is afterwards easily removed. In the interval of the applications of the tartaric acid the false membranes are touched with citron juice.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS"

#### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael School of Medicine, &c.

WITH

#### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 493.)

#### THERAPEUTICS OF ALKALINE WATERS—continued.

**Vals.**—It has been stated in some quarters that Vals furnishes the most concentrated of all the alkaline waters. A reference to Prof. Tichborne's analyses (p. 318) is sufficient to dispose of this assertion which was perhaps founded on M. Ossian Henry's analysis. That chemist found a much larger proportion of soda present, but whatever may have been the amount in the water when he examined it at the springs, the only indications for prescribing the bottled waters are furnished by their chemical qualities as now imported. The highest proportion of carbonate of soda found by Prof. Tichborne was 13.27 grains in ten fluid ounces, while Vichy yielded 24 grains. This is in accord with our clinical experience for we have never considered Vals as strong as was represented. It is assuredly a less powerful antacid than Vichy. Still these waters are useful agents, and may be employed in a similar way to those of Vichy, bearing in mind their relative strength, a point now decisively settled. The *Précieuse* and *Madeleine* springs are regarded as more tonic, inasmuch as they contain a fraction more iron. It is, however, scarcely appropriate to apply the term chalybeate to such waters. The claim of the *Dominique* spring to be termed arsenical will be spoken of hereafter. The *St. Jean* is so weak that it is sometimes spoken of as a table water, but it contains five grains of antacids in the half-pint, and may therefore claim to be medicinal. It is useful when a

weak alkaline water is required, and therefore is to be specially distinguished from the other Vals waters.

**Bilin** water has been lately imported, and is strongly alkaline, as much so, in fact, as the weakest spring of Vichy, but much less so than the others. The amount of earthy carbonates is also small, so that the water is not "heavy" on the stomach. It is a very good useful member of the group of strong alkaline waters.

**Ems.**—In the waters of Ems the proportion of carbonate of soda is much less, but its action is re-enforced as well as modified by the chloride of sodium which is present in sufficient amount to give Ems a claim to be included in a group of waters containing the two salts. We have already shown that the chloride is a corrigent as well as a most useful adjunct. It stimulates the stomach and bowels, increasing the secretion of the mucous membrane, and promoting tissue metamorphosis. It is chiefly due to the combined effects of the two salts that Ems retains its celebrity, unless we are to attribute a greater effect to the climate and surroundings when patients resort to the spa. In catarrh of the stomach and other conditions requiring an alkaline water of less strength than Vichy, but more stimulating in its nature, Ems may be tried. In catarrh of the respiratory mucous membrane, Ems also long enjoyed considerable reputation, but in laryngeal and bronchial cases, we venture to assert that it is only seldom that the depressing and admittedly rather damp climate of this valley, with its mid-day heat, and evening and morning mists, should be recommended. It was at one time extolled for consumption, but all have now given up recommending it in that disease. The fame of the "Bubenquelle" for sterility has quite passed away, but the place is much resorted to for the treatment of diseases of women, when a course of baths and alkaline salt waters are desirable. The bottled waters are not so much employed in this country as they might be, considering their mildness and the indications we have given for their use.

#### THERAPEUTICS OF ARSENICAL WATERS.

Some years ago no little sensation was caused by the discovery of traces of arsenic in several mineral waters. Many at once concluded that the full therapeutic value of arsenic could be obtained by drinking such waters, and in the case of spas previously in high repute no small share of their virtue was attributed to the newly discovered ingredient. It was, however, very soon found that arsenic was far more generally distributed than had been supposed, and so many spas were able to boast of its presence that any specific effect was seen to be doubtful. Moreover, in all cases only minute quantities of the element were detected in the waters—mere traces, certainly not enough to enable us to choose such media for the administration of ordinary doses of arsenic; in most cases it would require from half a gallon to a gallon of the mineral waters to be imbibed daily in order to obtain a moderate therapeutical dose. Further, this medicament was associated with much larger quantities of other substances to which it was only natural to attribute the chief effects of the waters. The arsenic was most frequently found in alkaline waters, and in such cases could only be regarded as an adjunct to the soda. Accordingly few now insist on mere traces of arsenic as characteristic of such waters. Nevertheless, there are

two or three spas which have obtained a certain repute for their so-called arsenical spas. Among these the St. Dominique of Vals, a weaker alkaline spring than the others at the same place has been pushed. Professor Tichborne finds it only contains 0.05 grains per gallon. Some of the success of Mont Dore is also attributed by some to a minute quantity of arsenic found in the waters. But the chief arsenical spa up to this time has been La Bourboule where there are three alkaline springs containing a good deal of chloride of sodium. In one of these Professor Tichborne finds .05 grain in ten ounces of the water, which is present in the form of arsenite of sodium. (See his analysis, *ante*). Another water he has analysed is that of Court St. Etienne which differs much from others as it contains only 18 grains of solid substances in a gallon, and thus the arsenic can be taken almost pure. The amount present is .05 gr. in ten ounces, and it is present as arseniate of soda. This water is then not an alkaline one and what effects it may be found to have will be fairly attributed to the arseniate of soda.

The indications for the use of arsenic are sufficiently distinct, and if the medicine be present in sufficient quantities in any mineral waters advantage can be taken of them to provide an additional mode of administration. If an alkali be at the same time indicated La Bourboule may be given; if otherwise, a trial may be made of Court St. Etienne. In either case it will naturally occur to the reader that not seldom the use of the pharmacopœial preparations of arsenic may be equally useful and more reliable. If need be they may be reinforced by alkaline and other mineral waters.

H.R.H. THE DUKE OF EDINBURGH, in response to the request of the committee has consented to become the Patron of the International Medical and Sanitary Exhibition.

THE Committee of Management of St. Peter's Hospital for Stone have decided to increase the staff, by the addition of a second assistant surgeon. The election takes place the first week in July.

THE late Miss G. F. Downing, of Appin, has bequeathed to the Edinburgh Royal Infirmary £500, to the Glasgow Royal Infirmary £500, and to the Edinburgh Medical Missionary Society £1,000.

DR. A. WHITE BARCLAY of London, Dr. A. Ransome of Manchester, Dr. De Chaumont of Netley, and Dr. Corfield of London, have been appointed examiners for the sanitary science certificate at Cambridge, the examination for which commences on Oct. 4th.

MR. E. J. O'MULLANE, L.K.Q.C.P.J., has been presented with a very flattering testimonial by the members of the Portland Lodge of the Nottingham Order of Odd Fellows. The testimonial consisted of an illuminated address, mounted in a gold frame, and expressive of the subscribers' high sense of the value of Mr. O'Mullane's professional services as their medical officer, and of the estimation in which they hold him as "a gentleman, a scholar and a philanthropist."

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## The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 11, 1881.

### PROVIDENT DISPENSARIES.

THE well meant efforts that have for some time been directed to perfecting means whereby the ever-growing burdens thrown on charitable institutions by numerous applicants for hospital relief, appear to be shaping themselves into a definite aim, and it may be well to consider how far success is likely to follow fulfilment of the proposed changes. These, as embodied in a prospectus issued by the projectors of “The Metropolitan Provident Medical Association,” are of a nature to demand the sympathy and aid of all who can be assured that, under the arrangements sketched forth, other and greater evils than those it is sought to remove, may not be encouraged. In former references to the same and similar schemes, we have urged the value of any reform in the system of affording medical aid to the poorer classes, which will tend to create a spirit of independence among them, and paralyse the immense pauperising influences at work wherever a considerable hospital is established. We are convinced that much of an unsatisfactory character distinguishing the relations between the medical profession and the less or little wealthy members of the general public, has an origin not wholly separate from the conduct of medical men themselves. That large numbers of poorly circumstanced persons are, and have been, willing to emancipate themselves from the dependence associated with acceptance of gratuitous treat-



ment at hospitals, is amply evidenced by the success achieved by a majority of so-called private dispensaries. These are confessedly of comparatively recent growth, but at this time there is no street of any importance in densely populated districts, where one or more does not drive a prosperous trade; and this by reason of the fact that they afford means of obtaining advice and drugs at an almost nominal charge. That they can be made remunerative undertakings to the owners however, no doubt is felt; and the manner in which success is accomplished was ably shown in the articles on the subject published in our columns last year by "A. B." It is unfortunate that there should be strong inducement in connection with such institutions, to make them *merely* trading concerns; it is this which so seriously detracts from the value they might otherwise possess, since it offers encouragement to unprincipled persons to enter on the duties connected with them in no other spirit than that dictated by *auri sacra flammæ*. Without the skill, born only of a long experience, to detect swiftly and surely the signs of illness, and without the ability to treat it aright, it must be admitted that many private dispensaries afford only a mockery of assistance to the applicant resorting there for help; and, again, though the possibility of prescribing faithfully and remuneratively to large numbers, at a small individual rate, has been demonstrated, yet the temptation to tender worthless mixtures in place of sound medicines is one too generally indulged. Consequently, the few honest dispensary owners suffer in reputation through the short-comings of the many dishonest ones; and the system itself, capable as it is of great benefit to the poor, is discouraged and recognised only in respect to the harm that is done. The facilities it affords too for illegal practices are not overlooked or omitted; this also has done very much to generate a feeling of distrust of all who avow any connection with private dispensaries.

None the less, however, the problem remains, how to deal with the vast numbers of non-pauper poor at all times existing to need a doctor's care. The provident plan seems particularly applicable to them, and we cannot but regard as a happy idea that of carrying it out on a business basis, as proposed by the association above alluded to. This consists of a company of shareholders whose subscribed capital will be devoted to the purchase, building, and fitting of appropriate dispensary offices wherever there may appear sufficient need of them. Membership of these local institutions will be dependent on periodical contributions to their funds, and will carry with it a right to professional attendance and medicine during illness. The fees payable will be fixed so as to be within the power of the artisan class to pay, while being at the same time sufficient in the aggregate to maintain the institutions in efficient working order, and afford remuneration to the medical men associated with it. The selection of these latter, a point on which the smooth working of the whole arrangement must mainly depend, is to be on a plan that will be highly commended. The appearance even of coercion cannot but be fatal to any attempt to aid the masses; and hence the rule by which freedom of choice respecting the medical attendants is provided for is a subject for congratulation to the new association.

It provides— "The Medical Officers shall be elected from persons who are qualified to practise under the Medical Act.

There shall not be more than one member of any firm of Medical Practitioners on the Dispensary staff at one time. Assistants shall not be employed without the permission of the Committee, and Assistants so employed must be duly qualified.

"The Medical Officers will attend at the dispensary on such days and hours as the Managing Committee deem requisite, and will visit their patients at their homes whenever their cases require it.

"They shall each keep a register, according to a prescribed form, of all cases treated by them, and report quarterly to the Committee on the statistics of health of the members under their care.

"A fixed proportion of the sums received from members will be divided at the end of every quarter or half-year among the medical officers in proportion to the amounts received from the members registered under their names. This will be in addition to their midwifery fees, and to a contingent interest, calculated as above, in any net surplus there may be after the annual accounts are made up.

"The midwifery fees payable to the medical officers shall be fixed by the managing committee.

"Candidates for admission to Friendly Societies affiliated to Provident Dispensaries shall be examined by a medical officer of the Dispensary on the production of an authorisation from the Secretary of such Society."

It is further to be understood, in the terms of the suggestions made at the public meeting held to inaugurate the promotion of the association, that "in order that each family may be able to choose its own medical attendant, and that skilled professional men may be induced to exert themselves in the service of the dispensaries, the managing committees should elect a sufficient medical staff, who should be paid in proportion to the amounts received from the members registered under their respective names. It being added that this is better for all parties than any form of payment by fixed salary."

It may very probably occur to some the whole scheme will be regarded with extreme jealousy by many in the medical profession. We do not, however, consider that their hostility toward it will be justified; so long, that is, as there is an entire avoidance of all appearance of illegitimate tampering with absolute freedom and independence on the part of the members of the several dispensaries. The aim held in view is a good one; and honestly carried out in the spirit already indicated, it will benefit public and profession alike.

#### POOR-LAW MEDICAL SUPERANNUATION IN IRELAND.

THE Council of the Irish Medical Association has, we rejoice to observe, after prolonged consideration and negotiation with those whose influence is desired, matured its Bill to place superannuation for Irish Poor-law medical officers on a more satisfactory footing than it at present occupies. The Bill was submitted to the General Meeting of the Association, and approved by it, and we now publish it for the information, and, we hope, for the approval, of those concerned in the matter:—

Whereas it is expedient to alter the law providing superannuation allowances for medical officers of unions and dispensaries in Ireland.

Be it, therefore, enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords, Spiritual and Temporal, and Commons in Parliament assembled, and with the authority of the same, as follows:—

I. Repeal—

32 and 33 Vic., chap. 50, the whole Act;  
35 and 36 Vic., chap. 89, part of sec. 2, viz.:—the words "Registrars of Births and Deaths," and "Registrars of Marriages."

but such repeal shall not affect any superannuation allowance granted, or act done, before the passing of this Act.

*cf.* "The Superannuation Act, 1859," 22 Vic., cap. 26, sec. 2.

II. The board of guardians of any union in Ireland shall, with the consent of the Local Government Board for Ireland, grant to any medical officer of said union, or any medical officer of a dispensary district in said union, an annual allowance, upon his retirement from said office, at the following rates, that is to say—

To any medical officer who shall have served ten years and upwards, and less than eleven years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office.

For eleven years, and less than twelve years, an annual allowance of eleven-sixtieths of such salary and emoluments:

And in like manner a further addition to the allowance of one-sixtieth in respect of each additional year of such service, until the completion of a period of service of forty years, when the annual allowance of forty-sixtieths may be granted, and no addition shall be made in respect of any service beyond forty years.

*cf.* Medical Officers' Superannuation (Ireland) Act, 32 and 33 Vic., cap. 50, sec. 1.

III. The board of guardians of any union in Ireland shall, with the consent of the Local Government Board for Ireland, grant to any medical officer of said union, or any medical officer of a dispensary district in said union, who, after ten years' service, shall have become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age (such age being not less than sixty years), upon his resigning, or otherwise ceasing to hold his office, an annual allowance of two thirds of his salary and emoluments at the time of his retirement.

*cf.* The Superannuation Act, 1859, 22 Vic., cap. 26, sec. 4.

IV. A number of years, not less than ten or exceeding twenty, according as the Local Government Board shall see fit and direct, shall be added to the number of years during which any medical officer shall have actually served in the Poor-law service, and the amount of superannuation or retiring allowance to be granted to such medical officer shall be computed thereon.

*cf.* "The Superannuation Act, 1859," 22 Vic., cap. 26, sections 5 and 6.

V. It shall be lawful for the Local Government Board, upon any medical officer being compelled by reason of severe bodily injury occasioned (without his own default) in the discharge of his public duty, or constrained from infirmity of mind or body, to vacate his office before the completion of the period of service which would entitle him to a superannuation allowance, to direct that the guardians of the union in which said officer served shall pay him such sum of money, by way of gratuity, as the said Local Government Board may think proper, but no such gratuity shall exceed the amount of one month's pay and emoluments for each year of service.

*cf.* Union Officers' Superannuation (Ireland) Act, 28 Vic., cap. 26, sec. 2.

VI. All allowances payable under the provisions of this Act shall be payable to, or in trust for such medical officer only, and shall not be assignable or chargeable with his debts or other liabilities.

VII. The term salary and emolument shall include all salaries, fees, allowances, and emoluments receivable by said medical officer in virtue of his office, and from every office connected therewith by statute.

This Bill, it will be observed, is a simple application of the Civil Service Superannuation Act of 1859—known as Playfair's Act—to the case of the Irish Poor-law Medical Officers. Under it every such officer will, if it passes, be entitled to a pension as a matter of right, and the special circumstances of each applicant are provided for by the various sections.

A Poor-law medical officer who has served ten years will, on retirement, irrespective of his condition of health, receive a sixtieth of his total salary and emoluments for each year of his service. His service is to be counted by adding to the actual time during which he has held office a term of not less than ten and not more than twenty years, as the Local Government Board may direct. Thus, supposing the Board fixes fifteen years as the addition, a medical officer who has served fifteen years will receive pension as if he had served thirty years, *i.e.*, thirty-sixtieths, or one-half of his salary and emoluments. But when his term of service reaches forty years he will be entitled to the maximum pension of two-thirds, beyond which he cannot go under any circumstances.

A Poor-law medical officer who falls into age or ill-health, and is incapacitated from duty, is to be entitled to two-thirds of his total emoluments if he has served ten years. A Poor-law medical officer who is incapacitated from work before he has served ten years may be granted (by the Local Government Board) a gratuity on leaving the service not exceeding one month's pay for every year of his service.

We cordially recommend the Bill to the approval of our readers, and are of opinion that, if Parliament assents to it, a just and practical settlement of the question will have been achieved, and a pension approximating to that which the Poor-law medical officer deserves will be provided for him. The dispensary or workhouse doctor will no longer be at the mercy of short-sighted and parsimonious guardians; and the sick poor and the public will be protected against the ill consequences now arising from the refusal of many boards of guardians to grant reasonable retiring allowances.

#### THE GEORGE STEPHENSON CENTENARY.

THE familiarity of the present generation with the principles and applications of steam locomotion, renders it difficult for it to rightly appraise the inestimable advantages conferred on human society by the practical results of George Stephenson's ingenuity. We have grown so accustomed to place dependence on, and to be faithfully served by, steam, that we have ceased to remember the surroundings of him who first reduced to practical tests the theorisings of centuries; and because of the cosmopolitan character of that which has revolutionised the relations of the world, we unconsciously forget in what manner we are indebted for the benefits we enjoy. It would be difficult indeed for the medical profession to gauge aright how much it owes to the modern

applications of steam, or to imagine the condition it would have occupied had the means of inter-communication afforded by the locomotive and marine engine been presented fifty years later than was the case. So tremendous has been the impetus given to scientific discovery by freedom and feasibility of interchange among scientific men, that in admiration of the magnificent consequences following from it, there is danger lest we become ungratefully negligent of the claims on our respect possessed by the father of the railway system, George Stephenson.

It has been truly remarked that a great improvement in medicine or surgery is to be estimated by the rapidity with which it is appreciated by the few, and its merits thenceforward heralded forth by disciples of the original propounder. It may with equal truth be added, that the beneficial influences spread abroad by great reformers in medicine and surgery, are powerful for good in direct proportion to the general comprehension of their nature. How this is affected by steam communication, and how the world has derived advantage by the immediate and widespread appreciation of the epoch-marking changes that distinguish all scientific advance, we have only to examine recent history to see. Not to go far into the past, would antiseptic surgery have so far revolutionised the treatment of wounds as to secure an almost inconceivable decrease in mortality from great injuries, if the means of enlightenment had been of the old slow moving kind? Or again, would the physician's resources have been distinguished by the efficiency and completeness that mark them now—for all they are unsatisfactory at the best—but for the constant exchange of ideas and deductions that is ever proceeding between widely sundered continents. It matters little how we regard the subject; viewed on every side, we, perforce, are driven to perceive our vast indebtedness to the genius that achieved the dreams of many who preceded him, and gave us rapid locomotion.

During the past week there have taken place in various parts of the country the centenary celebration of George Stephenson's birth, and at Newcastle-on-Tyne the occasion has been fitly held to be an appropriate one for assisting a scheme to usefulness of the College of Physical Science located there. There is a close connection between the science of Nature and the science of medicine. So close indeed that we need not be over-sanguine to believe, that the time is not far distant when the dependence of accuracy in medicine on skilled acquaintance with the laws of Nature and the fashion of their action, will receive that recognition, the absence of which is foremost to account for the present unsatisfactory condition of the profession. All, too, that will tend in the direction of assisting so desirable a consummation, ought to receive hearty support, and every effort put forth to bring the two fields of study into closer union, should be met with responsive efforts from those who have the foresight to perceive how much more intimate will be these bonds in the future than they have been in the past.

The hundredth anniversary of George Stephenson's birth was selected by the people of Newcastle as an opportunity of testifying the admiration felt for the genius and works that have perpetuated his name, and made it a household word throughout the world. But with a

wisdom that cannot be too highly commended, the occasion was made to serve the purpose not only of merely paying tribute to the memory of a great man, but to found a "Stephenson" College, in which the study of those forces which Stephenson controlled should help to produce worthy imitators of his achievements. The Colleges of Physical Science that are from time to time formed in our large towns, may be expected to materially affect the future of scientific medicine. The constant cry raised by professors and teachers in medical schools is always against the scientific ignorance of the students who come under them; and undoubtedly it is a fact that in proportion as the practitioner of medicine is well or ill-trained in scientific knowledge, is he a better or a worse doctor. We would, therefore, deem it a subject for congratulation that the number of centres of scientific education is steadily increasing, and especially is it so that these are in most instances up to the present time founded where they will at once and directly affect the study of medicine, by reason of their being situated in near contiguity to already established medical schools.

The memory of George Stephenson cannot be too highly honoured, even by medical men. They owe at least as much as any other class to him. Nor could a more appropriate memorial of him be erected than a college charged with the dissemination of that knowledge, for lack of which he was prevented from perfecting his inventions many long years.

The Stephenson Centenary may not appear to many fraught with the importance it really does possess; and to such persons the association we have striven to demonstrate may be equally hard to discover. This, however, will not remove the burden of our indebtedness, nor will it blind honest perceptions to the magnitude of the benefits conferred on all and every profession by the introduction of steam locomotion. We seek only to show that we are not altogether unmindful of these benefits, and that we are anxious for the closest intimacy between the science of medicine and those other sciences it is so largely dependent on. May the Stephenson College of Science flourish and grow increasingly useful, and may the highest of its services be rendered in connection with the adjoining School of Medicine of Durham University.

## Notes on Current Topics.

### The Army Medical Service.

In another column we reproduce some paragraphs of a "Circular" which, we understand, is being distributed among the medical officers of the army. Whether the grievances expressed in that document are felt generally throughout that branch of the service, or only by a few individuals out of the many, remains to be seen. The circumstance, however, of complaints being made thus early after the recent "concessions" to, and advantages conferred upon, our military brethren, indicates that in reality these concessions and advantages are by no means what theoretically they were expected to be.

The fact is, the scheme of "unification" was pressed on by a section of "reformers" who failed to read, or having read, to profit by the lessons of the past; the

double system as it formerly existed was condemned, chiefly by men whose opportunities were not of witnessing its work upon a large scale, and who were without much actual acquaintance with the nature of relations existing between surgeons and regiments. A spirit of change set in; such men declined to "leave well alone;" the natural results have followed; medical officers having obtained the *divorce* they sought, find they are not happy. But it is not by such means as being designated by other than purely professional titles that their contentment is to be restored. Already distinct departmental rank and title are accorded to each grade; the rank might certainly be designated as "with" that of corresponding executive grades, but the titles already held by army medical officers ought surely to be used by them instead of ignored as they so often virtually are.

It is true that in official documents these titles of rank are observed; but on all other occasions they appear to be dropped. Thus, Surgeon-Major Smith on duty becomes Mr. or Dr. Smith by his own consent when off duty. Not so with his brother in the "combatant" branch. Lieutenant-Colonel Smith retains his title of rank alike whether on duty or not. Why not similarly with medical officers? Does not the remedy lie with themselves?

Unhappily, there is much reason to fear that the general interests of the service have by no means been advanced by this would-be "system," the unsatisfactory results of which upon the officers most directly concerned are set forth in the "Programme" referred to.

#### Royal College of Surgeons of England.

THREE vacancies are declared on the Council of the College, Sir James Paget and Messrs. Walton and Wheelhouse retiring by rotation. Of these Mr. Wheelhouse withdraws altogether from the Council, Sir James Paget and Mr. Walton offering themselves for re-election. The other candidates for the vacant posts are Messrs. Heath, Hulke, Croft, and Sydney Jones, of London, and Mr. Harrison, of Liverpool.

There is but little doubt that the Fellows will return Sir James Paget, whose capacity for administration, and energy in the management of College affairs, is well known. Mr. Walton, also, will probably be returned, as no member of the Council has more regularly attended its meetings, or been more assiduous in the duties of the office. There will be no difficulty in selecting a good third member from among the candidates offering themselves.

It would be useful information to the Fellows if, in future, the number of attendances of each member of the Council could be ascertained, the object of the electors being not so much to confer an honour upon the successful candidate as to elect one who shall do good work. On the other hand, it may not be generally known that, should any member of the Council who has served his term of office be not re-elected at the next election, but should be re-elected at some subsequent election, he must recommence at the bottom of the list, and thus lose the chance of having conferred upon him the honour of Vice-President. It becomes a duty to re-elect a retiring member of the Council to a second term of office unless there is some substantial reason for acting otherwise.

#### Sanitary Assurance Association.

THE first general meeting of the members and the honorary council of the Sanitary Assurance Association since its incorporation was held last Friday, at the offices of the Association, 5 Argyll Place, W. In the unavoidable absence of the president (Sir Joseph Fayrer, K.C.S.I., F.R.S.), Professor Hayter Lewis, F.S.A., vice-president, occupied the chair, and was supported by Sir Richard Temple, Bart., Captain Douglas Galton, C.B., F.R.S., Mr. Romanes, F.R.S., Mr. George Aitchison, A.R.A., Professor Corfield, M.D., Mr. John Whichcord, F.R.I.B.A., Mr. Mark Judge, and Mr. H. Rutherford. Professor Corfield (chief sanitary officer) and Mr. Judge (surveyor) related to the meeting the progress of the Association, and reported on the work of sanitary inspection that had been done. The property which had been placed on the assurance register varied in value from houses rated at £60 a year—in which the total fee to subscribers for report, supervision of work, and certificate, is two guineas—to houses rated as high as £700 a year, with proportionately increased fees. The Association undertakes the inspection of the smallest class of property, and no fee is charged to subscribers for a single house rated at £20, while the fee is only half a guinea for houses rated at £40. In the discussion which followed Sir Richard Temple, Captain Douglas Galton, and Mr. Whichcord spoke strongly in support of the objects of the Association, and the council were requested to take steps to make the Association as widely known as possible, and particularly to call the attention of the proprietors of large building estates to the advantages which would accrue if the certificate of the Association was made essential to the granting of leases. Professor Hayter Lewis in acknowledging a vote of thanks for presiding, said he hoped the council would have still greater progress to report when the time for the annual meeting came round. He trusted that speculating builders would soon recognise the value of the certificate of the Association, for there could be no doubt that houses certified as in a satisfactory sanitary condition by the Association would be of greater value in consequence.

#### Presentation to an Asylum Medical Officer.

ON the occasion of the departure of Dr. Connolly Norman, Assistant Resident Medical Superintendent to the Monaghan District Asylum, the esteem in which he is held by his co-officers very fittingly and spontaneously manifested itself in a presentation which was made by the officers, attendants, and nurses of the Asylum. The presentation consisted of a gold lever hunting watch. Dr. Roberson, the Ven. Archdeacon Stack, D.D.; A. K. Young, Esq., J.P.; Dr. Norman and all the attendants and nurses being present at the ceremony. The watch was presented in the name of the attendants by the house steward, who said that he never before witnessed such alacrity as was displayed by the attendants in contributing to the cost of the presentation.

Dr. Norman, in returning thanks, expressed the sorrow he felt at leaving a place where so many had been so kind to him, and said that he would ever prize their valuable present with an affectionate remembrance of those who had presented it to him.

### The New Infirmary for St. Marylebone.

THE vast building, which is to hold 700 sick poor, is rapidly being prepared to receive inmates by the 29th inst., when their Royal Highnesses the Prince and Princess of Wales will officially declare the building open. About 1,400 invitations will be issued on the occasion. The working committee consists of the following guardians:—Mr. Edmond Bulnois, J.P., chairman; Dr. J. McGrigor Croft, formerly Staff-Surgeon to Her Majesty's Hospitals; Lieut.-General H. Lynedoch Gardiner, J.P., Equerry to Her Majesty; Admiral Oliver; Captain Lealie; Messrs. Daniell, Debenham, and Robbins. The organisation of the staff, male and female, for so extensive an establishment, together with the furnishing of the same at a cost of £10,000, arranging the sick wards, &c., has been, and still is, a work of much time and labour to most of the committee, and will, no doubt, be appreciated by their Royal Highnesses on the day of the opening.

### Union Hospital Clinical Recognition.

THE following resolutions were adopted at the conference, at the Hibernian Hotel, Dublin, on Monday, 6th June, Dr. Adrien in the chair:—

1. That a standing committee be appointed to take all the necessary steps to carry their application to a successful termination.

2. That Union Hospital physicians are requested to unite as one man, and prove by their attitude towards those ready to support their just claims how deeply they desire to see those claims recognised.

3. That they are requested to use every opportunity for bringing under the notice of the senators in their respective neighbourhoods the grounds on which they base their claims.

4. That the memorial now read be printed and forwarded to the senate, and that Drs. Daly, Adrien, Laffan, and Kenny do constitute the deputation for the purpose of seeking an interview with that body. Eighty-two physicians have already signed the memorial, and numerous letters promising the most earnest support were received.

Dr. O'Reilly (Lismore) was called to the second chair. Drs. Daly and Kenny acted as secretaries. The meeting then broke up.

The following were named the standing committee:—Drs. Smith (Belfast), Baggot (Enniskillen), Brown (Derry), Ryom (Baillieborough), Bradshaw (Carrick-on-Shannon), O'Farrel (Boyle), Macaulay (Ballina), Shanley (Athlone), Daly (Meath), Adrien (Drogheda), Kenny (Dublin), Moorhead (Tullamore), O'Neil (Athy), Barry (Limerick), Cremen (Cork), Laffan (Cashel), O'Reilly (Lismore), Cullenan (Ennis), Hayes (Rathkeale), Holland (Dungarvan), O'Reilly (Trim), &c.

### Death of M. Littré.

M. LITTRÉ, the famous French lexicographer, died on Thursday week in Paris, at the advanced age of 80 years. The work done by M. Littré had such value for all scientific students and scholars, that he is not likely soon to be forgotten, and his *magnum opus* the dictionary, will ever remain in testimony of his indefatigable exertions. This work was commenced in 1863, and completed in 1872.

### The Old English Fair.

THE Old English Fair held at the Royal Albert Hall in aid of the Chelsea Hospital for Women has been attended with unqualified success. An amount not falling short of £5,000 will, as a result of it, be credited to the funds of the charity, the highly deserving nature of which has been thus fittingly recognised by the immense number of visitors to the bazaar.

### Hospital Reform.

THE adjourned meeting of the Metropolitan Counties Branch of the British Medical Association took place on Friday last at the rooms of the Medical Society of London, Dr. Habershon, the President of the Branch, occupied the chair. There was a very large gathering of members, and a very animated discussion took place on the report brought up for adoption by the sub-committee appointed to report on the question of Hospital Reform. The recommendation that an influential deputation of the Branch, accompanied by men who have practical acquaintance with hospital administration and its deficiencies, be deputed to urge upon the Home Secretary the early appointment of a Royal Commission, to investigate and report upon matters of hospital reform, was carried by a very large majority. The report was forcibly drawn and well supported by facts set forth in tables and statistics, contained under the following heads:—

1. That the present system of hospital administration is attended with many anomalies which call for public inquiry.

2. That in the metropolis especially the hospital accommodation is imperfectly distributed, and, in many districts, is altogether inadequate.

3. That the unsatisfactory condition of the present out-patient system of our large metropolitan hospitals demands reform.

4. That the workhouse infirmaries as at present administered do not render such services to education and medical science as they might.

5. That it is desirable that every hospital and medical institution intended for the relief of the suffering poor should be administered by a board of management, subject to periodical election by the governors, upon which board the medical staff of the institution should be adequately represented.

6. That a public audit of the accounts of all such institutions is needed, to secure a right distribution of medical relief, and a more economical expenditure of the funds entrusted to the boards of management.

7. That the importance of medical education, and of adequate training of the members of the medical profession, requires an *intelligent recognition* of the relations of the hospitals to their medical schools, to insure an improvement in such relations.

8. That the absence of organisation and combination amongst the medical institutions throughout the country materially lessens their usefulness.

9. That in the administration of the wards, so far as it affects the treatment of patients, and especially in the management of the nursing arrangements, the medical staff shall have an authoritative voice.

10. That in order to ascertain fully the needs of the

suffering poor throughout the country, and the means at present available for their relief, especially with the view of obtaining reliable data upon which to base the needful reforms, it is most desirable that a Royal Commission should be appointed.

#### Brains versus Flesh.

UNDER a somewhat novel guise, the old question opened first at Guy's Hospital, and repeated at several other places since, has cropped into view at Bristol. It is in all, a question of brains against flesh, and, as in other cases, it seems as though the result at Bristol is to be in favour of flesh also. The governors of the Bristol General Hospital are arrayed in fleshy strength against the medical and surgical staff on the subject of flooring for the wards. This, in opposition to scientific authority, was formerly made of *cement*, and now, after twenty years use, it calls for renewal. Experience has proved what science averred, that, namely, cement is wholly unfit for flooring where disease is constantly present; that it forms a nidus for infection; that it is calculated to retard recovery by its chilling influence; and, in a word, is of all substances that least adapted to the purpose it has been made to fill. Notwithstanding the lay governing body of the hospital is almost united in opposition to the feeling of the educated officials, and by the weight of its fleshy mass decides to ignore the demand for wooden flooring in order to renew the miserable cement. Anything more entirely in keeping with the wooden obtuseness characteristic of lay opinions generally on matters of scientific importance it is impossible to conceive. It is right to say, however, that the chairman of the board, intelligent enough to perceive the utter brainlessness of his *confrères*, has declined to share the responsibility incurred by rejecting the suggestion of the medical staff, and has resigned his post. Perhaps, bye-and-bye, when the Bristol School of Science has had time to extend the influence exerted by scientific knowledge on the intellect of the fleshy members of controlling committees, we may hopefully look for a better appreciation of the truths involved in discussing sanitary measures. At present it seems a mere contest between brains on one side, and dead weight on the other; and, so far, weight wins.

#### The Oxford First M.B.

BY a decree passed without opposition at Oxford on June 7 candidates who in future enter for the 1st M.B. examination of that University, and who have previously obtained honours in the School of Natural Science, will not be required to pass again in the subjects of chemistry, mechanics, and physics. These subjects, it must be said, are included in a preliminary honour examination which every candidate for natural science honours must succeed in passing before admission to the final test, which may be in biology, chemistry, or physics. The examination, moreover, is of considerable difficulty, and it has long been felt to be a grievance that men who have already shown they are grounded in these sciences should be compelled to go through an examination in them again. The decision is a wise one in all respects, and it may be expected to increase the number of those who seek the Oxford degree, but have been hitherto deterred from doing so in some measure

by an unwillingness to devote time to the subject already undertaken.

#### Professor Hutchinson on Heredity.

ON Monday afternoon last, Professor Jonathan Hutchinson, F.R.C.S., delivered the first of a series of six lectures at the Royal College of Surgeons of England, on Heredity and Transmission in Health and Disease. In this lecture Mr. Hutchinson dwelt on the importance of a careful study of the facts presented in nature bearing on heredity, and proceeded to define the terms employed in speaking of the subject. He next enumerated and explained the suggested mode of action of the laws by which transmission from parent to offspring is governed; and, in conclusion, expressed the conviction that each parent was equally concerned in the matter, the attempts to attach greater or less importance to the part played by one or other being weak, and resulting in no good results.

#### International Medical Congress.

THE Executive Committee of the International Medical Congress are very desirous that all intending subscribers to the expenses should, without delay, send in their subscriptions, as the lists are being completed. It is requested that all who may find it convenient should call at the Royal College of Physicians to register their names as Members of the Congress, and pay the membership subscription to Mr. Garner, Bedell, as a preliminary list will presently be printed.

#### The Hudson Scholarship.

THE first annual distribution of the Hudson Scholarship prizes took place in the theatre of the Adelaide Hospital, Dublin, on Friday, June 3. Dr. George Johnston, the President of the King and Queen's College of Physicians, presided. These prizes consist of a scholarship for one year of the value of £30 accompanied by a gold medal, and a prize of £10 accompanied by a silver medal. The foundation consists of a donation of £1,000 by Mr. Henry Hudson, of Chester, brother of the late Dr. Alfred Hudson, which was given to the latter two years before his death for the purpose of being applied in any way he thought fit. He handed over the money on a perpetual trust to the Board of the Adelaide Hospital, for them to apply it in such a manner as they thought would be best calculated to advance the science of medicine; and the Board founded the prizes in question. The winner of the scholarship and first medal was Mr. Edward Gordon Hull, and the prize and second medal were taken by Mr. Frederick William Elsner. On the occasion of the award of the scholarships, Dr. James Little, one of the physicians to the hospital, gave an outline of the career of the late Dr. Hudson, detailing some of his many struggles to rise to eminence in his profession, and pointing him out as an example for those to follow who were about to enter the medical profession.

#### Death of Dr. Brice, of Armagh.

THIS gentleman—one of the oldest medical denizens of Armagh—died last week. Some time ago he met with an accident in his own house, by falling off a ladder, since which he never enjoyed health. Dr. Brice was a licentiate apothecary of over fifty years' standing.



### The "Unqualified Assistant" System in its Relation to Death Registration.

At a recent inquest held at Birmingham, the borough coroner is reported to have declared that "he had every reason to believe in the prevalence of systematic fraud in Birmingham in connection with the registration of deaths." In the case under investigation it transpired that a local medical practitioner gave a certificate of the death of an infant whom he had never seen alive. As a matter of fact, he really knew nothing at all about the cause of its decease other than what he was told; and yet it would appear that he signed the certificate without the slightest demur, thereby enabling the body to be buried without further inquiry. This, we need not say, is no new thing, but the coroner did well to comment severely upon it, if the certificate was filled up so as to imply that the child had been attended by the medical man who signed it.

### Murder of a Medical Practitioner.

A DISCOVERY which has caused considerable excitement was made last week at Swansea. The body of Dr. Sheppard, a prominent local medical man, was found in one of the public streets at 3, a.m., stabbed to the heart. A sailor's knife, covered with blood, was lying near the corpse.

### Queen's University in Ireland.

THE June Medical Examinations of the Queen's University commenced on Monday, the 6th inst., and will end on Friday, the 17th inst. The meeting of the University to confer degrees will be held in Dublin Castle on Monday, the 20th inst.

THE twenty-fifth anniversary of Dr. Rudolf Virchow's appointment as Professor in the University of Berlin is to be celebrated on October 13th.

ABOUT forty cases of scarlet fever having recently occurred near Keswick, Dr. Robertson, the medical officer for Cockermouth, states that the disease has been traced to a dairy from which all the persons attacked obtained their milk. There had been a case of fever at a house next to the dairy.

DR. SAYRE, of New York, well-known in this country for his treatment of spinal curvature, has had an action brought against him to recover 25,000 dols. damages for alleged unskillful treatment. We are happy to record the fact that proof was entirely negatived, and a verdict given for our *confrère*.

THE Lords of the Admiralty have granted the use of a second screw frigate to the Metropolitan Asylums Board, to be used as a hospital ship for small-pox cases, one having been found insufficient for the number of cases in the metropolis. The vessel is at present attached to the Medway Steam Reserve.

SUNDAY next has been fixed for Hospital Sunday in London, when the annual collections will be made in most of the places of worship in aid of the Fund. We understand that the Lord Mayor and Sheriffs will attend

officially the service at Westminster Abbey in the morning, and St. Paul's Cathedral in the afternoon.

At a meeting of the Council of the Royal College of Surgeons of England, held on Thursday last, Professor John Marshall, F.R.S., F.R.C.S., was elected the representative of that College in the General Council of Medical Education and Registration, in the vacancy occasioned by the resignation of Sir James Paget, Bart., F.R.S.

WE are glad to see that the Charity Organisation Society has taken a step which must command general approval. Following up its efforts last year for the establishment of convalescent homes, the society has arranged with several ladies to take into their own houses in the country, girls and women of respectable character who require change of air and good food.

ONE would have supposed that a policeman finding a lunatic at large, or under insufficient guardianship, was doing a good act by taking him in charge and conveying him to the workhouse. That, however, is not the opinion of the Lunacy Commissioners. A policeman who had taken this view of his duty was prosecuted the other day by the Commissioners before the Sunderland magistrates, and fined a shilling for effecting an illegal apprehension.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Brighton 12, Wolverhampton 14, Plymouth 15, Leicester 16, Bradford 17, Hull 17, Leeds 17, Norwich 17, Birmingham 17, Nottingham 19, Oldham 19, Salford 19, London 20, Edinburgh 20, Newcastle-on-Tyne 21, Liverpool 21, Portsmouth 22, Sheffield 22, Glasgow 22, Sunderland 23, Bristol 23, Manchester 25, and Dublin 26.

IN the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 31, Bombay 34, Madras 49; Paris 32; Geneva, 14; Brussels 22; Amsterdam 29, Rotterdam 22; The Hague 25; Copenhagen 23, Stockholm 22, Christiania 19; St. Petersburg 61; Berlin 22, Hamburg 24, Dresden 20, Breslau 35, Munich 33; Vienna 34; Buda-Pesth 40; Rome 24, Naples 33, Turin 23; Alexandria 33; New York 35, Brooklyn, 26, Philadelphia, 22, Baltimore, 28 per 1,000 of the various population.

THE mortality last week from diseases of a zymotic character showed the country to be in a most favourable condition—excepting the large number of deaths in London from small-pox, a remarkably healthy bill is observable throughout. Of these diseases, measles showed the largest proportional fatality in Bristol and Sheffield; scarlet fever in Edinburgh and Wolverhampton; and whooping-cough in Dublin, Leicester, Sheffield, and Birmingham. The 14 deaths from diphtheria included 9 in London and 3 in Portsmouth. Small-pox caused 90 more deaths in London and its outer ring of suburban districts, one in Liverpool, one in Manchester, and one in Newcastle-on-Tyne; but no fatal case of this disease was registered in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**UNIVERSITY OF EDINBURGH BUILDINGS EXTENSION FUND.**—The Lord High Commissioner, the Earl of Aberdeen, before leaving Edinburgh at the termination of his official duties, intimated his intention of subscribing one hundred guineas to the above fund.

**OPIMUM POISONING IN EDINBURGH.**—During last week there were three or four cases of accidental or suicidal poisoning by opium taken to the Royal Infirmary. Among these one case proved fatal.

**EDINBURGH DISPENSARIES.**—The practical pharmacy department at these places of instruction appear to stand in need of some little improvement. No labels are placed on the patients' bottles, and the dispenser at one of them will not condescend to give even a verbal direction as to the manner in which the medicine is to be taken. We know of one case, unfortunately not the only one, where a patient used as a liniment a mixture containing iodide of potassium and infusion of quassia, and complained that he derived no benefit and that it appeared "very cold." A liniment had, at the same time, been ordered, but for some reason best known to the dispenser, it had not been given, or the transposition might have been serious, to say the least of it. The cost of labels is not great, and would ensure in some measure the protection of the patient, a verbal direction to take a teaspoonful might lead to fatal results if the patient took a table-spoonful of the medicine instead, under the impression that such had been ordered. A printed label would remove this danger.

**THE "FELLOWSHIP DISTINCTION" OF THE EDINBURGH COLLEGE.**—In consequence of certain misstatements and misapprehensions regarding the present system of admission to the "Fellowship of the College" a "statement" has been put forward in which considerable anxiety is shown to convince the medical world that the late strictures of the press are beneath contempt, and that the "statement" is not intended as an answer to the anonymous scribbles in the medical journals. There is the usual amount of special pleading which always characterise the "deliverance" of advocates on the weaker side. For instance, we are seriously informed that the "examination test" of the London College "has not produced any whose fame has eclipsed that of Cooper, Brodie, Bell, or Lawrence, and others, who, as simply members of the London College, shed lustre on the profession of the preceding generation." The logical result of such enlightened reasoning is, that all tests and examinations are useless, for they have not produced one whose fame has eclipsed that of the physician of Cos. Sir Trevor Lawrence should have thought twice before trying to induce Parliament to demand an examination which, had it been in vogue some years ago, might have eclipsed his father's fame. Whether severe examinations improve or injure men is not the question at issue, but the public have a right to demand that men with high sounding titles should give some guarantee that they are merited.

**DISPUTED AFFILIATION BY A "MEDICAL PRACTITIONER."**—Samuel Levenston (M.D. Univ. Glas.), of too well known antecedents, and whose name was lately removed from the "Medical Register," raised an action in the Sheriff-Court, Greenock, some time ago, against Solomon Alexandra Levenston, residing there, asking the sheriff to interdict the defender from publishing that he was the son

of the pursuer. At the time the application was made, Sheriff-Substitute Smith granted interim interdict. The defender had been in the habit of advertising as a "medical practitioner;" that he was the son of Dr. Levenston, of Glasgow; and was now in medical practice in Greenock. Among the pleas stated by the defender was that the pursuer's real name was not Levenston, but Jacobs. The sheriff-substitute has just issued an interlocutor, in which he recalls the interim interdict, and dismisses the action, and finds the defender entitled to expenses. In his note his lordship says that the plea of the pursuer's real name being Jacobs is of no use. He notices that there is a classical authority to the effect that "a man may call his house an island if he likes." So H. Jacobs might transmute himself into Levenston if he thought proper. The plea, therefore, seemed unsound. But the pursuer's complaint was that the defender had advertised himself as the "son of Dr. Levenston." Glasgow is a large place, and there might be many other people (doctors or not doctors), besides the pursuer, who had there acquired by right of birth, or by their own approbation, the name of Levenston which seemed to be a favourite one with advertising medical practitioners. The pursuer, before he could ask for proof of his averments, must be in a position to state that the "son of Dr. Levenston" necessarily means "son of Samuel Levenston, Doctor of Medicine, 6 Hope Street, Glasgow," pursuer of the present action. Few people would be proud of the relationship claimed by the Greenock "medical practitioner;" and a fair estimate of the man may be reached by Dr. Samuel Levenston's disowning him. Dr. Levenston seems to recognise that the line must be drawn somewhere, and he emphatically draws it at such sons.

**HEALTH OF EDINBURGH.**—For the week ending with Saturday, June 4th, there were 85 deaths in Edinburgh, and the death-rate was 20 per 1,000. Only one death from fever was reported, and that was in the New Town. The southern suburbs were entirely free from zymotic mortality.

**THE GLASGOW DEATH-RATE.**—The deaths in Glasgow for the week ending with Saturday, the 4th June, were at the rate of 27 per 1,000 per annum, as compared with 22 in the previous week, and 23, 22, and 27 in the corresponding weeks of 1880, 1879, and 1878.

**UNIVERSITY OF EDINBURGH—DOBBIE-SMITH PRIZE IN BOTANY.**—Mr. Thomas Smith, L.R.C.S.E., Heriot Hill House, Edinburgh, has intimated his intention of presenting a sum of £150 to the University for the purpose of founding a prize for the encouragement of the study of botany in memory of his late wife, who was a devoted student of that subject. The prize is to be a gold medal of the value of £10, to be called the Dobbie-Smith medal, to be awarded every second year, and to be open to all matriculated students of the session in which the medal is awarded. The subject of competition to be always a botanical subject, and to be announced at least eighteen months before the date fixed for receiving essays. The subject of the first competition to be an essay "On the geographical distribution of Algae," accompanied by a collection of Algae from the Firth of Clyde or from the Firth of Forth.

**THE COMBE LECTURES.**—In the lecture of the 7th inst., which was delivered before a large audience in the Upper Hall of the Training College, Edinburgh, Dr. Wilson dealt with the constituent elements of food, in reference to their comparative value as means of nutrition. A healthy adult, he said, should consume per day 4½ oz. of nitrogenous matter, about 3 oz. of fat, 14 oz. of starches and sugars, and 1 oz. of

minerals. This amount of nourishment might be obtained by eating 16 oz. of meat, or its equivalent, 19 oz. of bread, and 3½ oz. of butter; while water should be absorbed to the amount of 52 oz. The amount of food required varied with the conditions under which the person lived. Thus, for a man in idleness, 2·67 oz. of nitrogenous, and 19·61 oz. of carbonaceous matter might suffice; but for one engaged in ordinary labour, the proportions should be 4·58 of nitrogenous, and 29·24 of carbonaceous; and for one at hard labour, 5·81 of nitrogenous and 34·97 of carbonaceous. It was stated that 2½ lb. of meat and bread would afford as much nourishment as 10 lb. of potatoes; and the lecturer remarked that we could not have a contented people where potatoes formed a large proportion of the dietary. In regard to tea, again, regret was expressed that the poor should set so much store by an article which contained no flesh-forming elements, while cocoa, with bread and milk, formed a dietary on which a large amount of work could be done. The place of tea and coffee, it was explained, was that of aids to nutrition and preventers of waste. As to alcohol, the lecturer remarked that much of its action on the body was yet a sealed book. This much had been ascertained, that alcohol was positively injurious to the young and growing body. The healthy adult had no necessity for it; but medical men had to consider alcohol from this point of view, that human life was not regulated by a biological rule of three. There were differences of constitution, and alcohol might in some cases, be useful as a digestive aid. He did not say that in all cases that held good, but he was very far from taking up the position that there was no good in alcohol and no use in wine. He quite sympathised with the temperance agitation as regarded too many of the drinking customs of this country, which had neither physiology nor common sense on their side. Alcohol should only be taken along with food, and in that case it might have dietetic uses. Proceeding to speak of the process of digestion, the lecturer began with mastication, closing for the day with an account of the structure and mode of growth of the teeth.

## Correspondence.

### SPONTANEOUS COW-POX.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As even Dr. Carpenter (who believes in the fundamental identity of vaccinia and variola) now suggests having recourse again to the cow for an entirely new supply of "lymph," to replace the present deteriorated stock, I presume that there is little doubt that such an attempt will be made on a considerable scale.

The question now arises whether it would be best made with a foreign or native stock? If a foreign stock is selected it is evident that much must be taken upon trust of which the fullest evidence is desirable.

My own faith in the virtues of either is limited; but, being patriotic, I like to give the preference to the native article; and I, therefore, place at your disposal the information recently sent to me from the county Elgin, N.B., where, it appears, the disease vaccinia is by no means extinct, and every year it breaks out on some of the farms.

Let me suggest that such "lymph" be fairly tried, and a record kept of its effects carefully separating such record from that of persons vaccinated with "lymph" from other sources.

The extreme activity of "lymph," which has not been humanised by passing through some human beings, will always constitute a difficulty when the question of compulsion has to be considered. But the alternative of having to run risk, now acknowledged by all parties to exist (and

which is enough to make the firmest believer shudder), absolutely leaves no option to those who have to administer the law. Animal lymph must be provided for the whole people, or the principle of compulsion must be finally abandoned.

I am, Sir,

Your obedient servant,

Upper Norwood, S.E., EDWARD HAUGHTON, M.D.  
28th May, 1881.

### A "FUNIS REPLACER."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Arnold and Sons, London, have made for me a "Funis Replacer." The accompanying drawing will show what it is like. It is made of the same material as a gum elastic catheter or a rectal bougie. It is sixteen inches long, slightly flattened, elastic, but sufficiently strong to be pushed up into the fundus of the uterus during labour. It is bifurcated at one end, having two digits each about three-quarters of an inch long. Into the notch between these it is intended to hook the funis in case of prolapse, and then to carry it up past any presenting part to the fundus, and there to leave both instrument and funis until they are extruded with the infant. The instrument will be found easy of application as it is strong enough to manipulate with, and the notch is so deep and wide as to render it easy to seize and hook the prolapsing funis.

Cases of prolapse of the funis are not very common, but generally the result is unfavourable. This instrument will be found very successful in cases where the prolapse is recent, and in which the pulsation still continues. I have not met with a case just suited to confirm this statement, but I have used it in a case in which the prolapse had been for a great many hours, and in which the pulsation had ceased, and consequently the child had perished. I satisfied myself, however with the practicability of using it in proper cases. I readily hooked the funis, and carried it up past the presenting part (in this case the nates), cautiously pushing it along in the intervals of the pains until it reached the fundus. I did not withdraw the instrument, but allowed it to be expelled with the fœtus. The instrument is not sufficiently thick to lessen the diameter of the pelvis, and will not be found to interfere with the ordinary progress of labour.

I am confident if this instrument is used at an early stage, before pulsation has ceased, it will be found to save the lives of many infants, and I recommend it to the notice of accoucheurs in large practice, and to the masters of lying-in hospitals; and I will feel obliged if anyone who has used it will publish the results.

I remain, dear Sir, yours very truly,

WILLIAM WAUGH LEEPER, M.D.

Loughgall, Armagh, June 10th, 1881.

## Literature.

### THE FACTORS OF THE UNSOUND MIND. (a)

THE amendment of the law which Dr. Guy aims at is the abolition of the cumbersome, illogical, and irrelevant system of procedure at present in vogue when the plea of insanity is raised in the English courts, and the substitution thereof of the simple and direct question, "Is the accused insane or is he not?" This question would be decided on the evidence of experts appointed for the regular investigation of such affairs, and if necessary the accused would be committed for a period to a public institution, where his mental condition could be closely and continuously examined by physicians skilled in this special branch of medicine. There can be no reasonable

(a) "The Factors of the Unsound Mind," with Special Reference to the Plea of Insanity in Criminal Cases, and the Amendment of the Law. By William A. Guy, M.B., &c.

doubt that this system long ago adopted in France and Germany would be far more definite and scientific in its results, and therefore far more satisfactory to the ends of justice than the present English happy-go-lucky jumble of antiquated law and inexact medicine. We cannot agree so entirely with Dr. Guy in some of his other conclusions. He has pointed out very happily the similarity of the various factors of unsound mind to each other severally, but we think he carries analogy too far when he insists that an uncontrollable impulse and an hallucination, or, as he calls it, an illusion of the senses, are equivalent phenomena; for, granting that there is a function of volition comparable to that of sensation (a fact by no means proved), it still remains evident that disorders of the former imply a much profounder nervous lesion than those of the latter. Sensation is the simplest of all psychical operations in the normal state; volition, on the other hand, which Hobbes has called "the last appetite in deliberating," is normally the most complex, and the tendency of the evidence which disease affords is to prove that in morbid states this relation is unaltered. The point is not a mere metaphysical subtlety, for behind it lies the deep question, "Are we justified in holding a man exempt from the consequences of an act alleged to be committed under the influence of an uncontrollable impulse, when there is no other evidence of mental alienation than the act itself, and the manner in which it was performed?" Now it is well known that sensory hallucinations occasionally occur in persons otherwise apparently in perfect health. In these cases they are corrected by the other senses and the judgment. The reaction of the organism as a whole is healthy, in spite of a diseased sensation. But the mere fact that an impulse is uncontrollable (a fact denoted by the common phrase, insane impulse), indicates a deep implication of those higher functions of judgment and comparison which serve in health to, as it were, inhibit the action of the lower functions. It must be remembered that impulses of a "spontaneous" and unaccountable nature are not unknown among the sane, but are by them controllable. Even madmen do not at all times and places yield to their impulses. Therefore in cases where uncontrollable impulse exists, we are prepared to find other traces of grave deviation from mental health. Clinical experience corroborates this view. Such impulses are common as post-epileptic or ante-epileptic phenomena, where the whole field of consciousness is clouded. They are also not infrequent in the earlier stages of those cases of mental degeneration mostly associated with hereditary taint, which come on slowly without definite exciting cause, and are usually quite incurable. In individuals thus afflicted there is always a profound morbid alteration in the affective or in the intellectual faculties, or perhaps in both, though the alteration may not be obvious without careful examination. We therefore demur to the doctrine that uncontrollable impulse can be inferred merely from the assertion of the accused and the nature of the deed, and we hold that to accept such a plea would be not only socially unsafe, but also scientifically incorrect.

Further, with regard to the varieties of hallucinations we may point out a distinction that seems to have escaped Dr. Guy. When a man imagines he sees a friend and steps up to him with out-stretched hand, he has an hallucination of vision, but he acts in a strictly rational manner. On the contrary, when, as in a case cited, a man hears "a voice," saying "throw yourself into the river," and when he obeys the "voice," there is something more than an hallucination of hearing. His obedience to the command proves that reason has abdicated its sway. It may not be irrelevant to note that hallucinations of vision are common in various forms of mental aberration, and are not of specially evil omen, while a very unfavourable prognosis may be generally given in cases where hallucinations of hearing exist.

On the whole, though we have been compelled to record our dissent from Dr. Guy in some particulars, we must express our opinion that his last work is not unworthy of its illustrious author. It is conceived in a spirit of rational humanity, without any trace of foolish sentimentalism. It is most agreeably written, and contains much ingenious reasoning, and a large store of carefully-arranged facts not easily obtainable anywhere else in so compact a form.

#### THE INFECTIOUS DISEASES (IRELAND) BILL.

OUR readers are already aware that when the Irish Medical Association took the votes of the medical practitioners of

Dublin upon the proposition that the attending physician should give written notification of the occurrence of every case of infectious disease which came under his notice, the answer of the profession was—by a majority of two to one—adverse to any such proposal. The advocates of such a system of notification endeavoured to explain this vote upon the hypothesis that those who omitted to give any reply were all of their opinion, and by saying that an a plebiscite of the metropolitan practitioners did not represent the views of the profession throughout Ireland. Since then the general meeting of the Irish Medical Association has—after a very prolonged debate and despite the aggregate eloquence of the most influential notificationists in Ireland—again condemned the system advocated by them. This redoubled expression of disapproval, however, does not seem to have convinced the champions of Mr. Gray's Bill that the profession will have none of the measure, for we find the *Dublin Express*—the journalistic exponent of notification comforting its party with the assurance that majorities are not infallible, and that the voice of the profession in Ireland had not yet been fully heard on the subject.

Lest any doubt might remain as to the feeling of medical men in Ireland respecting these proposals, we have ourselves, within the last week, afforded them an opportunity of giving their vote explicitly for or against the principle of Mr. Gray's Bill. We issued circulars to 1,300 medical men whom we believed to be in actual practice in Ireland, and to them we submitted the following questions:—

1. Do you approve that the physician shall be compelled to notify, *in writing*, the occurrence of every case of infectious disease?
2. If not, do you approve of proposed amendment, *i.e.*, that the custodian of the patient or householder should be *alone* responsible to notify?

Up to Monday morning we have received 692 returned circulars, of which the following is an analysis:—

Against written notification by the physician in any form (No! to Question 1) ... ..	668
For direct written notification by the physician to the sanitary authority (Mr. Gray's proposal) ... ..	5
For <i>indirect</i> written notification, <i>i.e.</i> , by the physician to the custodian of the patient, and by the latter to the sanitary authority ... ..	8
For the proposal that the custodian of the patient or householder should <i>alone</i> notify (yes! to question 2) ... ..	608
Against such proposal ... ..	13
No reply to such proposal ... ..	44
Dead letters and blank circulars ... ..	15

Thus, by a vote of more than fifty to one the profession throughout Ireland repudiates Mr. Gray's Bill, and protests against the function which it proposes to burthen them with,—while out of 1,300 working practitioners only five have as yet recorded their approval of the measure.

We have preferred to publish at once the analysis of replies sent us within a single week rather than allow the present interest in the subject to pass away while we waited for further returns of our circular. As, however, we desire to make the vote of the profession as complete as possible, we earnestly request that those who have not yet sent back their replies will do so at once, stating without hesitation their views, no matter whether they hold our opinion or the contrary.

This plebiscite, we believe, finally decides the question as to the attitude of Irish medical men towards compulsory notification, and it certainly ought to convince the advocates of that policy that if they are to have their way it must be by the summary process described by one of their speakers as "ramming notification down the throat of the profession." There is much candour in this definition

which truly expresses the policy of the notificationists from the first, though they felt it to be diplomatic to try whether the dose could be sufficiently disguised to make it acceptable to Irish doctors. Hence all the suggestions about indirect notification and a half-crown fee. Now that the profession has definitely and emphatically declined the dose, we shall see whether the "ramming" process will be persisted in. We rather think not.

**Royal College of Surgeons of England.**—The following Members having passed the required examination for the Fellowship on May 26th, 27th, 28th, and 30th, were, at a meeting of the Council held on June 9th admitted Fellows of the College:—

Bowly, Anthony Alfred, Warrington Crescent; diploma of Membership dated July, 1879.  
 Boyd, James Stanley Newton, M.B. Lond., Huntley Street, Bedford Square; diploma July, 1878.  
 Burton, Samuel Herbert, M.B. Lond., St. Giles Street, Norwich; diploma January, 1876.  
 Carter, Frederick Healer, Upper Tooting; diploma July, 1875.  
 Crew, Wm. Thomas, L.R.C.P. Lond., Macclesfield; diploma July, 1879.  
 Heath, William Lenton, The Plains, Totnes; diploma July, 1877.  
 Pollard, Bilton, M.B. Lond., West Dulwich; diploma November, 1879.  
 Sheppard, Charles Edward, M.B. and L.R.C.P. Lond., Addison Gardens; diploma July, 1877.  
 Symonds, Charters James, M.D. Lond., St. Thomas's Street, Southwark; diploma July, 1876.  
 Turner, Edward Beadon, L.R.C.P. Lond., Sussex Gardens, Hyde Park; diploma July, 1877.  
 Wadham, Frederick, L.R.C.P. Lond., Horley; diploma Nov. 1878.  
 Williams, William Roger, L.R.C.P. Lond., Enfield; diploma April, 1877.  
 Williamson, Robert Isherwood, M.B. Oxon., L.R.C.P. Lond., Ripon, Yorkshire; diploma April, 1879.  
 Willis, William, M.D. Edin., Monmouth; diploma July, 1868.

Also passed, but was not a member of the College:—  
 Reid, Robert William, M.D. Aberdeen, Nottingham Place, Regent's park.

Two other candidates passed the examination, but, being under the legal age (twenty-five years), will be admitted Fellows at a subsequent meeting; and ten candidates failed to reach the required standard, and were referred for one year's further professional study.

## NOTICES TO CORRESPONDENTS.

**NOTIFICATION OF INFECTIOUS DISEASE IN IRELAND.**—Medical practitioners who have received the Circular from the *Medical Press* are earnestly requested to return it *without delay*.

**DISINFECTIO.**—Sanitas asks: Is it the duty (on being so required by a Board of Guardians) of a sanitary medical officer of a district to disinfect without fee or reward any house in which a contagious disease has been? I am led to ask the question as I have known some cases where the medical officer has been compensated for such services.

[It is the duty of the medical officer simply to report and recommend disinfection. The work is carried out by the sanitary sub-officer, and neither he nor the medical officer is entitled to any extra fee.—ED.]

**AN ANXIOUS INQUIRER.**—If our correspondent will refer to the notes under the heading of "France" he will find an answer to his query from "Our Special Correspondent." The *Académie de Médecine* have, after much anxious inquiry and discussion, decided that compulsory vaccination should become law for France, and that re-vaccination should be encouraged.

### RECOVERY OF FEES.

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

SIR,—Please say in your next Journal (1) can a Poor-law medical officer sue for attendance without having the dates of visits, &c., when the attendance cannot be denied; and (2) what is the limited time for recovering such debts; also in a case in a neighbouring district in the absence of the medical officer, I was requested by a clergyman to attend an urgent case, and that the patient's father would pay me. (3) Can I recover my fee from the clergyman or the union?

Yours truly,  
M. J. E.

[1. Certainly. 2. Six years. 3. From the clergyman if you did not receive a ticket for the case, and if the request for your attendance can be clearly proved.—ED.]

**DR. CULLIMORE.**—Case of "Inflammatory Hypertrophy of the Spleen following Ague" received, and will appear in an early number.

**DR. ISAAC ASHE,** Dr. Stokes, Dr. Richardson, Dr. Quinlan, Dr. Connolly Norman—received with thanks; proofs shall be sent in due course.

**DR. D. C. B.**—We have written to Paris, and will communicate to you the result when received.

**W. G. K. D.**—We cannot reopen the subject.

**DR. S.**—See reply to W. G. K. D.

**VENTNOR.**—Yes. The author is a retired army surgeon. We do not know the price of the book; write to the publishers.

**GOING UP.**—The names of unsuccessful candidates are not usually made public for reasons which are obvious.

## NAUSEA OF PREGNANCY.

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

SIR,—Can any of your numerous readers kindly suggest through the medium of your columns a remedy for the sickness and nausea of pregnancy. The numerous alleged remedies have been prescribed but have failed to remove the constantly distressing nausea (not vomiting) which makes life a burden.

Yours, &c.,  
QUASITOR.

**DR. WISEMAN (Wakefield).**—Thanks, letters evidently crossed.

**MR. J. H. JOHNSTON.**—If you will send the MS. we will give it our earliest consideration.

**D. C. L.**—The paper referred to has been received and its receipt duly noted. Inquiry concerning it shall be made at once.

**AN EAST LONDON RECTOR.**—The mortality from small-pox in London is considerably less this week than for some time past. There is no reason to expect that the disease will continue to spread.

**DR. G. A.**—Review of your recent work is in type and will appear during the present month.

**F.R.C.S.**—Mr. Hutchinson's lectures were commenced on Monday last. They will be fully reported in our columns.

**JUNIOR ATHENÆUM.**—An English translation of Fournier's work on "Syphilis and Marriage" is published. It was reviewed in our last week's issue. Fournier recommends that a subject of syphilis should not marry until after a period of four years' treatment of the disease.

**A SCRIBE.**—We shall refer to the subject next week.

**A QUALIFIED ASSISTANT.**—The subject is fully ripe for discussion. Action in the matter cannot be long delayed.

**DR. THOS. D.**—Letter received with thanks. Suggestion will be taken into consideration. You will receive a private note.

**DR. ALBUT.**—We hope to find space for it in our next.

**DR. C. R. D.** is thanked. The MS. will be utilised in due course.

## VACANCIES.

**Ashton-under-Lyne District Infirmary.**—House Surgeon. Salary commencing at £80, with board. Applications to the Hon. Sec. before June 25.

**Belford Hospital, Fort William, N.B.**—Non-resident Surgeon. Salary, £200, with £40 additional as Health Officer of the Lochaber District. Applications to Mr. N. B. Mackenzie, British Linen Bank, Fort William, by June 20.

**Bolton Infirmary.**—House Surgeon. Salary commencing at £120, with board. Applications to the Hon. Sec. by June 24.

**East London Hospital for Children.**—Resident Clinical Assistant. Board and residence, but no salary attached. Applications to the Secretary at Shadwell, E.

**Liverpool Northern Hospital.**—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman of Committee by June 24.

**Middlesex Hospital.**—Assistant Dental Surgeon. Honorary. Applications to the Secretary Superintendent before June 25.

**Kilrush Union, Kilkee Dispensary.**—Medical Officer. Salary, £30. Election, June 17.

**St. Peter's Hospital for Stone, London.** Assistant Surgeon on the Staff. Applications to the Secretary before July 1. (See Advt.)

## APPOINTMENTS.

**BARNES, J. G., L.R.C.P.L., M.R.C.S.E.,** Assistant House Surgeon to the Liverpool Dispensaries.

**CARSWELL, J., L.R.C.P.Ed.,** a Physician to Anderson's College Dispensary, Glasgow.

**COOPER, J. W., M.R.C.S.E.,** Medical Officer of the Infirmary and Workhouse, St. George's-in-the-East.

**HAMIL, E. J., M.R.C.S.E.,** Assistant Medical Officer to the Infirmary and Workhouse, St. George's-in-the-East.

**MERSON, A., L.S.A.L.,** Resident Medical Officer to the Workhouse of the Torteth Union.

**NANCE, H. C., L.R.C.P.L., M.R.C.S.E.,** House Surgeon to the White haven and West Cumberland Infirmary.

**PEPPER, A. J., M.B., M.B., F.R.C.S.,** Surgeon to the London Fever Hospital.

**POOLE, W. C., M.B., L.R.C.S.I.,** Assistant Master of the Coombe Lying-in Hospital, Dublin.

**PRICE, W. H., M.R.C.S.E.,** Medical Officer for the Western District of the Corwen Union.

**RAILTON, T. C., M.B., F.R.C.S.E.,** Assistant Medical Officer of the Clinical Hospital, Cheetham Hill, Manchester.

## Births.

**BIRCH.**—June 8, at Sussex House, Downes Road, Lower Clapton, the wife of George Birch, M.R.C.S., of a daughter.

**CHARLES.**—June 7, at 61 West Cromwell Road, South Kensington, the wife of T. C. Charles, M.D., of a son.

## Deaths.

**BARRY.**—June 6, at Ponrane, Dr. Edward Barry, aged 80.

**BIRD.**—June 1, at St. Leonard's Place, York, William Bird, M.D., aged 49.

**BISHOP.**—June 5, at Tonbridge, Kent, Henry Bishop, M.R.C.S.E., aged 49.

**CLOSE.**—June 5, at Sorrento, Italy, Percy Close, M.R.C.S.E., of Dringhouses, York, aged 24.

**SHEPHERD.**—June 4, at Swansea, Jas. Shepherd, M.R.C.S.E., L.S.A.L.

**STEWART.**—June 12, at 34 Welbeck Street, London, W., Louisa Mary, the loved wife of W. B. H. Stewart, F.R.C.S., aged 30.

**WARRY.**—June 7, at 8 College Road, Exeter, Mary Dorothy, widow of Elias Taylor Warry, M.D., aged 78.

**WHITE.**—May 29, at Ferryhill, Aberdeen, Robert White, M.D., aged 61.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 22, 1881.

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## A Course of Lectures

ON

### THE LAWS OF INHERITANCE IN RELATION TO DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1881.

By PROF. JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; and President of the Pathological Society of London, &c.

#### LECTURE I.

THE rough facts of heredity are so patent as to preclude all scepticism regarding them. The child is not a re-creation, but is a continuation in respect to the distinguishing features of its progenitors; every portion of the new-born body, each organ, tissue, and cell is derived from its parents; the new structures partake of their substance, and in turn assume similar functions to those discharged by their progenitors in the past. The same forces, in fact, are constantly in action, and like results follow in all cases from their activity; but although these prominent truths have been widely recognised, there cannot be yet said to have arisen definite conceptions concerning the influence exerted by them over the inheritance of qualities and of forms. Complications are set up in the endeavour to deduce important conclusions as to it: 1st. by the possession of a twofold parentage by the organism; and 2nd. by the consequences that follow from the existence of *atavism*; these together serving to invalidate the otherwise necessary law of exact resemblance between a child and its immediate ancestors; and since each child bears relation to two parents, four grandparents, eight great grandparents, and sixteen great great grandparents, it follows that one source of complication may assume almost incalculable proportions to increase the uncertainty experienced when discussing the problems of inheritance.

The influence of heredity over disease is a subject of extreme complexity, and much of the knowledge we have respecting it is, at best, only superficial, although the recent immense progress in zoology has done much to help in the matter, and in reality affords the principal items of our knowledge of it.

Everything that is born with man is capable of being transmitted to his offspring, it often indeed occurs that the date of recurrence of the defect after birth is the same in the descendant as in the ancestor; but it is observed that instances of abnormal development are repeated with more frequency when they are in the direction of excess than when in that of deficiency.

The term disease, used in relation to inheritance, must necessarily be assigned a very wide meaning, and be permitted to include also malformations. Some diseases may be strictly inherited; that is, the disease itself be transmitted, as occurs with syphilis, colour-blindness, &c.; but of others it can only be averred that a tendency to them is inherited, as epilepsy and rheumatism, the exhibition of the disease depending on the presence of certain favouring conditions, in the absence of which they mostly fail to appear.

*Connate* and *congenital* are terms employed to indicate possession at birth, but it is by no means essential that inherited disease should be apparent at this stage of existence. Intra-uterine affections of the foetus are, however, to be included under the head of inherited diseases, although this strictly, and in fact, refers only to features transmitted to the embryo.

By reason of its intimate and direct dependence on the mother the foetus is influenced in a two-fold manner by the maternal parent; whereas the father exerts but a single power over its development. The evidence, however, of an influence on the foetus through the nervous system of the mother is most untrustworthy, and in respect of intra-uterine life, it can only be said that whatever affects the blood of the female parent, reacts also on the child; but the accounts of congenital deformities, associated with mental impressions, received during pregnancy by the parent, are unsupported by any valid observations. The effects that follow on the reception of shocks are of another kind, and admit of other and rational explanations.

The birth of offspring possessing definite resemblances to far removed ancestors is by no means uncommon. The College of Surgeons is in possession of the oldest discovered proofs of this recurrence of characters after long intervals. Certain pictures of animals hanging on its walls, and representing horses born with stripes and markings resembling those of ancestors older than their immediate parents, being of this kind. Peculiarities of temper, too, as well as external markings, are oftentimes transmitted, a fact of which breeders may possibly take future advantage. Some years ago Mr.



Hutchinson made lengthened observations on the influence exerted by a foetus, begot by a syphilitic father, on its mother, and the result tended to show that the contamination suffered by the mother under these circumstances is not sufficient to account for the effects produced on children subsequently begotten, and as explaining them the suggestion offered by L. Agassiz and Darwin, that the seminal fluid may exert an influence over other ova than those actually impregnated by it, is most in accordance with the facts already known. Mr. Darwin, too, has lent new support to this theory by results obtained from experiments made with the pollen of flowers, and it is acceptable as explaining many facts not easy to understand, unless we assume that there is a law in accordance with which the agent of impregnation at one period may suffice to control the products of future intercourse.

The child resulting from the union of sexes is equally produced by each, but there are frequent cases in which it bears resemblance to one more than the other. Such preponderating traits may be inherited *directly* from father to son, or mother to daughter, or *diagonally* from father to daughter, and mother to son. There is also *mediate* inheritance, or *atavism*, under which the characteristic features do not appear in directly successive generations, one or more being skipped, as it were, and a marvellous *latency* of characters being exhibited.

The peculiarities most difficult to be transmitted are those which, like suppression of digits, &c., show a departure, in the way of deficiency, from characters a long time possessed by the race.

A very general impression has for a long time existed in scientific circles that there is a law of alternation of generation, its action being demonstrated through diagonal transmission, as, *e.g.*, is exemplified in those cases where hæmophilia in the mother alternate with colour-blindness in the son, &c. The father is said to transfer his constitution base to his descendants, but the facts adduced admit of other explanations than those offered.

*Prepotency* is a disturbing factor, the influence of which is constantly tending to interference with the effects already considered. It is by no means the same as procreative aptitude. It may be defined as a power of committing characteristics to the offspring, irrespective of their number; but it is difficult of explanation, both in itself and in its mode of action. It concerns itself with little things as with great, and may predispose every tissue and organ of the body indefinitely. The facts in proof of the reality of this power are many, and breeders are well aware of the influence it exerts over the production of stock. The power of prepotency in each sex is slightly preponderates towards the same sex, a principle possible underlying the fact of sex limitation from generation to generation; but, the balance being in other respects equal, the male parent is usually slightly prepotent towards female offspring, and thus in the great number of cases resemblance is borne rather to the father than the mother. Either sex, however, may so preponderate as to efface resemblance to the other, and cattle-breeders avail themselves of this possibility in the selection of animals for their purposes. It is remarkable to what an extent the personal peculiarities of a parent may prevail by reason of its superior prepotency. Thus a boar pig was in the possession of Mr. Hutchinson to which three sows bore 27 pigs, all but three being sows; and there is a record of an Irishman who was married three times, and who begot forty-seven children, forty of them being males.

Prepotency is itself transmissible, and occasionally the same individual exhibits evidences of its possession by both parents. In the way of assisting to determine the effects of inheritance, much valuable information is to be obtained from a consideration of the influence exerted by this power, and even the collateral descent of an individual cannot fail to be of service in helping to determine the result of his ancestors' distinguishing characters. What often appear to be irreconcilable facts may be explained by the help the laws of prepotency afford. The influences of the sexes on inheritance is assumed to be very important, and the share taken by each in the production of the offspring has been attempted to be shown. Thus the female is said to contribute the vascular and nutrient factors, while the male gives form and shape. According to a second theory the child develops in halves, one from each parent; and another suggestion imputes the determination of size to the influence of the male element. This, however, is denied by those who hold an opposite opinion, ascribing this determining power to the

female parent. The wisest conclusion, however, is, that both parents are equally concerned in the production of their offspring, and in the transmission to it of the distinguishing features of its organisation. The horse and the ass will breed easily, and the cross possesses the characters of the one as much as of the other parent; Mr. Hutchinson's own investigations on this subject all tend to show that there is no invariable law in accordance with which children especially resemble one or other parent. A mule is a modified horse, but it is also, too, a modified ass; and in the carts of certain costermongers may be seen any day in London a graceful animal whose bushy tail and drooping mane remove it from the donkey, and bring it into near relation with the horse. The callosities observed on the limbs of the horse, and the true explanation of which has yet to be discovered, have an interest in connection with the question of descent. The horse possesses four of these excrescences; the ass, two. In the mule, however, they are usually four, one in twenty being the proportion in which the number varies, on the average; but the callosities on the hind legs are very frequently small. The ass-like mule, moreover, may present no callosities at all, and consideration of all facts tend to show how little dependence is to be placed on descriptions assigning preponderance of traits invariably transmitted from one or other parent. It has been asserted that there is a constant diagonal transmission of characters, in obedience to a law governing such transmission, but the evidence in proof afforded by mules, or by any other animals, is insufficient and uncertain. Among 300 mules possessed by the London Tramways Company, there were no individuals with marked differences to determine the influence of one parent more than another, except mere size, which may easily be influenced by the mother during the existence of the young in utero.

#### ON THE DIAGNOSIS AND TREATMENT OF APOPLEXY. (a)

By THOMAS STRETCH DOWSE, M.D., F.R.C.P. ED.,  
Physician to the Hospital for Epilepsy and Paralysis,  
Regent's Park.

(Continued from page 507.)

I WOULD venture particularly to impress upon you the importance of never neglecting certain head symptoms, which are premonitory of apoplexy. That these symptoms are due to congestion of the brain I am not prepared to say, although I most firmly believe that they are when they are not associated with an epilepto-genetic idiosyncrasy. What are these symptoms? They are not usually of a severe nature. There is no intense headache, and if the patient goes to his medical man he frequently throws him off his guard by saying that there is not much the matter, and remarking "I only feel a little giddy, and become a little confused in my head at times, and occasionally my head feels heavy, and there is a sense of constriction, as though something were drawn tightly around it, and there is a feeling of stiffness at the back of my neck, and my arms feel heavy, and (a very unusual thing for me) my feet are very cold, and after my meals I feel rather sick, although my appetite is good, and my bowels are acting well. I don't think there is much wrong, Doctor, if you will just give me a little something to act upon my liver." Now, I say that the practitioner of experience will see at once that his patient is suffering from a condition of brain which may at any moment be the seat of such an amount of hæmorrhage as to produce his death in the course of a few hours. Then what course does he adopt to prevent an extravasation of blood on the brain. There are two modes of treatment which, in my experience, should be had recourse to, according to the cause of the symptoms which have just been enumerated, for these symptoms may be produced by arterial congestion with venous deficiency, or they may be produced by venous congestion with arterial deficiency. It not unfrequently happens that the general appearance of the patient will indicate to which of these two states his symptoms are referable. In that state where we find arterial congestion we shall also find increased arterial tension; the pulse will be more or less full and incompressible, it may be hard and whipcord-

like under the finger; the urine scanty, high-coloured, and loaded with lithates; the eye may be bright, and the pupils exceedingly active to light. In a case like this I never hesitate to cup my patient freely at the back of the neck, to administer a free mercurial and saline purge, followed by a mixture of ergot and bromide of potassium, perfect rest and a non-nitrogenous diet being made compulsory. On the other hand, where we have a condition of venous congestion with arterial deficiency, we find that the patient will be more or less drowsy and lethargic. The pupil may be contracted or dilated; it does contract to light, but it does so tardily. The mucous surfaces of the conjunctiva, the lips, the tongue, and the gums will be of a dark venous hue; the skin will be sweating and clammy; the pulse will be soft, small, compressible, and variable; the urine will be secreted plentifully, with a deficiency of ureo; and the heart's action will be exceedingly weak. Now, surely, our treatment in this case will, as a matter of course, vary from that of the condition previously described. I do not consider that local or general bleeding in a case of this kind is at all desirable, and I should not recommend its adoption. The treatment which I usually find most effectual is an alterative mercurial course of blue pill with quinine, to be taken night and morning, and a mixture three or four times during the day consisting of bromide and iodide of potassium, with the tr. of digitalis, and the diet should be highly nutritious and easy of digestion. I hope, in thus placing before you two opposite conditions of the brain, each of which may lead on to apoplexy, both of which, however, differ essentially in their main features, as well as in their treatment, it will not be considered that I have digressed in any way from the main object of my lecture; and I take the opportunity to state here what I have observed before—That, if the majority of nervous diseases are to be cured we must study with the utmost care and precision their initial signs and symptoms, and treat these with promptness and courage with the most potent remedies which we have at our command.

I now pass on to the diagnosis of an apoplectic fit. If a man has an extravasation of blood into the medulla oblongata (which is exceedingly rare unless in association with tumour and softening) he falls down and dies instantly. Hæmorrhage into the pons varolii and fourth ventricle, if extensive, is usually attended with sudden and profound unconsciousness, from which the patient never rallies. It is well that we should at once bear in mind that there are several conditions of the brain which may, in many important particulars, be confounded with apoplexy, and to these I shall allude. But previous to this I should like to draw your attention to the main and essential signs which are indicative of the true apoplectic condition. Profound coma is, of all others, the essential feature, and there is, of course, general insensibility to stimuli of all kinds. The cheeks and lips are swollen and livid, or, on the other hand, they may be exceedingly pale, but the face has for the most part a bloated appearance; the skin is more or less cold and clammy rather than hot and dry. The eyelids are closed, conjunctiva injected, and the eyeballs motionless; the pupil will vary according to the seat of hæmorrhage. The state of the pupil is certainly of considerable importance as a diagnostic medium, as, for instance, if there be hæmorrhage into the ventricle of the brain, the pupils will be widely dilated, and no contraction can be induced, either by direct or indirect agency, whereas, if the lesion exists in the pons varolii, the pupils will be found to be minutely contracted. Now, in these forms of hæmorrhage I have stated that the pupils of the eyes are not influenced by peripheral stimuli, like they are, for instance, in uræmic coma and alcoholic poisoning. Now, if these forms of coma which I have just referred to are not of most severe type, and of the last degree, peripheral stimulation by the Faradaic brush to the temporal region will produce reflex action of the ciliary muscles. There may be also conjugate deviation of the eyes, to which I shall shortly again refer when speaking of localised

apoplexies. The whole of the arterial system appears to have undergone a change; the circulation has become disturbed, and the carotids and temporal arteries will be seen to throb violently. The pulse is usually full and strong, and gives evidence in the majority of cases to the existence of increased tension. The respiration is regular, heaving, or deep, and is for the most part associated with stertor and puffing expirations. Now these signs and symptoms which I have just narrated are significant of a state of profound coma; but it is by no means necessary that these symptoms should be so markedly profound, and just according to the suddenness, extent, and seat of the lesion, so we shall find the degrees of coma to be more or less marked. The deepest state of coma is produced by hæmorrhage into the pons varolii and into the lateral ventricles. The variations in the body temperature during the apoplectic fit are striking and important. I remember, some years ago, when I had an unlimited field for observation at my disposal, making some experiments in rectal thermometry in these cases, which exactly accorded with the researches of MM. Charcot and Bourneville, at the Salpêtrière, in Paris. The temperatures, pulse and respirations, condition of pupil, and reflex excitability were carefully noted during the three stages—namely, the stage of depression, the stationary stage, and the stage of reaction; or, as Dr. Bastain puts it—the period of initial lowering, the stationary period, and the ascending period of body heat. The temperature during the stage of depression has been known to fall to 95° F., and during the stage of reaction, or ascending period, it has risen so high as 106° or 108°, whilst the temperature during the stationary period will vary if the patient is to recover from 100° or 103° or even 105° F. We shall find that these variations in temperature, and especially when they are considered in relation to the pulse and respiration are important guides in our prognosis, if the hæmorrhage is extensive and the depression extreme the patient dies in a state of collapse in the course of an hour or two; yet, if the patient survives the period of initial lowering he has yet to combat the stage of a too vigorous reaction; and should the temperature progressively and somewhat rapidly rise to 105° or more, with rapid pulse and respirations, and pronounced coma, there is no chance of the patient's recovery. Then we have the stationary or intermediate period, and we can almost invariably give a hopeful prognosis if, during this period, say, of twenty-four or forty-eight hours, there is merely a temporary rise of temperature, which is soon followed by a fall within the range of the normal temperature of the body. In the coma of uræmia M. Bourneville says the temperature of the body begins to fall at the commencement, and continues to sink as long as the condition persists, so that it may fall as low as 90° F. in fatal cases. On the other hand, in the coma due to cerebral hæmorrhage or softening, the lowering of the temperature is slighter in amount, and in cases not fatal within this period rarely lasts longer than twelve to twenty-four hours. If the hæmorrhage should occupy one hemisphere of the brain, giving rise to paralysis of the opposite side, we shall find that the temperature of the paralysed side will be from one to two degrees higher than upon the non-paralysed side.

I have referred to conjugated deviation of the eyes. This is a very interesting and pretty constant accompaniment of the apoplectic state. Both the head and the eyes will be, so to speak, driven over towards the non-paralysed side, and in the direction of the brain lesion. M. Provost, who has written an interesting memoir on this subject, states that this condition of conjugated deviation of the eyes and rotation of the head rarely follows lesions of the pons varolii. Both eyes are turned as they would be if the individual were looking upward over one or other shoulder. The eyes are usually motionless, but sometimes they oscillate in the same manner that they are found to do in that peculiar condition of nystagmus which we know to be a constant accompaniment of insular sclerosis of the brain.

Before leaving the question of general diagnosis of the

apoplectic state I should like to make one or two observations concerning the differential diagnosis of states of insensibility which simulate a true apoplectic state. Of course there are many causes which produce like effects. In reference to unconsciousness, which we find as the result of hæmorrhage, emboli, and thrombosis of the brain, for instance, we must not forget, when we find a patient insensible, with stertorous breathing, that this may be due to compression of the brain through an injury. An epileptic falls suddenly in a fit; the effects of the fit pass away, but he may remain apoplectic from compression of the brain caused by fracture of the skull which was due to the fall. It may, in some cases without any history to guide us, be a difficult task to diagnose between opium poisoning and hæmorrhage into the pons varolii. In the former the onset is gradual, whilst in the latter the onset is sudden; we find, however, in each case the minutely-contracted pupils, profound stupor, closed eyelids, cold, clammy, perspiring skin, and complete absence of reflex movements. Uræmic coma will not, I think, as a rule, be confounded with apoplexy; it is usually associated with a pale pasty complexion, puffy eyelids, and œdema of the extremities, and is generally associated with twitching of the limbs, and more or less rigidity, which are not localised; and furthermore, as M. Bourneville has pointed out, the temperature of the body begins to fall with the onset of uræmic coma, and continually to sink as long as this condition persists, so that it may fall as low as 90° F. in fatal cases. Epileptic coma, which not unfrequently follows the convulsive stage of an epileptic fit, is of short duration; otherwise it is almost impossible to distinguish it from apoplexy. It occasionally happens that an apoplectiform seizure with convulsions may terminate in a profound apoplectic fit, which sometimes ends in death. I may remind you that in the majority of these cases the body temperature will aid us greatly in making a diagnosis if we remember that cerebral hæmorrhage is invariably attended in the onset by a marked lowering of temperature, which gradually rises, even to 108° or 110° F.; whilst in the apoplectiform seizures which are associated with disseminated sclerosis and general paralysis of the insane the temperature of the patient invariably begins to rise from the first, so that in a few hours it may reach 104° or 105° F., and in fatal cases the temperature was still higher.

From this and previous remarks which I have made concerning the body temperature in these conditions, I think it will be at once recognised how important it must be in all these cases to satisfy ourselves upon this point before attempting to give a prognosis. It is quite impossible for me, in the course of a single lecture, to discuss and differentiate the symptoms and signs of an apoplectic state due to embolism and thrombosis apart from hæmorrhage, and I assure you that it is not always an easy matter so to do. This much I may say—that thrombosis and embolism are both much more common than is usually supposed, and especially thrombosis. Bastian, in referring to the diagnosis, says—"All that we can say is that a very abrupt onset, in a young person more especially, and in association with the condition named, tells strongly in favour of embolism, and that long or well-marked prodromata, terminating with an attack of hemiplegia in an elderly person points almost as strongly in favour of thrombosis.

Of the different regions of the brain where hæmorrhage may arise we can have no very definite evidence during the apoplectic fit. Should there be central hæmorrhage into the pons varolii the coma is very profound; the pupils are minutely contracted; the buccinators are flapped out with each expiration, and there is an entire absence of sensibility.

Where we have effusion of blood into the ventricles, following hæmorrhage in the neighbourhood of the corpus striatum and optic thalamus the coma is profound, the paralysis general and complete, and the pupils are widely dilated; tonic and clonic spasms, with rigidity, may exist,

and frequently conjugated deviation of the eyes. The anterior lobes are rarely the seats of hæmorrhage; I have, however, met with several such cases. Now hæmorrhage into the frontal lobe of the cerebral hemisphere is not usually sudden, and is not attended with immediate loss of consciousness; yet it usually terminates fatally if at all extensive. Like other cerebral apoplexies, it is preceded by more or less loss of smell and mental confusion and dulness. Hæmorrhages into the cerebellum are rare, and when they occur are most frequently associated with tumour and softening, so one may say that cerebellar hæmorrhage takes place more often in the young than in the middle-aged or the old. Death is invariable and sudden.

In the treatment of apoplexy it is highly important that we should take all the circumstances of the case into consideration. To say that it would be wise or unwise to bleed would depend entirely upon the age and constitution of the patient, the power of the heart, and the force of the circulation. To say that apoplexy is not associated with a more or less congested state of the brain in a majority of cases is to my mind untrue, although I quite believe that many of the cases of apoplectiform congestions are, in fact, no congestions at all, and it matters little to the patients whether they are bled or let alone, for they invariably recover. There is no one who has ever seen a person suffering from the initial stage of apoplexy who has not been struck with the disturbed state of the circulation. If the patient be full-blooded and æthenic with a bounding pulse, which does not yield readily to digital pressure, with the temporal arteries beating violently, with the cheeks red and livid, whether coma were profound or not, I should bleed that patient to the extent of twenty ounces, or I would cup him at the back of the neck to the extent of twelve ounces; and I should think that I had failed in my duty to my patient if I did not do so. I am not in agreement with those who do not believe that blood-letting prevents or diminishes the cerebral hæmorrhage; and I maintain, on the contrary, that where the conditions are such as I have just indicated blood-letting does relieve the force of the heart and circulation, and in this way lessens the arterial tide which has set in towards the cerebral vessels. There is, in cerebral hæmorrhage, vaso-motor nerve paralysis and inefficiency, especially in reference to the vessels of the brain there is increased arterial tension and cardiac force, due to inhibition of the pneumogastric nerve, and by thus relieving the general circulation of blood the vaso-constrictor paralysis which pre-existed is thus removed, and the vessels in a measure regain their normal contractile power and calibre. It is my opinion, gentlemen, that it is quite possible to check a cerebral hæmorrhage by bleeding. I am quite willing to admit that it is useless to bleed or to do anything else if the substance of the pons varolii is destroyed by hæmorrhage, or if the ventricles be distended with blood, but we are not sure, gentlemen, of either of these conditions until the brain is upon the post-mortem table. During the past seven years I am quite certain, as far as I can well be, that I have saved life in cases of cerebral hæmorrhage by the letting out of blood.

Now, let me draw your attention to the other side of the picture, where I believe blood-letting would aid in destroying rather than saving life, and the condition I would here depict, where blood-letting is contra-indicated is as follows:—A general feebleness and æthenic habit of body, a weak heart, and a soft, weak, and compressible pulse, a cold clammy skin, coldness of the extremities, tips of the nose and ears, and a body temperature below the normal and advanced age. I can see no reason why patients should not sometimes be bled with advantage because they are old—and by the term old I mean between the ages of 50 and 65. This is a theme upon which one may dwell for some time, but I must pass on to other modes of treatment. A very good observer, Dr. Austin Flint in his excellent work on "The Practice of Medicine," says that an emetic is sometimes indicated when the

stomach is overloaded, and he cites one case where its beneficial influence was well marked. I can only see the object of this reasoning from one point of view, namely, that a quantity of food in the stomach during an attack of cerebral hæmorrhage remains undigested and contributes to collapse, which means vaso-motor paralysis and increased hæmorrhage. I scarcely know of any condition, either of heart or pulse, when a stimulant cathartic can be otherwise than beneficial, and there is nothing better than two drops of croton oil. It is an old-fashioned but efficient remedy. An injection by the rectum of one pint of gruel, two-thirds of common salt, and 1-23rd of turpentine may be administered with considerable advantage, and without, as far as I can see, any chance of doing harm. There is one special advantage which this injection treatment can lay claim to, and it is this—that it will often clear up a case where the diagnosis is doubtful, and where the coma is apoplecticiform only or due to drink. We have, again, our asthenic apoplexy to consider where we would not bleed, and where, in fact, I should say wait awhile and do very little, but keep up and maintain the body-heat by wrapping the extremities in flannel, and apply bottles of hot water to the armpits and to the feet. If the pulse is very weak and flickering and the breathing slow, injections of brandy must be given, but very cautiously. Injections of ergotine have great power in contracting the vessels, and so arresting hæmorrhage. Dr. Bastian prefers the bromide of camphor to diminish the flow of blood through the brain. Under any circumstances the patient should be placed in a cool, airy, well-ventilated apartment; the head should be raised from the small of the back and not chucked up at a right angle with the trunk, as though every effort were being made to close the opening of the glottis; and if, during the stage of reaction the head becomes very hot cold evaporating lotions and the ice-bag must be kept continuously applied. When the patient merges from the apoplectic state, and when we are led to hope and believe that hæmorrhage has ceased, it is unwise to be too officious; it would be found that the patient at this time will swallow fluids as automatically as a new-born child, and nothing more need be given than peptonised fluid beef, or peptonised milk. If there be great exhaustion it may be necessary to have recourse to stimulants, and I do not hesitate to say that they may be administered with great advantage in many cases, but unless they are very carefully given I am convinced they may do more harm than good. Let us consider for one moment what is the pathological state of the brain with a foreign body (a clot of blood) in its midst. A brain which is the seat of apoplexy suffers from solution of continuity at the part itself, and also from displacement corresponding to the size of the cavity, so that of necessity, if the patient is to recover, the clot must be followed by numerous changes, and so also must the brain substance in contiguity with the clot. Under any circumstances the brain substance which is contiguous to the clot must undergo slight inflammatory and sclerosal change, forming a cyst wall; or, on the other hand, it produces general softening of all the adjacent parts, and I need scarcely say that the treatment of these cases must be directed to prevent this process of softening from extending, so that our great object must be to equalise blood-pressure, to maintain the nutrition of the parts, to improve in every way the condition of the blood, and to secure mental and physical rest.

#### A TYPICAL CASE OF HYDROPHOBIA.

By T. M. DOLAN, F.R.C.S. Ed., Halifax, Yorkshire.

The principal features of interest in the following case I shall first briefly summarise:—

1. It illustrates the great assistance which may be derived from the police, in connection with rabies and hydrophobia.
2. It proves the great danger from bites on the face.
3. It confirms previous evidence as to the short period of incubation in children.

4. It seems to strengthen my opinion on the necessity of having a consultant of the character pointed out in my work on "Hydrophobia."

5. The whole chain of evidence as to the boy being bitten by a rabid dog is complete, and it afforded a comparison being made of the pathological changes found in the dog, with those in the boy.

6. The excessive sensitiveness of the organs, of touch, sight, sound, are typical.

7. As one among many deaths that have occurred in Yorkshire during 1879, it convinces me that a more stringent Dog Act is required.

On November 10th, 1879, I received information from Lieut.-Colonel Ormsby, Halifax, that a rabid dog, a setter, had been destroyed at Keighley after biting several dogs, and inflicting injuries on two children and a man. I immediately wrote to Captain Stuart Russell, chief constable at Wakefield, and by his orders the animal was at once sent to my house, and at once forwarded by me to the Brown Institution, London, in order that the Committee, appointed by the British Medical Association, might have an opportunity of carefully examining the dog, so as to verify the diagnosis of rabies.

We are told that there is an anatomical lesion characteristic of rabies, consisting of the presence of an accumulation of white globules within the perivascular lymphatic sheath on the floor of the fourth ventricle, and of apoplectic centres made up of these globules. I also thought that a series of experiments might be instituted with the saliva and blood on rabbits or other animals, so as to test in various ways the virulency, or not, of the secretions and tissues. All animals bitten by the rabid dog, as far as could be known, were immediately destroyed, and the children and man were attended to by a medical man, their wounds being cauterised with nitrate of silver.

The superintendent informed me that on the first appearance of symptoms of illness, in any of the injured persons he would, with the consent of the medical attendant, telegraph for me.

On Monday, December 15th, I received the following telegram:—"The boy bitten some weeks ago at Keighley very restless, has not swallowed anything for two days. Dr. Dobie attending thinks it a case for immediate attention." I went over same day and met Dr. Dobie, who very kindly availed himself of my assistance. Through his courtesy I have been able to furnish some of my notes.

Dr. Dobie informed me that on 10th Nov., 1879, the boy, Charles Edward Lily, æt. 9½, was taken to his surgery about two hours after the infliction of the bite. There were three wounds on the face, one above left angle of the mouth crescentic, one inch, one at the lower angle, seven-eighths, and one at the ala of the nose, three-eighths of an inch.

Dr. Jack cauterised the wounds freely with nitrate of silver, and they healed in the ordinary way.

Nothing was done or said to turn the boy's thoughts to hydrophobia, or to alarm him in any way; but without letting him know he was under observation.

The boy went well up to Saturday, Dec. 13th, thirty-three days after the infliction of the bite, when he complained of general malaise, restlessness, feverishness, and inability to swallow. He was attended to by Dr. Dobie's assistant.

Condition remained the same on Sunday.

On Monday I saw him with Dr. Dobie; he was dressed and sitting on his mother's knee, as he was restless and would not remain in bed. At this time the excessive sensibility to touch and sound was well marked, and the slightest noise or current of air set up reflex action, and produced an involuntary shudder. He answered questions readily, said he felt very cold, and held his hand to injured side of mouth as if to keep it warm. Difficulty and abhorrence of drinking were most marked; he had all the will and desire to drink, but as soon as a cup reached his mouth it produced a sudden start, followed by a general convulsive wave through the body. There was not an excessive flow of saliva, though he very frequently spat on the floor. As I was anxious to collect some of the saliva, we tried to induce him to spit into a cup or saucer; but the first effort induced a similar spasm to that brought on by drinking, and he would not repeat the effort. This was probably attributable to the association, with his former experiences of drinking from a cup. His temperature was slightly raised, heart's action jerky, irregular, and accelerated;

pulse thin, irregular, and frequent; eyes bright, glistening, and expectant. He was irritable and could not bear contradiction.

The secretions had acted fairly. The expression of his face reminded me of the risus sardonicus, though it was not so marked, but there was a peculiar elevation of the angles of the mouth which produced an effect like that seen in the sardonic smile.

Dr. Dobie and I agreed:

1. That it would be desirable to get the boy to a hospital, for in the house in which he was there was no adequate means of carrying out treatment. Dr. Dobie kindly offered to undertake all expenses, and to get the child into the Keighley Cottage Hospital.

2. That a Turkish or vapour bath should be administered. Unfortunately, maternal consent could not be obtained for either of these essentials for the successful treatment of a case of this nature.

3. Under such conditions we decided that the child should have injections of bromide of potassium, beef tea, and other nutriment; so, virtually, our hands were tied by the fond but foolish love too often seen amongst mothers, who prefer their own gratification to their offspring's welfare.

Dr. Dobie and his assistant undertook to administer the injections themselves. I telegraphed to the Hydrophobia Committee, and received a reply that one of the members would come down, and it was arranged that Dr. Brunton should be the one.

Tuesday, Dec. 16th.—Condition almost same; continued treatment.

On Wednesday morning I saw the child again. He had passed a restless night, but one symptom had improved, he had expressed a fancy to drink, through the stem of a long tobacco pipe, a cup of milk, some beef-tea; he had also taken nearly half a pound of grapes and some other fruit. Otherwise he was not much better; he spat about the room incessantly, and Dr. Dobie had collected some of the saliva in a saucer in order to test my suggestion, that some rabbits should be inoculated with it. I intended to fill some tubes with it for future experiments. The sensitiveness of the body was increased, the slightest current of air sent a thrill through him; temperature slightly raised, pulse thin, thready, and frequent.

Dr. Brunton came down from London on Wednesday night, and saw him on Thursday morning, when his condition had very much altered for the worse. He had passed a restless, sleepless night; his pulse was so frequent it was uncountable, and could only be approximately estimated by listening to the heart's sounds. The peculiar facial expression previously noticed was unaltered, and he still held his hand to the side of his face. He presented the appearance of an animal who had been hunted, and was in that exhaustive, suspicious, irritable condition, with palpitating heart and anxious look so often seen when sleep and food have been denied. He had eaten some grapes and drank some milk through a pipe stem. The saliva had increased in quantity, and the spitting was now more frequent; and though he spat freely all over the floor, any attempt to spit into a circumscribed space, brought on not only an inhibitory spasm, but a general convulsive tremor. Hyperaesthesia had increased. Dr. Brunton agreed that the case was one of true hydrophobia, and thus an official diagnosis I may say was established, a most important desideratum in all cases. I have known grave mistakes made in this respect; in my work on "Hydrophobia" I have pointed out diseases with which this disease may be confounded, and produced evidence to show that this had been a not uncommon mistake. Through mistaken diagnosis the death-rate from true hydrophobia is falsified. Dr. Brunton's suggestions were to continue the bromide of potassium, and to induce sleep to add some chloral, but from the surrounding of the patient he saw there could be no other result but death. The child died on Thursday, Dec. 19th, at 6:30 p.m.

*Post-mortem Notes.*—Charles Ed. Lilley, *æt.* 9½, died Thursday, Dec. 18, 6.30. *Post-mortem.*—Friday, Dec. 19, 7.30. Present, Drs. Dobie, Rabagliati, Chaffers, Dolan, and Jack. *Post-mortem* made by Drs. Dobie and Rabagliati.

1. *General Observations.*—Body fairly nourished. Rigor mortis most marked. Hypostatic congestion; lividity about ears, less on right. Abdomen very much distended. Great escape of gas, *per anum*, when body was turned. Smell most offensive. Prepuce livid. Escape of fluid, from nostrils and

mouth, collected and forwarded to Dr. Brunton. Three cicatrices left side of face: one above angle of mouth, crescentic, one inch; one lower angle, crescentic, 7-8ths of an inch; one near ala of nose, 3-8ths of an inch. No special appearance in wounds.

2. *Cranium.*—On removing scalp, bright patches over right parietal eminence, size half-a-crown. Calvarium taken away. Brain removed for examination microscopically. Unusual attachment of dura mater at occipital region. Surface in a general state of congestion. Forwarded to Dr. Brunton.

3. *Thorax.*—Lungs normal; no adhesions of pleurae. *Heart.*—Right ventricle containing blood, left ventricle in contraction; clots at mitral valves. As regards weight, size, &c., normal.

4. *Abdomen.*—Stomach empty; some post-mortem solution; transverse colon distended greenish; the whole of large bowels same state, not so marked in lower portion. *Liver.*—Greenish black on surface; section forwarded. *Kidneys.*—Hyperæmic; on section, congested specimen taken. *Appearance* normal; specimen forwarded to Dr. Brunton. *Bladder.*—Empty; retracted and contracted extremely. Nothing else worthy of note.

5. *Spinal Cord.*—Exposed; cord examined *in situ*; six, consistence, seemingly normal, though surface appeared congested; fluid normal; cord removed, and placed in a solution of methylated spirits, and sent to Dr. Brunton.

6. Portion of sub-maxillary gland removed, and sent to Dr. Brunton.

7. Small syringe filled with blood, and sent to Dr. Brunton.

8. Small capillary tubes, charged with saliva, taken from boy whilst alive, sent to Dr. Brunton.

9. Specimens forwarded by 12.30 a.m. train from Keighley, by Dr. Dobie.

*Post-mortem* concluded at 10 p.m.

*General Observations.*—The specimens were sent to the Committee of the British Medical Association, in order to assist them in their laudable work, by placing material at their disposal.

Though this Committee was made up of physicians and surgeons who were well known to be histologists, physiologists, physicists, pathologists, and therapists, I regret to say that their services have not been called into requisition, as often as could be desired. This is very much to be regretted both in the interest of science and of the public.

No more liberal offer could be made than that men of high standing in the profession should leave London practices, to give the benefit of their advice to hydrophobic sufferers in any part of England, and it redounds to the credit of the metropolitan branch of the profession that such an offer should have been made, even though it was not responded to.

I sent some tubes filled with saliva and blood. My object was to try to solve the question as to whether hydrophobia could be communicated by human saliva to the lower animals, as I believed this would afford a *crucial test* (a) in doubtful cases of hydrophobia.

Rabbits are peculiarly susceptible of the rabid poison, and the saliva of human beings injected into them has produced rabies.

Some French surgeons have adopted this test, amongst whom I may mention M. Maurice Raynaud.

The Brown Institution offered a fitting field for solving this question, as it possessed every instrument, appliance, and material for carrying out experiments of this nature.

In reference to bites on the face, statistics prove that they are the most dangerous, and hence in our treatment of them we require more severe measures than in wounds in other parts of the body. I believe such wounds should be incised, and blood freely let out, and some form of cupping glass be applied, so as to encourage the flow of blood, and in applying caustic, nitric acid should be used. Nitrate of silver simply forms a crust, and incarcerates the poison.

Under the unfavourable circumstances under which the child was placed, any attempts at treatment were nullified, so that all such cases should be removed to a hospital, where such treatment as a Turkish or vapour-bath can be satisfactorily given, and where the patient will be under the constant care of doctor and nurse. Bromide of potassium, in 40 to 60 grain doses, appears to me one of the most appropriate sedatives that can be given, whilst we have in quinine another medicine which may be usefully turned to account, the latter being selected on physiological grounds.

(a) See correspondence, *Lancet*, under heading "A Crucial Test for Hydrophobia," 1879.

Yorkshire and Lancashire have suffered extensively from hydrophobia during the past ten years; its densely populated towns, with a dog-loving population, the want of care bestowed on the animals, and the want of restriction, partly account for this. Contagion explains the rest of the problem, and we can trace the chain as far back as 1861. In the essay submitted to the College of Physicians, under the title of "Miltarum Aurorum Opus," I have fully entered into the subject, and produced evidence which would convince the most sceptical that a new Dog Act is imperatively required.

## Clinical Records.

### LONDON HOSPITAL.

#### *Case of Fractured Base—Compression—Trepining—Death.*

Under the care of Mr. TREVES.

Reported by W. COATES, Dresser to the case.

THOMAS D., set 46, was admitted into the Hospital on January 17th, under the following circumstances:—

It appears that about three hours previous to admission he was helping to remove some casks from a ship in the West India Docks, when he slipped and fell backwards into the hold, a distance of sixteen feet, his head striking violently against an iron projection. His friends state that he was insensible only a few moments, during which time his body tossed about from side to side; but he thoroughly regained consciousness, was able to converse sensibly with those around him, and sufficiently recovered to be able to walk to the residence of a medical man—a quarter of a mile away—where a severe scalp-wound which he had sustained was stitched up. He went home to bed, but as he complained of such severe pain in the head and was evidently gradually becoming unconscious, he was removed here.

When first seen at 11.30 p.m., patient lay on his back, apparently in an almost comatose state. He paid no attention to anything that was going on; made no effort to speak; nor did he appear to hear anything that was said to him; in fact, he was insensible. But his insensibility was not profound, because reflex irritability could be induced. When disturbed he moved about, and his movements were free and forcible, and complex in character; but it was noticed that they were all confined to the right side, the left extremities remaining perfectly motionless. The movements excited were evidently not altogether without purpose, for if his beard were pulled he would at once with his right hand resist the operation; and on an attempt being made to examine the scalp-wound, he would grasp the hand and endeavour to prevent manipulation. His pulse was beating strongly but slowly, only 48 in the minute; it was full, regular, and compressible. His respirations were slow (18), somewhat irregular, and approaching the "stertorous" in character. At each inspiration the cheeks were "drawn in," and they were "blown out" again at every corresponding expiration. His pupils were markedly unequal. The right one corresponded in size to the gauge of a No. 9 catheter; it reacted slightly to light, though very sluggishly. The left one was very small and contracted, about equal to a No. 1 catheter. It was almost quite stationary, light having little or no influence upon it. A considerable quantity of bright scarlet blood was oozing from the right ear. On examining the head, a large lacerated scalp-wound was found, which commenced over the right parietal eminence, and passed directly backwards for a distance of about three and a-half inches. The scalp had been stripped from the periosteum all round, but especially behind, where the finger passed into a pocket two or three inches in depth. The bone was denuded of periosteum for the space of about an inch; but, although carefully examined, no fracture could be detected. Patient was removed to bed; his head was shaved, and an ice bag was applied.

1.45 a.m.—As the symptoms were becoming gradually more pronounced, Mr. Treves decided to trephine for meningeal extravasation. The operation was performed in the usual way. A crucial incision was made, the centre of which corresponded to a point about one and a-half inches behind the external angular process of the frontal bone, and half inch above the zygoma. The temporal fascia and muscle

were next divided, and the bone cleaned for the application of the trephine. After all bleeding points had been secured a stout trephine with strong centre pin was applied, and a circular piece of bone containing the groove for the middle meningeal artery was removed without causing any injury to the dura mater. There was not, however, any trace of clot, nor at first was there any bleeding; but after a time a little blood appeared to ooze up from the posterior part of the opening which obviously was seen to be pulsating, but the pulsations are determined to be synchronous with the movement of the brain. Very careful explorations were made in the vicinity of the opening, but as no appearance of clot could be found the edges of the wound were brought loosely together. Cold water dressing was applied, and patient was removed to bed. The paralysis seems in no way relieved by the operation; but the respirations are more regular and less stertorous, although faster (31). Pulse 76; temperature 98.4 deg. Catherisation is performed; two drops of croton oil are administered, and an ice bag is to remain applied to the head.

January 18th, 11 a.m.—Patient is no worse. He has remained in the same condition all night, evidently quite insensible and moaning loudly. His respirations are deeper and less laboured (35); pulse 64; temperature 99 deg. The condition of his pupils and the paralysis remain unaltered. He has passed his urine and feces into the bed. He has taken small quantities of milk and beef-tea.

8 p.m.—Respirations somewhat laboured (28); pulse 88, full and quick; temperature 100.6 deg. There is no improvement. His extremities are warm. Face bathed in perspiration. No movements can now be excited by irritation, although he at times tosses his head from side to side.

19th.—10.30 a.m.—Patient has been moaning all night, and seems much worse this morning. His temperature is 104 deg. His respirations are laboured and irregular (30); and his radial pulse is extremely weak, small, and very easily compressible. He has passed both urine and feces into the bed repeatedly. His feet, nose, and ears are quite cold, and his forehead is wet with perspiration. He is evidently rapidly sinking. A nutrient enema is to be administered.

11.30.—Pulse almost imperceptible.

12.45.—Died quietly.

At the autopsy, which was made on the following day, a large clot, weighing three ounces, was discovered about two inches posterior to the spot where the trephined bone had been removed, and which obviously had been the cause of the compression. There was no laceration of the brain. A fracture traversed the right half of the base of the skull, extending from the petrous portion of the temporal bone, close to the margin of the foramen magnum.

Mr. Treves remarked that the trephine was applied in the present instance because the immediate symptoms were distinctly due to a compression from hæmorrhage. The fracture of the base was, of course, a serious complication, but in cases like the present it should not forbid the performance of the operation. The instances of perfect recovery after fracture of the base of the skull are now very numerous.

The present case illustrates the great difficulty of deciding whether the trephine should be applied over the meningeal trunk or over the spot primarily injured. In this case Mr. Treves presumed that a linear fracture, commencing below the scalp wound, might have extended to the base, involving the middle meningeal artery route. On the other hand, the wound occurred over a portion of the skull where the meningeal arteries are few and not of great size. The post-mortem showed, however, that the extravasation was immediately beneath the scalp-wound.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Brighton 14, Portsmouth 14, Wolverhampton 15, Plymouth 15, Newcastle-on-Tyne 15, Nottingham 16, Bristol 17, Hull 17, Bradford 17, Norwich 17, Sunderland 17, London 18, Leeds 18, Birmingham 18, Glasgow 18, Leicester 19, Oldham 20, Edinburgh 20, Salford 21, Manchester 21, Liverpool 22, and Sheffield 23.



## Translations.

### ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

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Translated by C. A. OWENS, M.D., L.R.C.P. Ed.,  
L.R.C.S.I., &c.

#### CHAPTER I.

##### *On the Indications for Paracentesis Thoracis in Acute Pleurisy.*

In 1843 and 1844 my distinguished and respected master, —Professor Trousseau, made his first communications to the Academy of Medicine on the "Expediency of Performing Paracentesis Thoracis in Acute Pleurisy," and in spite of the active opposition offered to him for several years, Trousseau, persevering in his convictions, quitted the struggle victoriously, and endowed medicine definitely with paracentesis thoracis, as he had already enriched it with tracheotomy.

When I say he added definitely the operation of paracentesis thoracis to medicine, I do not pretend to say he was the inventor of it, for he said himself, with his extreme modesty, that he claimed nothing; but a perusal of the report of Bicheteau, "a true *chef d'œuvre* of learning and criticism" is sufficient to show that puncture of the chest, so often adopted and abandoned since the time of Hippocrates had only till then been directed to the treatment of purulent effusions, so that paracentesis thoracis abandoned, discredited, and severely blamed by the majority, might still have remained buried in oblivion if Trousseau had not given it his powerful authority, and thus by his success brought it into notoriety. Therefore, if I, following in the footsteps of my master, decide to re-open a subject which he treated so wonderfully, it is not with the intention of modifying the precepts left by him, but rather of replying to objections raised against the operation as performed with the aspirator, and which reflect on the whole question of paracentesis, and furthermore, to offer full explanation as regards those points which I could only deal with when I have accumulated sufficient material for the purpose. With this end in view I made notes of 70 cases of acute pleurisy, and the details of 150 operations of paracentesis thoracis by aspiration; these operations having been performed either by me, or under my orders by the students in the different wards under my charge.

Up to 1869 the operation was performed with Reybard's apparatus, and according to Trousseau's rules; a trocar provided with a valve was made use of, but whether a large or a small trocar was used, the operation was not varied, paracentesis was then actually only an exceptional mode of treatment of acute pleurisy, being generally reserved for those cases in which the effusion was considerable.

But when, in 1869, I introduced the method of aspiration in the treatment of pleural effusion, which method I had just proposed for the removal of all morbid fluids, the mode of operation became so simple, and the aspirator-needle so innocent, that hundreds of operations were performed, I had nearly said thousands, at home and abroad; and, to meet this movement run wild, 83 aspirators of different forms and sizes were invented. What became then of Trousseau's sage precepts and warnings? The chest was tapped at any period of the pleurisy, it was done during the fever as well as after it, in trifling as well as considerable effusions, and too frequently 5 pints or more of fluid were removed at one time, (not remembering that such a sudden withdrawal of a quantity of fluid with the aspirator might of itself involve dangerous consequences. With so many operations, accidents occurred which were identical in every way with those of which the old operation had been accused; a patient would be seized during, or after, the operation with violent pulmonary congestion, acute œdema of the lung with albuminous expectoration, even death resulting; in another, the effusion became purulent, and aspiration was more than once accused of these misdeeds, in the same way as Reybard's trocar had been before.

I acknowledge with regret that the abuse of the operation of paracentesis springs from the use of the aspirator; but in considering this question of abuse it must be borne in mind that the operator was sometimes inexperienced, or at any rate only possessed imperfect knowledge of the operation; for merely using a needle and aspirator is not sufficient, it is essential to know how to regulate the vacuum, and only to apply it when guided by certain rules. My intention therefore is, to give aspiration a more modest place, but at the same time to protect it from censure which it does not deserve; to do this I propose to analyse in detail the different accidents which have been observed, to ascertain their cause and mechanism, and to estimate their worth, hoping to prove that if sufficiently indicated and properly carried out, puncture of the chest by the aspirator is the simplest and most innocent of all operations.

In this important matter of paracentesis, the first point to be considered is:—What are the indications for the operation!

May we operate during the fever or must we wait till deference is established? Should we reserve the operation for those cases in which the effusion is considerable, and apply it as well to cases of medium intensity? and finally, how must we act as regards dealing with the complications which accompany pleurisy? The whole of these oft-mooted points resolve themselves, in my mind, into two propositions which I thus sum up. Given a case of acute pleurisy, two conditions have to be met. *In the first, the operation of paracentesis is imperative, in the other it is a matter of question.* When is it imperative, and when doubtful? This is the field of discussion open to us.

The urgent necessity for the operation can only be based on one element, viz:—by estimating the quantity of fluid effused. The patient may be feverish or not, the disease may be beginning or ending, the breathing may be oppressed or free, it matters little, these are only secondary considerations, we must before everything consider the quantity of fluid effused. To trust to dyspnoea as a guide would be a great mistake, because it is such a deceptive symptom, and I could cite numerous examples, where a person affected with pleurisy walked about with 4 or 5 pints of fluid in his pleura. Trousseau relates the case of a nurse who walked, carrying her child with her, from Point St. Eustache to the Hospital Necker, having thus walked about 2½ miles without feeling very fatigued; and the effusion in her chest was so considerable, that paracentesis, which was at once performed, gave issue to four pints of fluid.

The history of that waggoner will be remembered, who drove his horses to the last moment, feeling only trifling discomfort, although his pleura contained a very large quantity of fluid (Andral). Landouzy says, do we not see repeatedly during the year, people coming several miles to the hospital on foot, only complaining of trouble in the stomach, or with initial fever—people still at work, and who are the subject of enormous effusions? I have frequently noted analogous facts; and a few months ago I was sent for by my *confère* Dr. Mallet, to the bedside of a patient who only experienced slight oppression of the chest, and in whom paracentesis gave vent to 5 pints of fluid in repeated operations. It is useless to multiply these examples, dyspnoea is a deceptive and untrustworthy guide as is well known, whence I conclude that, to look to oppression of breathing to decide the necessity for performing the operation would be a very grave error.

The error is more serious still, when it is remembered that, unfortunately, instances are not rare of patients being carried off suddenly by syncope or rapid asphyxia, where it had been thought possible to defer paracentesis, the patients having shown so little oppression of breathing. Trousseau gives three examples; in one of these the patient in spite of a large effusion had so little dyspnoea, that the operation was put off for a day, but the next morning death resulted from asphyxia and syncope.

In another case M. Laségue saw a young medical man affected with pleurisy, die before him, while he was preparing to perform the operation. These cases of sudden death, where the effusion is large, are often due to cardiac or pulmonary clots. M. Blachez in an interesting memoir, gives the history of a patient who was suffering from left pleurisy, who succumbed suddenly from syncope, and at the autopsy a clot was found commencing in the pulmonary artery, and which was prolonged until its ramifications to the third and fourth degree. In other analogous cases death has been suddenly caused by thrombosis or embolism of the cardiac and pulmonary vessels. In the works of M. Lacaze-Duthiers, &c., and in

several other publications will be found numbers of cases showing the extreme gravity of cases of large effusion of the pleura, and explaining the causes and mechanism of death in these cases. Louis was, therefore, mistaken in asserting that simple pleurisy is not a cause of immediate death. "Death may result, and suddenly too, in consequence of acute pleurisy with effusion" (Trousseau). This was the opinion of Chomel and Briquet; and of Jaccoud, Peter and Potain as well; and it is the generally received opinion of the day; moreover, it is evident that inasmuch as a large effusion, putting aside the addition of any other complication, may kill the patient, even without any previous dyspnoea, whether from deviation of the heart, thrombosis of the pulmonary artery, cardiac clots or any other cause, it matters little, but I repeat, it is manifest that it is the quantity of fluid effused which should *alone* show the urgency for paracentesis. But it will be objected, given a case of pleural effusion, at what precise moment does dyspnoea become urgent, is it with 5 pints of fluid, or 3½, or 2½? and besides, how will the quantity effused be estimated? how can it be known whether there are 3, 3½, or 4 pints?

In the first place as regards appreciating the time when the fluid by its quantity gives pressing indications for paracentesis, after consulting numerous authorities, I may state that death has never resulted from a less effusion than three-and-a-half pints; in one case, however, of Dr. Blachez's, the pleura only contained two-and-a-half pints of serum. An exceptional case, it will be agreed ought not to serve as a basis for observation, therefore, I consider that in *simple* pleurisies in well developed individuals the necessity for operating will only be shown at a higher figure, viz.: when the effusion amounts to 3 or 3½ pints.

But then another question arises, how can the quantity of fluid be estimated within a quarter or half a pint, what are the signs and what are the symptoms? To elucidate this part of the subject I endeavoured to draw up a comparative table of pleural effusions, hoping to be able to measure or graduate the pleural cavity. For example, if an effusion which reached as high as the sixth intercostal space corresponded to two pints of fluid, one which rose to the third space would be equal to three and a-half pints, and so on. But I met with so many contradictions and encountered so many errors in the supposed estimates of the quantity of fluid that I was compelled to relinquish the scheme. At the same time I foresaw this result; in fact, to succeed in such estimates the sex and shape of the patient must be borne in mind, as well as the form and development of the thorax; for if the pleural cavity of a small thorax is almost filled with two and a-half pints, it can only be partly filled if the thorax is well developed. Moreover, we must also consider the displacement of neighbouring organs, the heart being pushed aside, and the diaphragm depressed, all proving that the valuation of effused fluid can only be arrived at in a general way, and that it varies in each particular case. Then, how can this estimate be arrived at? We are told that small effusions (from twelve ounces to a pint) are characterised, when auscultation of the chest is performed, by a veiled respiratory murmur during expiration and by egophony; that in medium effusions (from one to two and a-half pints) the respiratory murmur acquires a bronchial character, affecting inspiration as well as expiration; and that in large effusions (five to six pints or more) the normal and abnormal sounds may disappear or be replaced by cavernous and amphoric sounds. This is certainly quite true; but, at the same time, what exceptions are met with, and how untrustworthy and insufficient are these results of auscultation in estimating the quantity of fluid effused! And the same with regard to measurements with the cystometer, an excellent method, but not infallible (Woillez). It is therefore absolutely necessary to have recourse to other means, and I believe that the most certain signs are furnished by percussion and by the displacement of the organs, especially the deviation of the heart in left pleurisy. Thus, when dulness reaches posteriorly as high as the spine of the scapula, when obscurity of breath sounds under the clavicle is replaced by abnormally clear tubular sounds ("son skodique"); when, in fact, the pleurisy being left, the apex of the heart beats to the right of the sternum, although the pleural cavity may still not be filled to the maximum; such signs in an adult denote an effusion of three to three and a-half pints, and constitute a formal indication for paracentesis. It matters not that the patient is still in the febrile stage of the pleurisy or that the oppression of breathing is insignificant, we must operate at once without delay, and not forget that procrastination is full of danger, and may cost the patient his life.

I must now remark that we have as yet only discussed simple acute pleurisy which is that most frequently met with; but it must not be supposed that the same principles are not applicable to complicated pleurisy; on the contrary, pleurisy with direct or indirect complications, old adhesions, valvular changes in the heart, pericarditis, pneumonia, in a word, all the lesions which impede the pulmonary circulation or which narrow the field for aération of the blood, far from being a contra-indication to paracentesis, render it imperative so soon as the amount of liquid effused reaches large proportions; but the evacuation of the fluid demands in such case the exercise of certain precautions which will be pointed out further on.

I must also observe that in estimating the quantity of fluid effused, I have chosen as a type what is most generally met with, viz., pleurisy in a well-formed adult; but it must be understood that the indications for the operation remain relatively the same, be the patient young or less developed in the chest, although in this case a smaller quantity of fluid may cause equal danger.

Apart from this question of urgent necessity for operating, the indications for which I have just enumerated, and for which, I repeat, the only safe guide is the quantity of fluid effused, in every other case it is a matter of question; some permitting it, others rejecting it, while some go so far as even to condemn it as harmful. Let us examine these different opinions.

Here is a patient affected with pleurisy, having a moderate effusion of one and a-half to two pints. What is to be done? Shall we adopt a purely medical treatment, repeated blisters, painting with iodine, purgatives, diuretics, sudorifics, &c. ? or is it not preferable to have recourse to the more expeditious treatment by paracentesis? In a word, must we operate? and if so, when? In cases of moderate effusion and where the symptoms are not urgent the problem is always offered in this shape. Although aspiration performed during the febrile state does not appear at all prejudicial to the patient (Moutard-Martin), it is better nevertheless, in the absence of urgency to trust to medical means and to await defervescence before coming to a decision. But defervescence in pleurisy has no fixed epoch; in other inflammations, for instance, in lobar pneumonia, the probable crisis of the fever is known; in pleurisy, on the other hand, nothing is known, and defervescence, sharing as it does the uncertainties of the disease, occurs irregularly from the seventh to the thirtieth day. Moreover, the fall of the fever is far from always being a sign of the diminution of the fluid. Dr. Woillez has very properly insisted on this; the liquid may be absorbed during the height of the fever; and, on the other hand, the effusion may increase although defervescence has occurred. For the rest, do we not daily see cases of so-called latent pleurisy (I do not say hydrothorax), in which the fever subsides unperceived while the effusion reaches considerable proportions? It is therefore necessary to watch the patient and the effusion at the same time, since physical signs and functional symptoms are not always trustworthy, besides attending closely to the period of defervescence often marked by the phenomena of crisis, such as abundance of urine and diaphoresis. When the fever falls the pleurisy is generally at an end, a relic alone remaining—a foreign body, the effusion. Now, if the subsidence of this effusion coincides with the cessation of the fever or with the crisis, or if absorption is progressing favourably, intervention is useless, for in a few days with or without the aid of derivatives or diuretics, its disappearance will be complete; but if, notwithstanding defervescence, the fluid remains stationary, if, after waiting two or three days, its absorption is found to progress slowly or with difficulty, then it becomes necessary to remove this foreign body—this obstacle in the way of recovery—and aspiration must be resorted to.

I have always acted in this manner in dealing with the numerous cases on which this work is based, and I am convinced that this line of treatment has often shortened convalescence by several weeks. It offers still further advantages. Inflammatory products are not allowed to remain in the pleura with impunity, displaced organs will become fixed in their false position, the flattened and sometimes adherent lung becomes impervious or scarcely pervious to air; in short, two of the principal functions of the economy—the aération and circulation of the blood may be compromised for a long time, to say nothing of the transition, in those predisposed, of the inflammation into a chronic state or condition of purulence (Trousseau). Paracentesis practised at the proper time

prevents these drawbacks; and I hope to be able to prove that, subject to precise rules it is absolutely free from danger.

*Résumé.*—Given an acute effusion into the cavity of the pleura one of two alternatives must be chosen. In the first the necessity for operation is urgent: in the second it is open to question.

Urgency can only, and must only be based on an estimate of the quantity of fluid effused, that is to say when the quantity reaches three to three and a-half pints in a well-formed adult.

In the other cases the operation is debatable; to decide the question deservescence must be waited for; and aspiration is only to be resorted to in the event of spontaneous absorption, or this, aided by medical means, proving inefficient.

(To be continued.)

## Special.

FRANCE.

(FROM OUR OWN CORRESPONDENT.)

**FERMENTATION IN THE URINE.**—Another member read a work on fermentation of the urine in a physiological and pathological point of view. The following are the conclusions of his paper:—Atmospheric germs cannot penetrate into the bladder by the urethral canal. Supposing that by catheterism ferment germs entered the bladder, they are not the cause of ammoniacal fermentation of the urine. Bacteria might exist in the urine contained in the bladder without causing ammoniacal fermentation. When the urine becomes ammoniacal the phenomenon is correlative of the lesion, or of the morbid state of some part of the urinary apparatus. Ferments of ammoniacal fermentation can ferment sugar. Ammoniacal alteration of the urine can always be prevented by phenic acid or cresote.

**HYDROPHOBIA.**—M. Pasteur read, at the meeting of the Académie de Médecine, a note upon hydrophobia. Considering attentively the external symptoms of this disease, with certain observations made on the brain of persons or animals who died from hydrophobia, and considering that up to the present the affection has not been communicated by inoculation, M. Pasteur was led to believe that the nervous system, and especially the bulb, were particularly interested and active in the development of the malady. Experiments made by M. Pasteur confirmed him in this opinion. On several occasions, and often with success, he has inoculated the bulb, and even the frontal portion of one of the hemispheres. It results from these experiments that the seat of the virus is not alone in the saliva. The brain contains it, and with a virulence at least equal to that contained in the saliva. Further and more complete experiments on this grave subject will be followed with interest by the profession.

**CALOMEL, QUININE, AND SALICYLATE OF SODA IN THE TREATMENT OF TYPHOID FEVER.**—Before the Société Médicale des Hôpitaux M. Hallopeau advocated the exhibition of calomel, quinine, and salicylate of soda in the treatment of typhoid fever. The anti-pyretic effects of these agents he has fully proved from forty-four cases thus treated. M. Hallopeau commences by giving from fifteen to twenty grains of calomel the first day, to be followed, twenty-four hours afterwards, by ten grains. The second day, if the evacuations be not too frequent, the alternatively sulphate of quinine, at first from twenty to thirty grains, according to the intensity of the reaction, the fifteen grains during three days. Salicylate of soda in the same quantity as the quinine; and so on until the complete cessation of the fever. Salicylate of soda is, however, counter-indicated in the cases where the patients have dyspœa, hæmorrhages, or deliriums. Of forty-four cases treated by this method, there were only five deaths. In almost all the patients the features were but little altered; the tongue remained moist. The strength of the patients was relatively well preserved, and convalescence was not prolonged. The calomel, administered in the doses given above, was observed to lower the temperature remarkably. The quinine was always well borne. M. Hallopeau employs but rarely the cold bath or wet sheet, and only where the temperature resists the reputed anti-pyretic medicines; and he believes

that soon direct refrigeration by cold water will be replaced by anti-pyretics, administered internally, in the treatment of typhoid fever.

**FISSURE OF THE ANUS,** as is well known, causes burning pains, especially at the moment of evacuation. So painful is the affection that often patients abstain from food to avoid the necessity of going to stool, as long as possible. The treatment in vogue to-day is that recommended by Recamier—namely, forcible dilatation of the anus, which severs the concentric fibres of the sphincter. This treatment has always been attended with success; but it has one inconvenience—it is exceedingly painful, and often requires chloroform. To obviate this inconvenience, as much for the surgeon as the patient, Dr. Mascarel, of Mont-Dore, recommends the following treatment, which he has found very successful:—1st. Every day an enema of warm water, with a tablespoonful of glycerine. 2nd. After each evacuation introduce into the anus a small plug of lint, coated with the pomade as follows—glycerine and almond (sweet) oil, of each an ounce; axunge, an ounce and a-half. Before introducing the plug, the *pourtour* of the anus should be coated with the same ointment. Dr. Mascarel affirms that eight times out of ten the fissure is gradually cured after three weeks of this treatment. The beneficial effect of glycerine in certain affections of the rectum, such as hæmorrhoids, fissures, &c., has been of late fully recognised, whether administered internally or applied locally. Your correspondent has prescribed it frequently in teaspoonful doses, three times a day, in painful hæmorrhoids, with the most satisfactory results. The relief was almost immediate. In bleeding piles a little tannin was added, and always arrested the flux.

**OTORRHOEA.**—Dr. Brieson advises, in the treatment of otorrhœa the instillation into the ear diseased of, five times daily, a few drops of a mixture thus composed:—Hydrate of chloral, 45 grs.; sulphate aluminus, 70 gra.; water three ounces. In all the cases cited by the author these instillations have healed the otorrhœa, if not the deafness, in a few days, where no osseous lesion was present. General constitutional treatment is also advised, to prevent a relapse.

**INJECTIONS AGAINST OZÆNA.**—BORAX ʒiiss.; acid salicylic ʒj.; glycerine ʒiiss.; aqua ʒiij. A drachm of this solution in ʒviii. of warm water, to be injected into the nares (*Union Médicale*), or might be used as a gargle in syphilitic ozæna.

## WARD COOLIES.

SUCH is the term by which native attendants upon our sick and wounded soldiers in India have hitherto been designated. And it represents pretty nearly the measure of their qualifications for the special duties required of them. There is no doubt that the description of men usually obtained for the purpose of taking care of our countrymen in Indian hospitals has, for many years back, constituted a decided blot in a system in many respects presenting great superiority over that which prevails even in England; any attempt therefore to effect an improvement in this respect is to be welcomed and encouraged.

In bygone times the manner in which attendants upon sick soldiers were procured was somewhat thus:—The "strength" in hospital having increased beyond that for which the authorised establishment of servants was in due proportion as laid down in the "Medical Code"—a requisition or indent for the additional number and description was sent to the Commissariat, the duty of that department being to furnish all supplies to such establishments. In the majority of military stations a certain number of persons who occupied themselves with job-work, as it may be called in connection with hospitals, were readily to be found; these men, from one reason or another, evinced a partiality to the work required of them, and were content to take employment off and on until such time as they were permanently attached to the establishment of one or other of the regimental hospitals in cantonments. But as to training they had none whatever, save and except what they picked up as to the requirements of sick men by constantly living among them, and seeing what was being done by others. No doubt, some medical officers took much pains in an endeavour to impart something in the shape of technical knowledge to these men, and the Regulations of the service inculcated such

tuition; but, as a matter of fact, the ward coolie was far too apathetic, far too regardless of the importance of the duties confided to him to exert himself willingly in the slightest degree in the acquisition or practice of such knowledge. And so it came about that unless some other help was available, than that of such men, the condition of the unfortunate patient would have been deplorable indeed. Hence arose the system of having in each regimental hospital two or more soldier orderlies in addition to the ordinary native establishments. These orderlies themselves, for the most part, steady old soldiers—we speak now of the days when there were old soldiers—acting under the orders of, and assisting, the hospital sergeant, superintended the ward coolies, saw that they paid proper attention to their patients, and were themselves for the most part, tender and adept as nurses—far more so than it is the fashion of the day to say it is in the province of mere men to be. Nor was this all. Individual patients needing special attention had each a special soldier orderly assigned to him. In the olden times when the existence of *esprit de corps* was believed in, a comrade or friend of the sick man was usually “told off” to the particular duty of attending him, and this duty he continued to perform so long as his services in that capacity were required; then again, patients trivially ill, and those who were convalescent, were expected to, and did, in effect, lend a helping hand in the wards, so that in reality the patients did receive far greater and better attention than might at first sight appear to have been the case under the conditions as stated. There was no conflict of authority; the surgeon nominally under command of the colonel was in reality absolutely independent in all that concerned his own proper sphere; all hospital establishments, including orderlies, coolies, or nurses, were directly under his control, and, as a result, things worked smoothly and efficiently.

When in 1864 Sanitary Commissions were established in the several Presidencies of India, the subject of general hospitals in supersession of regimental was among those early brought before them. In connection with it, a proposal was made that the native establishments of hospitals should be re-organised; but after a number of “minutes” regarding it had been penned, the whole question was shelved, and so continued for several years. In the meantime, new men have arisen, the conditions as previously existing, by which the obvious disadvantages of a system as it existed in theory were neutralised, in fact, were forgotten, and now the question comes up again under altogether altered conditions. With the new “system,” steady old soldier orderlies, *esprit de corps*, comradeship in the ranks, and even association in hospital wards of men of the same regiment are all things of the past. Is it really to be expected that all these conditions, whether actual or sentimental, are to be compensated for by the one novelty, however good in itself, namely, the formation of a Native Army Hospital Corps? Two very opposite replies to this query will be given by officers, according as to whether they are of the old school of experience, or of the new theory.

## Department of Lunacy.

### WONFORD HOUSE HOSPITAL FOR THE INSANE.

ONE-HUNDRED-AND-EIGHTEEN patients were under treatment last year in the Wonford Hospital for the Insane at Exeter, which is a middle-class asylum, with a charitable department, and which evidently meets a pressing want in the West of England. The reports of the Commissioners in Lunacy indicate that the hospital is conducted in no niggardly spirit, and yet the average weekly cost of maintenance is only £1 18s. 9d. per patient. This modest rate of board did not prevent the Committee of Management from devoting £1,302 last year to charitable purposes, two patients having been supported gratuitously, and a considerable number having received grants in aid of maintenance.

Dr. Rees Phillips, the present energetic medical superintendent of the hospital, has introduced many improvements, and now holds in view a comprehensive scheme for the

complete renovation of the interior of the building. Even without any such renovation, however, Wonford House offers excellent accommodation and many amenities to lunatics drawn from the professional classes, who cannot afford the charges of private asylums, but whom it would be cruel to place in association with paupers. The statements formerly made as to the connection subsisting between phthisis and insanity have had to be largely discounted, the excessive mortality of lunatics from consumption in some asylums having been shown to be due to defects in their hygienic arrangements, rather than to any special proclivity of their inmates to lung disease. But still a considerable proportion of lunatics are phthisical, and to some of them, as well as to lunatics who are debilitated by other bodily diseases, the Wonford Hospital offers singular advantages.

Beautifully situated on a rising ground, near Exeter, commanding splendid views over the estuary of the Exe, carefully constructed, drained, warmed, and ventilated, it is a sanatorium, as well as an asylum; and might become a special health resort for lunatics, for whom the salubrious climate of South Devon was judged to be a desirable adjunct to treatment.

### LUNACY DISTRICTS (SCOTLAND) BILL.

THE following are the terms of the Lord Advocate's Bill, introduced into the House of Lords, “to make provision for altering and varying lunacy districts in Scotland” :—

Whereas by the forty-ninth section of an Act passed in the Parliament held in the twentieth and twenty-first years of Her Majesty's reign, intituled “an Act for the regulation of the care and treatment of lunatics, and for the provision, maintenance, and regulation of lunatic asylums in Scotland,” it was enacted that with a view to the erection of asylums for the reception and care of pauper lunatics, and for the purposes of the said Act, Scotland should be divided into districts or divisions as set forth in a schedule thereto annexed, and that the General Board of Commissioners in Lunacy should have the power, on the application of the Prison Board of any county interested, to alter or vary said districts, either by combining counties, or otherwise, as they might think fit: and whereas by the operation of the Prisons (Scotland) Act 1877, Prison Boards in counties have ceased to exist, and there is no existing legal authority having the power to make such application for altering or varying the said districts: be it therefore enacted, &c. :—

1. The Lord Advocate shall have the power, on the application of the General Board of Commissioners in Lunacy for Scotland, to alter or vary the said districts, either by combining counties or parts of counties, or dividing counties, or otherwise, as may be requisite.

2. This Act may be cited as the Lunacy Districts (Scotland) Act, 1881, and shall be construed together with the first-recited Act.

### THE CAUSES OF INSANITY.

In his recently-issued Report on the Derby County Asylum at Mickleover, Dr. Murray Lindsay, the indefatigable Medical Superintendent of that institution, dwells on the importance of ascertaining the causes of insanity in each case not merely as a matter of scientific interest, but as a guide to treatment. The difficulties which are generally alleged to obstruct such inquiries are not, in Dr. Lindsay's experience, insuperable. In 154 out of 158 admissions into the Asylum during 1880—that is to say, in all but four cases—histories

more or less complete were obtained from relatives, friends, or relieving officers, the result being that in all but sixteen cases, definite causes of insanity were satisfactorily ascertained. This large measure of success in etiological investigation was mainly due to the intelligent co-operation of relieving officers taking an interest in their work and responding willingly to the wishes of the Asylum medical staff. By their endeavours, and from information derived from other sources, Dr. Lindsay feels justified in concluding that an hereditary predisposition to insanity existed in 34 per cent. of the patients admitted last year. In 20 per cent. there had been previous attacks of insanity, which is significant as showing the liability to a recurrence of mental disease after the mind has once been disordered, and the instability of what are called cures. Epilepsy was the ascertained cause of insanity in 15 per cent. of the cases admitted, and intemperance in 13 per cent. The latter cause of insanity was responsible for the mental disease in 18 per cent. of the cases admitted in 1879, the slight reduction in its morbid influence being coincident with a slight revival of trade in Derbyshire.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS"

#### ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

#### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 511.)

#### SALINE AND TABLE-WATERS.

We have now to do with an important class of waters. They are those which have generally been classed under distinct heads, namely, saline, (waters owing their chief efficacy to salt) faintly alkaline waters, and indifferent waters. Now, we prefer to class all these waters under one head—it is immaterial to us what the exact analysis may give; it is evident that as regards classification we must consider them from the point of view of their application, the justification of the application being determined by the analysis. If they are used as a table water, or a food product—they are certainly equally important, we may say, *more* important than other waters, because of the very large quantities consumed.

#### SELTZER.

The most important of such waters we give first. Advertisements may have done a great deal, quality has done something, but no water has been able to displace seltzer water as regards its hold on the public mind, and its position as a natural table water. It is the one which has been the type of artificial table waters. The consideration also of seltzer water will justify us in a system for the first time adopted in these articles, of keeping the salines, such as chloride of sodium distinct in our classification from the strong purgatives such as

sulphate of sodium. It has been pointed out in the therapeutics of our work, that even water itself may be viewed as an aperient under certain circumstances. It is not practically so, however, when drunk at the table with our meals, and the same may be said of salines such as chloride of sodium. We could have no better illustration of this than the very general use of seltzer water, which if it acted at all energetically as an aperient, would not be in use as a table water. These remarks must be always borne in mind, in considering the analyses of table waters, the presence of rather large quantities of chloride of sodium, is no detriment providing the sulphates of magnesia and soda are low. The seltzer spring contains nearly 200 grains of chloride of sodium but very little sulphate of sodium and no sulphate of magnesia.

It is perhaps not too much to say that the most celebrated waters perhaps in the world are those obtained at the small post town called Selters, a short distance from Schwalbach. Although we have never been at that town we think we are justified in stating that the spring or springs are not used as baths, and that it is entirely consumed in bottles for home and export consumption. Murray, in 1876, stated that a million and a half of bottles were exported annually, and that the quantity was increasing. We can readily believe that the consumption of this water has been even further increased owing to the extensive use of it as a table water. Although, strictly, a mild saline alkaline water in its natural state, its piquant flavour is increased by the addition of salt which brings its solid ingredients up to 297 grains, the added salt is nearly one half of the entire solids.

#### Seltzer.

Bicarbonate of sodium ... ..	47.67
Carbonate of calcium ... ..	21.91
Carbonate of magnesium ... ..	21.51
Chloride of magnesium ... ..	15.04
Protocarbonate of iron ... ..	1.50
Carbonate of manganese ... ..	0.02
Chloride of sodium ... ..	162.44
Chloride of potassium ... ..	2.39
Sulphate of sodium ... ..	2.13
Phosphate of calcium ... ..	trace
Phosphate of sodium ... ..	3.13
Fluorine ... ..	.01
Bromine ... ..	trace
Nitrate of calcium ... ..	0.13
Silica ... ..	2.05
Free ammonia ... ..	0.037
Nitrogenous organic matter (none)	

Total solids ... .. 279.36

Carbonic acid not determined.

The Skeleton analysis of  $\frac{1}{2}$  a pint or 10 oz. fluid—gave

Solids.	Salines.	Antacids.	Purgatives.
17 $\frac{1}{2}$ grs.	10 $\frac{1}{4}$ grs.	5 $\frac{1}{2}$ grs.	1 gr.

The antacid properties of this water are largely due to the alkaline earths, and the consequence is, that it does not present any marked alkaline reaction with phenol phtalein even after prolonged boiling. Still it does exhibit a slight alkaline reaction, particularly

if warmed. The water as examined by us differs very considerably from the published analysis, more particularly as regards the smaller amount of alkaline carbonates, and the presence of chloride of magnesium, which is ignored in the other analyses.

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## The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 22, 1881.

### THE INTERNATIONAL MEDICAL CONGRESS.

THE arrangements made with respect to the forthcoming International Medical Congress may now be considered as fairly complete, since there will be probably only a few alterations in the programme as it stands at present. The principal change made from the original scheme has been necessitated by the conditions under which the ex-officio presidency of the Council falls by right to the head of the College of Physicians, Sir William Jenner replacing Sir Risdon Bennett in both capacities, consequent on his election to the presidential chair of the premier medical corporation of the kingdom. The pathological section will be presided over by Dr. Burdon Sanderson, a fresh appointment to this important office having been rendered necessary by the lamented decease of Professor Sanders, of Edinburgh. Death also has removed one of the vice-presidents of the meeting in the person of Dr. Hudson; and a vice-president of the section of anatomy in the person of Dr. Rolleston, of Oxford. It is sad, indeed,

even while the time at which the Congress is summoned to meet is yet some weeks ahead, to have to record these heavy losses; and all who had anticipated an association with the distinguished men just named will be painfully reminded of the calamity their loss occasions, during the time when by their absence they will be mournfully conspicuous. Notwithstanding, however, there is every reason to hope and believe that the Congress will be a most successful demonstration of the dignity and importance to which the science and art of medicine and surgery have attained. There is already rich promise of ample discussion on subjects of interest and importance, and the names of many foreign visitors who have engaged to attend the Congress is an earnest of the additions likely to be made to our scientific knowledge, as a consequence of the meeting. Possibly there has never been witnessed in this country the assembling together at any one time of a like number of eminent and learned men, as will assuredly congregate in St. James's Great Hall on Wednesday, August 3rd, when the President of the Congress, Sir James Paget, will deliver his inaugural address. The interest of this, the first day of the meeting, will culminate in Sir James Paget's oration, and on the succeeding days we shall look for such special communications to be read before the various sections, as will be likely to bear plentiful fruit in the future development of our knowledge. These sections are fifteen in number, and relate respectively to anatomy, physiology, pathology and morbid anatomy, medicine (sub-section diseases of the throat), surgery, obstetrics, diseases of children, mental diseases, ophthalmology, diseases of the ear, diseases of the skin, diseases of the teeth, State medicine, military surgery and medicine, and materia medica and pharmacology. It says much for the energy and devotion of the committee of management appointed to arrange the details of the meeting, that in every section a prospectus of the subjects suggested for treatment in connection with it has been drawn up, printed in three languages, English, French, and German, and communicated to all medical practitioners in Europe and America likely to be interested in the various branches dealt with. The syllabuses, too, have many of them a high value as indicating the lines along which special research is required for the elucidation of points as yet not fully explained. Of course the task of preparing these outlines has been accomplished for each section by the officers appointed to carry out the work falling to it; but none the less we feel it will be universally considered that unqualified praise should be bestowed on the honorary secretary-general, Mr. McCormac, to whom especially has fallen the work of superintending the systematic execution of the whole stupendous undertaking. Much of the harmony with which hitherto the work of the committee has been accomplished is undoubtedly due to this gentleman's active and unceasing devotion to the cause he has espoused; and we can heartily record our own appreciation of the value of his exertions and the influence they have exerted in determining the great result to be achieved.

England has earned among Continental and American members of the medical profession a reputation for genial hospitality which it will be essential for us to maintain on this occasion. The number of strangers who will certainly



visit London for the purpose of taking part in the coming Congress will be very large; and the finding accommodation for these is a matter of anxious consideration with the executive committee. That, many as there will be, all will find a welcome with those who are prepared to receive them with the most friendly feelings, is probably certain; but, notwithstanding, the unusual circumstances surrounding the occasion may prove a severe test to the powers of the committee. For this reason they will gladly receive offers to entertain guests from all who have not as yet engaged to do so, and may be willing to extend the hospitality of their homes to any of the expected visitors for the week. The hint will be, we are convinced, more than sufficient, and we hope to find that only a very few who come to England expectant of the warm greeting of which so much has been said and written, will be disappointed by the result of their visit.

A number of entertainments and excursions are already announced as arranged for others will, doubtless, be yet provided for, and we have every reason to anticipate an unequalled success in every respect, as a result of the great International Medical Congress of 1881.

#### AN IRISH POOR-LAW WIDOW AND ORPHAN FUND.

It is several years since the proposal to establish a fund to provide annuities for the widows and orphans of Irish Poor-law medical officers was started at a general meeting of the Irish Medical Association, by Dr. Darby, of Bray. The suggestion having been then approved and adopted by the meeting, was submitted to an actuary for the purpose of obtaining from him an opinion as to the amount of the deduction from the salary of the medical officer which would be required in order to provide suitable pensions.

The report thus obtained was not conclusive, and the subject fell into abeyance for a couple of years, when it was taken up by Dr. Jacob, who sent out circulars throughout Ireland for the purpose of obtaining reliable statistics, and upon the figures thus calculated built up a scheme, which he put in pamphlet form, and afterwards published in our columns. Dr. Jacob's proposal was that each Poor-law medical officer should be asked to sign a document, authorising the Council of the fund to stop a small sum each quarter out of his salary, which deduction was to be collected from the Local Government Board, and stopped by the Board from the grant made by the consolidated fund to the union in which the contributing officer resided.

It will be observed that this scheme contemplated the bringing of the younger Poor-law medical officers within its provisions by means of a voluntary mortgage on their salaries. The proposal was submitted to the Irish Medical Association, and was also submitted to an actuary, who gave it as his opinion that no arrangement would be safe and practical, which did not make the contribution to it compulsory, because it might be expected that a voluntary fund would be gladly availed of by the elderly men, with wives and children, for whom they had made no provision, while the younger and more healthy men, who had neither wives or children,

would stand aloof. Thus the class of contributors, with long life before them, and no uxorial responsibilities, would be lost to the fund, while it would be immediately laden with claims arising after the death of contributors, who joined it when advanced in life. When this opinion was given by the actuary, employed by the Association, there was no precedent in Ireland for a prosperous widows and orphans scheme, and, thereupon, the question passed a second time out of notice, and so remained until the past year, when Dr. Jacob reopened the subject under more encouraging conditions. In the interval a similar fund had been established, and satisfactorily worked in connection with the Irish Church, the calculation upon which it was based, having been fully worked out under the auspices of the General Synod, and the scheme thus matured was adopted as a safe basis for the Poor-law medical fund.

Having examined the Act of the General Synod for the management of its fund, the following Bill of a similar character was prepared and submitted first to the Executive Committee of the Irish Medical Association, next to the Council, and afterwards to the general meeting of the Association itself, and it has been approved by all three bodies.

#### A BILL TO ESTABLISH A FUND FOR MAKING PROVISION FOR THE WIDOWS AND ORPHANS OF MEDICAL OFFICERS OF UNIONS IN IRELAND.

Whereas it is expedient that medical officers of unions in Ireland should be enabled to make provision for their widows and orphans by periodical contributions to a fund to be established for that purpose.

Be it therefore enacted by the Queen's Most Excellent Majesty, by and with the assent of the Lords and Commons, and by the authority of the same, as follows:—

1. This Act may be cited as the "Union Medical Officers' Widows and Orphans Fund (Ireland) Act."
2. Under the provisions of this Act a scheme for the establishment of a fund, to be called the Union Medical Officers' Widows and Orphans Fund may be submitted to the Local Government Board for Ireland, and that Board, if it shall approve of the terms of such scheme, may make an order declaring that such scheme shall be carried into effect: and, thereupon, such scheme shall take effect, and be as binding as if its provisions were herein enacted.
3. The Council of the fund may, from time to time, alter or revoke, or add to the provisions of the scheme, provided that such alteration, revocation, or addition, shall be approved by the Local Government Board for Ireland, and shall not be inconsistent with anything contained in this Act. Every alteration or revocation of any provision of the scheme, and every addition thereto shall be laid before the contributors to the fund at their first general meeting after the adoption of same by the Council, and before same is submitted for the approval of the Local Government Board for Ireland; and the contributors may, thereupon, rescind and annul such alteration, revocation, or addition.
4. The Council of the fund shall, on or before the first day of March, June, September, and December, in each year, furnish to the clerk of each union in Ireland, in which a contributor to the fund is entitled to receive either salary or superannuation allowance, an account setting forth the quarterly contribution, which such contributor is liable under this Act to pay to the fund, and the clerk of such union shall, thereupon, be entitled to deduct, and shall deduct such amount from the next quarterly payment to be made by him to such contributor, and shall hand over such deduction to the trustees of the fund.

*Classes of Contributors.*

5. Every medical officer of a union in Ireland who, after this Act shall have come into operation, shall enter into the Poor-law service for the first time, or who, having left the said service, shall be again appointed to the same, and who on entering or being again appointed shall not be more than [40] years of age, and shall be unmarried, or a widower without children, shall be required to contribute [£6] per annum to this fund.

6. Any other medical officer of a union in Ireland may be admitted as a contributor to this fund upon such terms as the Council, with the advice of an actuary, may determine.

*Benefits to Widows and Orphans.*

7. The widow of every contributor shall be entitled to receive an annuity of [£33], to terminate absolutely on remarriage; provided (a) that her husband, at the time of his death, held office in the Poor-law medical service of Ireland, or was in receipt of superannuation under same, or had continued to make payment of an amount equivalent to the deduction from his salary as provided in clause 10 of this Act; (b) that, at the time of marriage, he was under [60] years of age; (c) that he was not more than [25] years older than his wife; (d) that they were married for at least one year before his death; and (e) that the contribution to which such contributor was liable was paid up to the last term day before his death.

8. Every orphan whose mother is, or should have been, if living, entitled to an annuity on her husband's death, shall be paid an annuity of [£5] each until he or she attains the age of 21 years, or in the case of a girl, until she marries, if before that age; provided no more than [£25] per annum shall be paid to any one family orphans.

9. In cases where orphans are afflicted with any mental or bodily infirmity, rendering them incapable of supporting themselves, the Council may continue the payment beyond the age of 21 years.

10. If a medical officer who is a contributor under section 5 retires from the Poor-law medical service, his widow and orphans shall, after his death, be entitled to the benefits of this fund if a sum equivalent to the deduction from his salary is paid, during his life, to the Council.

11. In case any member of the fund shall, for any cause, vacate his Poor-law office, and shall not be in receipt of superannuation allowance in respect thereof, and shall be unable or unwilling to continue, under clause 10, his voluntary subscription equivalent to the deductions from his salary, then the Council shall at his death, award, as annuity, to his widow and orphans a sum less than that set down in clauses 7 and 8 of this Act, in proportion as the member's payments are less than he should have made; but they shall not refund to the member, during his life, any part of the sums deducted from his salary or voluntarily paid by him.

12. In case any member shall marry more than once, he shall—in order to recoup the Fund for the probable increase in the time of survivorship of his widow and orphans—authorise the Board to receive, from the date of each such marriage after the first, an increased deduction from his salary, the amount of which shall be decided by the Board.

*General Provisions.*

13. The annuities shall be payable quarterly, on every 1st day of January, 1st day of April, 1st day of July, and 1st day of October, and the first quarterly payment of an annuity shall be paid upon the gale day next following the death of the medical officer upon whose death it becomes payable.

14. All moneys or other property accruing to the funds, whether from contributions, as hereinbefore provided, or from bequest or donations, or from interest or other profits derived from investments, shall be vested in three trustees, who shall be elected every five years

by the contributors in general meeting. All annuities and other charges payable under this Act shall be paid out of such monies, and any sums which may remain in the hands of such trustees after such annuities and charges have been satisfied, shall be placed to the credit of the reserve fund.

15. The reserve fund shall be invested in such securities as are approved by the Court of Chancery for the investment of trust funds.

16. The Council shall have investigations of the state of the fund made by a competent actuary at the end of every five years, and they may increase, or reduce the annuities payable under this Act, to such extent as in their opinion shall be expedient. If it shall then appear that the moneys in the hands of the trustees are more than sufficient to satisfy all present or future liabilities of the fund for annuities and expenses of management, the Council may order that the interest arising from the reserve fund and of such grants or donations, unless otherwise appropriated by the donors, shall be applied to reduce the contributions or to increase the annuities in such manner as may be determined on, from time to time, by the Board, with the sanction of the contributors.

17. The Council shall report to the contributors at least each year, and publish a statement of finances at each general meeting.

It will be observed that, if this Bill is approved by Parliament, every Irish Poor-law medical officer will, *ipso facto*, on joining the service (or rejoining it if he already held office therein) be subject to a small quarterly deduction from his salary. Officers already in harness may also place themselves within the scope of the fund if accepted by the Council, but the amount of the deductions from the salaries of such officers will vary according to their ages, condition of health, and condition as regards marriage and paternity. Once an officer becomes a contributor he will know no more about the transaction except that his quarterly cheque for salary will be slightly less than the full amount. The Council of the Fund will collect the money from the clerk of the union and invest it, and thereout will pay after his death a fixed sum to his widow and children who survive. Thus the contributions by the medical officer who leaves no widow or children chargeable on the fund will go to help the widow and orphans of his professional brother who leaves behind him those for whose maintenance he was responsible.

A handsome reserve is, of course, an essential element in the safety of such a scheme, because without such reserve an unusual mortality amongst its contributors might produce insolvency. But there will be, under the proposed arrangement, such a fund. For many years after its first starting there would, probably, be no demand at all upon the fund, because all the contributors would be young men, in rude health, possibly unmarried, or with only one or two children. During these years the contributions to the fund will be laid by untouched and will bear substantial interest, and it is calculated that these accumulations will yield a capital of £10,000 before the period arrived at when the claims on the fund would equal its income. The amount of the deduction from salary to which the medical officer would have to submit is an important factor in the settlement of this question, and it must be at once understood that as yet nothing has been decided on this point. The figures printed in the foregoing Bill are those to which the Irish clergy have bound themselves, and it may be taken for granted that the con-

tributions and the pensions are proportioned to each other on sound financial principles, and on the best actuarial advice. But for Poor-law medical officers these amounts may be fixed at any scale, so long as the proportion remains the same, and it will, of course be a subject for careful deliberation what deduction from salary can be afforded by the average Poor-law medical officer, and what is the least pension that ought to be secured to his widow and orphans. In connection with this aspect of the scheme it ought to be closely borne in mind that the proposed fund does not at all aim either at forestalling the necessity for life insurance or at superseding the benevolent work of our valuable organisation the Royal Medical Benevolent Fund. On the one hand it must be recollected that the best pension which could possibly be granted to a widow or orphans in respect of a deduction from salary at all reasonable would be altogether inadequate as the sole support of the pensioners. It would be a valuable help, and would make for them the difference between penury and moderate comfort; but it would be, at least, only the supplement of other income which may be hoped for from insurance or accumulated property; on the other hand, the pensions granted could never do away with the Royal Medical Benevolent Fund, or do more than relieve it of the excessive strain upon its resources. There would always be many claimants to whom charitable help was a real necessity, and we should hope to see the day when these two organisations would work side by side to rescue the widows and orphans of Irish medical men from indigence.

This scheme has been submitted to the Irish Local Government Board, and has, in principle, received their approval, and we have every hope that, before long, its details may be fully matured and parliamentary sanction obtained for it.

## Notes on Current Topics.

### Royal College of Surgeons, England, Annual Election.

THE annual election of Fellows of the Royal College of Surgeons, to fill the vacancies occurring in the Council, will take place on the first Thursday in July. The time by which nominations had to be sent in expired on the 13th inst., and there are now announced for the three vacant seats the following gentlemen:—Sir James Paget and Mr. Haynes Walton, who offer themselves for re-election; Mr. J. W. Whittaker Hulke, F.R.S., Surgeon to the Middlesex Hospital; Mr. Christopher Heath, Surgeon to University College Hospital; Mr. John Croft, Surgeon to St. Thomas's Hospital; and Mr. Reginald Harrison, Surgeon to the Liverpool Infirmary. All the gentlemen named above are Fellows of the College by Examination. The election will take place at 2 p.m., on Thursday, the 7th of July. It should be mentioned that at the election last year, when Mr. Cadge, of Norwich, was a successful candidate, Mr. Harrison, of Liverpool, would have presented himself, in obedience to the wishes of numerous provincial surgeons, but for a desire to present no obstacle to the election of Mr. Cadge. The representation of the

provincial branch of the surgical profession is by no means at present as considerable as should be the case, and it is to be hoped that those who wish to see Mr. Harrison returned will make an effort to secure so desirable a result. Mr. Harrison's fitness for the honour he is seeking is unquestionable, and we wish him all the success in his candidature he so eminently deserves.

### Death of Prof. Skoda.

THE well-known Vienna Professor of Medicine, Joseph Skoda, died on Monday the 13th inst., at the age of 75. He had been ill for a considerable time, and no hope of his recovery had been entertained. The labours of the deceased physician in connection with pathological changes in the thoracic viscera, are sufficiently well-known and appreciated to make his death a subject of general regret; while the generous gifts made by him in the later part of his life in aid of the families of medical men, will serve to excite grateful recollections of his goodness. Skoda was undoubtedly one of the greatest teachers of the Vienna School, and to him in no inconsiderable measure is due the high position it occupies at present as a centre of medical instruction. He was compelled, some years ago, by frequently recurring and painful attacks of gout, to resign his post as Professor of Clinical Medicine at the General Hospital of Vienna, but there are many men in this country and America who will preserve kindly recollections of the amiability and harmony which distinguished him.

### Storage of Electricity.

THE application of the electric light in medicine is attracting a considerable amount of attention just now in connection with the employment of the Faure battery, by aid of which, what is called *storage* of the electric fluid, may be accomplished. According to Sir William Thompson (*Nature*, June 16), Reynier's statement that an accumulator (Faure's) weighing 165 pounds can store up and emit again 2,000,000 foot pounds of energy, is confirmed by fresh observations. He continues, "I have not yet succeeded in making the complete measurements necessary to say exactly what proportion of the energy used in charging is lost in the process of charging and discharging. If the processes are pushed on too fast there is necessarily a great loss of energy, just as there is in driving a small steam engine so fast that energy is wasted by 'wire drawing' of the steam through the steam pipes and ports." Slow action, too, is attended with some loss, but the escape from local action may, Sir William thinks, be reduced to a small amount. He considers that accumulators weighing three-quarters of a ton, will suffice to work a single charge for six hours at the uniform rate of one horse power, and with a loss of only ten per cent. of the charge. These results are interesting to the profession, for if they are verified by application to heavy work, the question of modifying the apparatus for medical purposes is simply one of mechanical ingenuity. Prof. Tyndall, in a letter to the *Times* of Saturday last, denies the accuracy of the explanation given by Sir William Thompson respecting the action of the "accumulator." According to him there is no actual "storage" of electricity, but the machine acts as a constant battery. **D**

this as it may, however, the usefulness of the discoveries already made, and their possible applications in the future, would appear to be all but demonstrated, and this, irrespective of scientific controversy, is a matter on which we may well congratulate ourselves.

#### The British Association.

THE British Association for the Advancement of Science will hold the 1881 meeting at York during the week ending September 8th next. Peculiar interest will attach to it by reason of its being the jubilee of the Association, and also from the fact that the first meeting in 1831 was held at York. In order to celebrate the event a special exhibition will be held, in connection with the meeting, of instruments and scientific tools, to illustrate the advances made during the past half century. Men of science, societies, and manufacturers are invited to lend articles for exhibition; these will be insured by the Association, and carefully preserved and returned to their owner.

#### The Harveian Oration.

ON Saturday last Dr. A. Whyte Barclay delivered the annual oration commemorative of the life and work of the discoverer of the blood, before a large and select meeting of the medical profession at the Royal College of Physicians. Sir Wm. Jenner, President of the College, occupied the chair. The address was like most of its predecessors, a laudation of Harvey's great achievement, and was an eloquent and able composition. We venture to think, however, that the time has come when these annual lectures should be something beyond a modified obituary notice, and take the form of a contribution to our higher knowledge. Will no one take the hint?

#### Fish for Food.

THE publication of the truth concerning the scandalous manner in which the Metropolitan fish market is "rigged," and a large amount of highly nutritious and wholesome food thus lost to the public, has done a considerable amount of good, and may be expected to result in a reform of the abuse that has been permitted to grow up in connection with the subject. Most persons are acquainted with the fact that a fish diet is a safe and desirable substitute for coarse meat, which can be advantageously resorted to at frequent intervals. As supplying the material for restoring tissue waste in those whose brains are overtaxed in city pursuits its value cannot be over-estimated, nor as a staple article of consumption among the poorer classes would fish compare unfavourably with whatever is most usually consumed by them. Hence the knowledge that it is to be regarded as a luxury rather than as a common article of diet, because of the avarice of those whose interest it is to maintain a fictitious value for it, reasonably forms a subject of complaint with the public generally. The question of the indignation felt against the fish-brokers is further intensified by the assertion, hitherto uncontradicted, that a daily destruction of tons of fish goes on, simply to maintain high prices, and this in a city where thousands of poor are daily suffering the pangs of hunger. It is safe to assume that no other country in the world would tolerate such gross injustice, and it adds no palliation that the

object of the iniquity is the enrichment of some few dealers whose common honesty is too feeble to rebel against the wrong they are committing.

#### Act Relating to Colour-Blindness.

THE following Act has been passed by the Legislature of Massachusetts and approved by the Governor:—

SECTION 1. No railroad company shall employ or keep in its employment any person in a position which requires him to distinguish form or colour signals, unless such person, within two years next preceding, has been examined for colour-blindness or other defective sight, by some competent person, employed and paid by the railroad company, and has received a certificate that he is not disqualified for such position by colour-blindness or other defective sight. Every railroad company shall require such employé to be reexamined at least once within every two years, at the expense of the railroad company.

SEC. 2. A railroad company shall be liable to a fine of one hundred dollars for each violation of the preceding section.

SEC. 3. This Act shall take effect on the first day of July next.

#### Trichinæ in Meats.

THE *Progrès Médical* reports that Mr. Pouchet has made experiments in his laboratory, on three rats, which he fed on both salted and smoked trichinous meats. On dissecting those animals, he found no trichinæ cysts in their muscles, but great quantities in the intestinal cavity, showing no signs of having been acted on. He therefore concluded that those meats were not dangerous.

Mr. Bert says that pickling, when recent, does not kill trichinæ, but that after a time they die of their own accord in salted meats, in the same way as they die in the human muscles. How long does it take to bring about this result? From experiments made in Denmark, it would seem that from one to three or four months are necessary. The fact is, this point is still in darkness, and it is the more to be regretted that there exists no reliable method by which it is possible to ascertain whether trichinæ contained in meats are alive or dead.

#### Death of Dr. Otis, of America.

DIED at Washington, on the 23rd of February, æt. 50, George Alexander Otis, M.D., Surgeon U.S.A. Dr. Otis, who is widely known as an eminent writer on military surgery, and as the compiler of the surgical volumes of the Medical and Surgical History of the War, was born at Boston, Massachusetts, November 12, 1830; he graduated in the Arts at Princeton College, and in Medicine at the University of Pennsylvania, in 1860. He then visited Europe, and prosecuted his studies in London and Paris, and, returning to this country, he began the practice of his profession at Springfield, Massachusetts. He entered the army as Surgeon of the 27th Massachusetts' Volunteers, in September, 1861, and after the close of the war, he entered the medical corps of the regular army.

DR. FARQUHARSON will move the rejection of the Vivisection Abolition Bill, which stands for reading on Wednesday, July 13th.

### Syphilis Propagation.

IN reply to Mr. O'Kelly, Mr. Forster stated in the House of Commons, last week, that it was not intended to apply the Contagious Diseases Acts to Dublin. The more the pity! No city has greater need of some means of checking the ravages of venereal disease. But probably the Chief Secretary has enough on his mind without invoking the virtuously indignant protests of the few but very talkative goody-goodys who constitute the anti-contagious diseases party in Dublin.

### Abnormal Muscular Development.

DR. R. W. CORWIN, of Chicago, held a post-mortem over a very muscular Bohemian, killed by accident last October, and found in the right pectoral region a muscle about seven inches long, two and one-fourth inches wide, and one-third of an inch thick, lying nearly at right angles to the ribs, having its origin by aponeurotic fibres from the lower border of the sternal end of the second rib (some of the fibres piercing the pectoralis major), and its insertion by an aponeurosis in the lower anterior border of the pectoralis major. No trace of a similar muscle could be found on the opposite side.

### Artisans Dwellings.

SIR RICHARD CROSS has, after considerable delay, secured the appointment of the Select Committee on Artisans' and Labourers' Dwellings. The members are, besides the right hon. gentleman, Mr. Courtney, Sir S. Waterlow, Sir M. Ridley, Mr. W. Holms, Mr. Brodrick, Mr. Torrens, Sir H. Holland, Mr. Bryce, Sir J. McGarel Hogg, Mr. Cropper, Viscount Emlyn, Mr. F. Buxton, Mr. A. Balfour, Mr. Hastings, Mr. Rankin, Mr. Brand, Mr. Leamy, and The O'Donoghue.

### The Health of Ireland.

IN the year which ended on the 31st of December last the number of deaths registered in Ireland amounted to 102,955—51,671 males and 51,284 females—equal to a ratio of 19.3 per 1,000 of the population, being 1.5 per 1,000 persons over the average rate for the ten years 1870-79, the mortality being the highest recorded in any year since registration was established in 1864, except the year 1876, when the rate was 19.6.

During the year, 11,750 deaths were returned by the registrars as having occurred from the eight principal zymotic diseases, being 11.4 per cent. of the total deaths, and equal to 2.21 in every 1,000 persons living. The average annual number of deaths from these diseases during the previous ten years was 11,125, or 2.08 in every 1,000 of the estimated average population, the lowest number during that period being 9,162 in the year 1877, and the highest 14,216 in 1872; the number registered during the year 1879 was 9,895.

Of the 11,750 deaths from these diseases last year, 369 (266 of which occurred in Dublin and its suburbs) were caused by small-pox, showing a decrease of 303 as compared with the number in the year 1879; 979 by measles which in the preceding year caused 860 deaths, and in the year 1878 2,212; 2,350 by scarlet fever, being 662 in excess of the number for the year 1879, and 1,371 ver

the deaths in the previous year, but still 12 under the average for the ten years 1870-79; 289 by diphtheria; 2,199 by whooping-cough, being 461 over the average for the ten years 1870-79, and 16 in excess of the highest yearly number in that decennium; 2,986 by fever, being somewhat over the number in any of the preceding five years, but slightly under the average for the ten years 1870-79; 2,518 by diarrhoea, a number considerably over the average; and 60 by simple cholera.

The births registered during the year number only 128,010, affording a ratio of 24.0 per 1,000, against an average rate of 26.6 per 1,000 for the previous ten years.

### Sickness Caused by Putrid Meat.

AT a recent meeting of the Michigan Board of Health, a letter was presented from Dr. Mulvany, M.D., of the British Navy, detailing the effects of food rendered unwholesome through putrefactive taint. All of the crew of a large merchant vessel that put into the Falkland Islands who ate of pork, opened on a certain day, became ill, and the illness continued until the ship was disabled and medical assistance was sought for in the Falkland Islands. There it was found that not only the pork but the beef was bad, and the meat was condemned by a board of surveying officers. Seven of the affected died, and post-mortem examination revealed immense effusion into the pericardium, a stench from the brain and congestion at the point of the calamus scriptorius in the fourth ventricle, with congestion of the jejunum and ilium. During life the chief symptoms were paralysis of the hands and feet, and agonising pain in the toes; uncontrollable sleeplessness, loose bowels; stench from the skin, etc. Symptoms entirely *sui generis*. The Board requested Dr. Mulvany to present a complete account of the sickness.

### Alcohol—Clinical Phases of Poisoning.

DR. WOODBURY (*Philadelphia Medical Times*) makes the following points on this subject:—(1) Acute alcohol poisoning, manifesting itself in the forms of coma, convulsions and mania-a-potu, is characteristic of the physiological action of alcohol upon a system unaccustomed to its use. Its treatment in cases of coma and convulsions is like that of the other narcotic poisons producing paralysis of the respiration, but in mania powerful cerebral sedatives are required. During the after-treatment alcohol is not necessary, but on the contrary, every encouragement, both by precept and by prescription, should be given the patient to adopt total abstinence as his only chance of safety. (2) Chronic alcoholic poisoning, exhibiting itself in the form of horrors, vigilance, delirium tremens or melancholia, on the contrary bespeaks the existence of a depressed condition of the vital powers due to saturation of the system with alcohol and consequent degenerative changes. Such unfortunate cases, suffering from what might be called an alcoholic diathesis, require careful nursing, a supporting treatment and the continuance of stimulants, which to them have become both food and drink.

MR. WARTON, the House of Commons bore, has given notice of his intention to move the rejection of Mr. Litton's Lunacy Law Assimilation (Ireland) Bill.

### Excision of the Pylorus.

SOME time ago we drew attention to the performance, by Billroth of Vienna, of excision of the pylorus in a woman affected with cancer of the part. This, the first operation of the kind, did remarkably well, union occurring rapidly and completely, and terminated in complete recovery from the immediate effects of the severe proceeding. The operation was undertaken in January last, and all continued well until about a month ago, when symptoms of anorexia set in, and proceeded rapidly until the woman succumbed. The success of the operation has, however, been thoroughly well testified, and it has since been repeated several times, but with success in only a small proportion of the cases. Whether it will become generally adopted must, of course, depend on the results obtained from it in a large number of hands; that it is feasible and fairly safe may, even now, be accepted as proved.

### Liebig's Extract.

THAT this preparation has lost nothing of its popularity may be judged from the fact that the Company in their fifteenth annual report, report sales during the year amounting to £141,137. This comprises sales of extract of meat, hides, tallow, horns, &c. The net profit amounts to nearly £70,000, which allows for the usual 10 per cent. dividend and £15,000 to be carried to the reserve fund. The company own about 37,000 head of cattle, and they have lately purchased about 27,000 acres more of grazing land in Uruguay for £18,419, and have taken on lease 52,149 acres more land, so as to be able to increase their cattle stocks.

### The Unqualified Assistant System.

OUR contemporary the *Globe* says:—"Not a moment too soon, a raid has been proclaimed in the Midland counties against the unqualified medical practitioners who there abound. The evil has now reached dimensions which render united action on the part of the faculty imperatively necessary, if any good is to come from the present agitation. So far, the enemy has prospered, chiefly by reason of dissension in the opposite camp. At a late meeting of the Midland Medical Association it was affirmed that many members of the profession have actually been in the habit of joining in partnership with unqualified practitioners. Others it is asserted, allow their names to be used by these untrained practitioners, while, in some cases, practices have been sold to them by retiring doctors. As was well said by one speaker, these doings really amount to a fraud on the public by causing them to imagine that they are being attended by skilled experts, when in reality they are in the hands of ignorant empires. Another evil is, that when poor patients who have been attended by the unqualified partner die, the one possessing the qualification signs the death certificate, although he may never have seen the deceased.

### Maintenance of Irish Lunatics.

MR. O'SHAUGHNESSY has given notice that on Thursday next he will ask the Chief Secretary to the Lord Lieutenant of Ireland, if he can hold out any hope that in allocating the cost of non-paying lunatics in Irish lunatic asylums, the executive will, in cases where the district of

the asylum includes a county and a county of a city, so exercise the powers given it by statute as to avoid throwing on either portion of the district, exclusively of the other, the cost of non-paying lunatics who have been but a short time residing in such first-mentioned portion of the district; and whether he will consider the advisability of so exercising the aforesaid powers as to follow, between such portions of such district, the analogy of the law regulating the liability of different electoral divisions in the same union for the cost of the relief of in-door paupers.

### Unqualified "Vets."

LORD ABERDARE has carried in the House of Lords the second reading of his Bill for imposing a penalty, not exceeding £20, on any person who, without due qualifications, certified by the Royal College of Veterinary Surgeons, describes himself as a member of the veterinary profession.

### Fire in the Cambridge Anatomy School.

AN accident, which at one time caused serious alarm, occurred in the Anatomical Schools of Cambridge University last week. By the ignition of some spirit the preparation room caught fire, to which apartment, however, it was, by the exertions of the servants of the museum, and of the fire brigade, fortunately confined. No specimen of value appears to have been destroyed, though the room was much damaged.

### Bequests to Irish Charities.

MR. JOHN McCANCE has bequeathed £100 to the Belfast Royal Hospital. Mr. E. Pike has given a donation of £50 to the Hospital for Women and Children, Cork. Mr. Forster Green has given £50 to the Society for Providing Nurses for the Sick Poor, Belfast; and a similar amount has been bequeathed to this charity by Mrs. Bushell.

MR. CADGE, of Norwich, a member of the Council of the College of Surgeons, will take the chair at the annual festival of the Fellows on the evening of the election.

DR. VIVIAN POORE has been nominated to deliver the "Bradshaw" lecture at the Royal College of Physicians of London in August next.

ELIZA PATMORE, æt. 21, cook, in the employ of Messrs. Brickwell, surgeons, Sawbridgeworth, committed suicide on June 2nd by swallowing 3 oz. of aconite liniment, the largest recorded dose of this poison.

AN examination of candidates for commissions in the medical department of Her Majesty's army, will be held at the London University, on the 15th August next, and following days.

THE adjourned discussion on Dr. S. S. Alford's paper on "The Practical Treatment of Dipsomania," will take place before the British Medical Temperance Association, in the rooms of the Medical Society of London, on Friday, June 24th.



IN view of the prevalence of small-pox the Admiralty have directed a general examination of the officers and men of Her Majesty's ships at the home ports, for the purpose of ascertaining the extent to which re-vaccination may be necessary, such re-vaccination to be performed by the medical officers of the ships.

THE "Harvey Memorial" will be unveiled at Folkestone, on Saturday, August 6th. Members of the Medical Congress wishing to be present will have a special train provided for them, free of cost, by the South-Eastern Railway Co., and the Mayor of Folkestone will subsequently entertain them at a banquet.

THE National Hospital for Consumption, Ventnor, has received a legacy of £1,000, free of duty, from the late Major C. S. Barron, and one of £300, less duty, from the late Miss Martha Relfe. The Leeds General Infirmary receives £250 under the will of Mr. H. W. Eyres, and the Halifax Infirmary and Dispensary £500 by the will of Mr. James Farrar.

It seems hardly credible, says the *Liverpool Courier*, but it is a fact, that patients who resort to the dispensaries there for surgical aid, frequently steal the instruments employed in their behalf. In a case before the magistrates last week it was stated that a man who had had a wound in his head dressed, stole the doctor's scissors, and was soon afterwards found threatening to stab a woman with them in the street.

THE fiftieth anniversary of Professor Pirogoff's commencement of official life was celebrated in Moscow on the 5th instant. Addresses of congratulation were received from all parts of Russia, and from foreign countries; and deputations, said to be one hundred and thirty in number from all the Russian universities and scientific societies, either waited personally on him, or sent addresses.

It is with sincere regret that we have to record the death of Professor Rolleston, M.D., F.R.S., Linacre Professor of Anatomy and Physiology in the University of Oxford, and representative of that Corporation in the General Medical Council. Deceased was not present at the last meeting of the Council through an illness which last Thursday cut short a valuable life at the early age of fifty-two.

LAST week the Lord Mayor of London published a very telling appeal in the lay press in favour of increased contributions to the Hospital Sunday Fund, annual collections for which took place on Sunday. It is, of course, too early to give even an approximate estimate of the total collected in the various places of worship; we can only hope that his lordship's appeal will be fruitful of good results, and that last year's contribution of £31,100, which was the highest sum reached, will be this year considerably exceeded.

IN the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—

Calcutta 29, Bombay 34, Paris 28; Geneva, 9; Brussels 23; Amsterdam 26, Rotterdam 17; The Hague 13; Copenhagen 24, Stockholm 26, Christiana 25; St. Petersburg 61; Berlin 25, Hamburg 26, Dresden 26, Breslau 32, Munich 37; Vienna 36; Buda-Pesth 41; Rome 28, Turin 23; New York 29, Brooklyn, 18, Philadelphia, 22, Baltimore, 18 per 1,000 of the various population.

FROM diseases of the zymotic class last week in the large towns measles showed the largest proportional fatality in Bristol, Sheffield, and Liverpool; scarlet fever in Norwich, Oldham, and Birmingham; whooping-cough in Leicester, Portsmouth, Glasgow, and Birmingham. The 17 deaths from diphtheria included 11 in London. Small-pox caused 67 more deaths in London and its outer ring of suburban districts, 2 in Liverpool, 1 in Brighton, 1 in Glasgow, and 1 in Hull; whereas no fatal case of this disease was registered in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

ABERDEEN.—A YEAR IN THE LUNATIC ASYLUM.—The Annual Report of Dr. Jamieson, the medical superintendent of the Lunatic Asylum, which has been published, is a document possessing interest to the profession, and interest often of a painful nature to the public. From the statistical part of the report, we gather that the number of patients under the charge of the Institution during the past year was 717, the admissions having been 183, as compared with 182 in the preceding year, and the average number of persons resident 534, as compared with 523 in 1879. The results as to recoveries had been more favourable, the death-rate had been slightly over the usual low average of the Institution, and there had been a slight decrease in the number of parochial patients, with an increase of private patients at the lower rates. Almost all these admitted belonged to the district, only six having come from beyond it. As usual, the females preponderated, only 83 of the admissions having been males. The occupations of those admitted were of the most varied character, and not any of them apparently forming special cause for mental disorders. Sailors and fishermen formed one marked group, and farm labourers another, standing next in number to those of a larger class still—people specified as having no occupation. A large proportion of the cases at the time of admission were of an unpromising description as regarded recovery under any treatment. Of the 183 admitted, about 50 were hopeless, and 30 or more unpromising. There were 81 patients discharged during the year as recovered, their average period of residence being seven months. In half of the cases no cause could be assigned for the disorder, in about a fourth the cause is hereditary predisposition, and in the remainder undoubtedly intemperance took the lead.

THE DUNDEE ROYAL INFIRMARY.—The annual meeting of the directors of this institution was held on the 13th inst., Mr. Thomas Taylor in the chair. The report for the year stated that 1,672 patients had been admitted, being 48 fewer than last year, and that the total number of cases treated to a

termination amounted to 1,677, against 1,700 in 1880. Of these 1,452 had been relieved, 79 unrelieved, and 146 had died. There had been 80 fever cases during the year, about one-half fewer than in 1880, and there had been 14 deaths. The total of general cases was 1,597, being 53 more than in 1880. 6,957 out-door patients had been visited, and 335 had been sent to the Convalescent Home. The revenue for the year amounted to £6,257 4s. 10d., and the expenditure to £5,809 1s. 5d., leaving a surplus of £448 8s. 5d. Of legacies, £1,000 had been received from Mrs. Curr's trustees, and £3,000 from the residue of How's estate, as well as £372 from smaller legacies, and there had also been received £250 of donations. During the year £1,779 had been expended on new buildings and alterations. The chairman remarked that the report was exceedingly satisfactory, and pointed out that a great saving in the expenditure had been effected by more careful and economical management. The system of training nurses had also worked well, and from fees derived from private families there had been an increase of £61. The nurses were trained for three years, and were therefore better qualified than those whose probationary term was a much shorter tenure. The reports were approved.

**THE COMBE LECTURES.**—In continuing the course of Combe Lectures on Physiology on the 14th inst., delivered in the Training College, Edinburgh, to a large audience, Dr. Andrew Wilson dealt with the teeth and the important function they played in the preservation of health by the adequate mastication of the food. As a suitable dentrifice for their preservation he recommended camphorated chalk or magnesia. The uses of saliva and the manner of its secretion were next dealt with, the anatomical construction of the stomach described, and the manner in which food was received into it and digested explained. Speaking on pepsine, Dr. Wilson incidentally alluded to specific medicines, and remarked that so long as the British public poured medicines of which they knew nothing into frames of which they knew less, so long must the popular standard of physiological knowledge be considered low. They should take their medicine, as they took their law, from legal and authoritative sources.

**HEAVY BILL FOR MEDICAL ATTENDANCE.**—On the 15th inst. Sheriff Hallard, of Edinburgh, was engaged hearing evidence in an action for £107, at the instance of Dr. Dionysius Wielobycki of that city, against Isaac Atkinson, tailor, residing in Portobello. The amount claimed was said to be due for medical attendance on Mrs. Atkinson from 1871 to 1881; and the defence is that Atkinson did not order pursuer's attendance, and that the account is overcharged. The case had not concluded when we went to press.

**EDINBURGH—HEALTH OF THE CITY DURING MAY.**—At a meeting of the Public Health Committee of Edinburgh Town Council held on the 14th inst., the monthly report by Dr. Littlejohn, medical officer of health, was submitted. It showed that during the month of May there had been 381 deaths, giving a rate of 20·49 per annum for every 1,000 of the population. Of these, 124 were due to chest diseases, and 47 to zymotic causes, of which 24 were cases of scarlatina, 13 of whooping-cough, 1 of typhus, and 4 of typhoid fever. In the corresponding month of last year the deaths numbered 407, but the average death-rate for the month of May during the past five years has been 22·40 per 1,000. Several samples of milk had been taken and analysed, and in one-fifth of these it was suspected that there had been adulteration.

**LEITH—INCREASE OF TYPHUS FEVER.**—A short time ago

it was reported that typhus fever, which had been somewhat prevalent in Leith for some time, had been on the decrease. Since then, however, the epidemic has again increased, and at present there are in the temporary hospital in King Street ten cases, and in Leith Hospital other ten cases. Three deaths from typhus fever occurred on the 13th inst.

## Correspondence.

### THE PAY OF SANITARY OFFICERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—In poor rural districts where the salary is the only income of dispensary doctors it is evident that every little emolument is more closely scanned and more highly valued than in large towns, and it would consequently appear only just and proper that the various emoluments appertaining to dispensary appointments should be equally divided.

Are they equally divided? Is it right that one man who happens to hold both the dispensary and workhouse in a town should retain the *sanitary* officer as belonging to the dispensary, and the salary of *consulting* sanitary (which is usually £30) as belonging to the workhouse? Or would it not be fairer in such a case to appoint each of the medical officers of the union consulting sanitary officer *consecutively*, each holding office one year.

To this matter I hope to be able to draw the attention of the authorities. And I trust to your justice that you will assist the less fortunate of the profession by giving the affair the prominence it deserves.

I am Sir, your obedient servant,  
VILLAGE DOCTOR.

### ROYAL COLLEGE OF SURGEONS' MEETING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR.—There appears to me to be a misunderstanding on the part of a number of members of Council as to the wishes of the country Fellows in regard to the publication of the *procès* of their proceedings. We do not want a detailed account of every debate or trifling matter of home arrangement; a mere note of such subjects could be furnished by a member chosen as reporter, *pro tem*, at each meeting; nor would we require the division lists in such matters. But when questions of importance to the general interests of the profession arise, when the details of such a measure as the Educational Scheme, so ably elaborated by the Council, has been worked out, and the entire question brought for final decision, a short-hand writer might be employed, and a full account of the debate and the division lists should be given. The expense would not be heavy, and, I venture to say, not grudged by those who think with me. We country fellows would then, at the annual election, not only know who they vote for, but what they vote for, instead of following a blind lead as at present.

I am Sir, yours,  
JAMES MARTIN.

## Literature.

### AN ATLAS OF ILLUSTRATIONS OF PATHOLOGY. (a)

THE diseases of the kidneys, supra-renal capsules and spleen having been completely illustrated in the first and second parts of this Atlas, already reviewed in these columns, we now begin the extensive and important department of diseases of the liver. We have plates of lymphadenoma; of dilatation of the hepatic ducts in one instance from gallstones and in the other from cancer; of syphilitic cirrhosis; of red

(a) "An Atlas of Illustrations of Pathology, compiled chiefly from Original Sources, for the New Sydenham Society." Fasciculus III. Plates 11 to 16 inclusive. Pp. 8, folio. London: H. R. Lewis.

atrophy with acute yellow atrophy, with histological detail, of each; of lardaceous liver, and of the same under the iodine reaction; and, lastly, of cancer of the liver, and of the well known nutmeg liver. Appended to the Atlas is a brief but clear letter-press description of each specimen; and we have in the prefatory note a promise that the next number will conclude the subject of hepatic disease; and will contain further illustrations of morbid histology as well as a *resumé* of the present state of our knowledge of the morbid anatomy of the largest of the glandular organs. If this little treatise, so modestly styled a *resumé*, be accomplished in the same admirable manner as that on renal disease, it will be indeed valuable. We look on this Pathological Atlas, in all its three fasciculi, as one of the best things that the Society has as yet done. The illustrations are nearly life-size; the colouring is beautiful and true to nature; and we have not seen in this or any other country any work of this kind that satisfied us so much. Taken alone, it would be well worth the annual guinea; and will, when finished, constitute a treatise which every practising physician should possess.

#### THE NEW SYDENHAM SOCIETY'S LEXICON OF MEDICINE AND THE ALLIED SCIENCES. (a)

We have already reviewed the three preceding parts of this lexicon, and have hardly anything to add to the opinions which we have already expressed. The work is carefully and elaborately done; and comprehends every reference which the medical or scientific inquirer could possibly require. In fact, it is a little too diffuse; and, as with four parts it has only reached "Caffeine," we fear it will, when completed, be nearly as voluminous as the catalogue of some great university or national library. We must repeat our objection to the exceeding smallness of the type; which although our vision is excellent, is to us inconvenient. A little more care might be taken with the formulæ; for example, hydrated carbonate of bismuth is written  $2 [Bi_2 CO_3] H_2 O$  an expression which is usually and rather more correctly rendered  $2 Bi_2 O_3 CO_3, H_2 O$ . Upon the whole the work is valuable, although we think that one of a lesser size might have been more practically useful. We doubt if it be wise policy of the New Sydenham Society to issue works the coming out of which extends over a long series of years. This process has a tendency to deter new subscribers from joining—perhaps, however, judicious liberality in enabling them to make up a complete set of any current work might obviate this difficulty.

#### THE DESCRIPTIVE ATLAS OF ANATOMY. (b)

MESSRS. SMITH, ELDER, and Co., by publishing this work, have placed within the reach of students of "slender means" an accurate descriptive atlas of anatomy, in which they should have little difficulty in finding a correct representation of a part they are about to dissect. But should "subjects" be scarce, careful study of the drawings will enable them to lay in store an amount of information that will reveal itself in presence of the "body" in a more plentiful season; for, as the publishers truly remark, a thorough knowledge of anatomy can only be attained by careful and repeated dissections, combined with the study of one or more of the text-books upon the subject.

This atlas, the plates of which have been carefully revised "by a metropolitan hospital surgeon and a successful teacher of Anatomy in one of the chief London Medical Schools," will enable its possessor to economise time by dispensing with text-books having small-sized illustrations, many of which are more bewildering than otherwise.

Having spoken so far favourably of the Atlas, we think that a few of the illustrations are too darkly tinted for easy reference, particularly when the eye is assisted by artificial light only. Indeed, we had ourselves some difficulty, even with a good lens, in reading several of the names in the darker printings. But notwithstanding these limited obscurities, we do not hesitate to record our opinion that, considering the

(a) "The New Sydenham Society's Lexicon of Medicine and the Allied Sciences." By Henry Power, M.B., and Leonard Sedgwick, M.D. Fourth Part. Arteroid to Caffeine. London. 1880.

(b) "The Descriptive Atlas of Anatomy." A Representation of the Anatomy of the Human Body. In 92 royal 4to Plates, containing 550 figures. London: Smith, Elder, and Co., 15 Water-loo Place. 1880.

price at which it is offered to the professional student, there are hardly any illustrated anatomical works capable of competing with this excellent Atlas of Anatomy.

### Literary Notes and Gossip.

DR. SAMUEL CROMPTON, Consulting Physician to the Salford Royal Hospital and Dispensary, has presented a valuable collection of medical books to the committee of the Bolton Infirmary.

THE subject chosen for the Jacksonian Prize for the ensuing year is "Wounds and other Injuries of Nerves, their Symptoms, Pathology, and Treatment." For the present year it is the "Pathology and Surgical Treatment of Diseases of the Hip-joint."

SURGEON-GENERAL BILLINGS, of the United States Army Medical Department, joint author of that voluminous "Catalogue of Medical and Surgical Literature," in course of publication, and editor of the "Index Medicus," has been chosen to deliver the address on "Our Medical Literature" before the International Medical Congress in London next August.

OUR *confères*, in this country, need not fear that justice will be denied them in competing for prizes in the United States; as the Boylston prize for 300 dollars on the best dissertation "On Injuries of the Back," has just been awarded to a London surgeon, Mr. Herbert W. Page, F.R.C.S., Assistant-Surgeon to, and Lecturer on, Operative Surgery at St. Mary's Hospital.

WHILST on the subject of prize competitions, we would impress upon intending essayists, that their work must be original, and must not have been previously published in any journal or book. One gentleman, Mr. Dolan, F.R.C.S., of Halifax, a frequent contributor to our columns, has had to pay dearly for his forgetfulness of this rule, as one of the Boylston prizes "would have been awarded for his essay as the best on its subject, but that it had previously been published in the *Practitioner*."

THAT excellent little handbook, "The Edinburgh Medical School Guide," published by Messrs. E. and S. Livingstone, contains much valuable information for those intending to enter the medical profession, and especially for those proposing to study in Edinburgh. The guide contains the regulations of the University and Colleges of Physicians and Surgeons, together with full syllabuses of all the lectures and teachers in the school. Much time and money may be saved by a careful perusal of this little book.

THE Council of the Royal College of Physicians of London are to be complimented upon their choice of a recipient for this year's Baly Medal for physiological research. There can be but one opinion as to the appropriateness of the reward, and Dr. Burdon Sanderson, than whom none has done more distinguished service in the cause of physiological science, is to be congratulated upon this just recognition of his labours. That the award is popular was amply testified by the assemblage present at the Harveian oration on Saturday last, when the President of the College announced Dr. Sanderson's name.

THE proprietors of that valuable publication, *The American Journal of Obstetrics and Diseases of Women and Children*, have, we understand, completed arrangements for its simultaneous issue in London and New York. Dr. Robert Barnes—than whom a more excellent choice could scarcely have been made—is the responsible English editor, and Messrs. Baillière, Tindall, and Cox, the English publishers. The editorial and publishing arrangements in the States will remain as heretofore. Since the unfortunate collapse of the *Obstetrical Journal of Great Britain*, this large and important section of the profession has had no representative organ. The *American Journal of Obstetrics* now seeks to supply the deficiency, and starting with a subscription list of nearly 6,000, a distinguished array of contributors, editors of known ability, a journal of goodly proportions and finish, and publishers of pushing, business-like reputation, its success is assured.

We are asked by the American Neurological Association to announce that a prize of 500 dollars, to be known as the "Hammond Prize," will be awarded at the annual meeting of the Association in June, 1882, to the best essay on the "Functions of the Thalamus in Man." The conditions under which this prize is to be awarded are as follows:—1. The prize is open to competitors of all nationalities. 2. The essays are to be based upon original observations and experiments on man and the lower animals. 3. Essays are to be sent to the Secretary of the Prize Committee, Dr. E. O. Seguin, 41 West 20th Street, New York City, on or before February 1, 1882; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card.

ALREADY there have passed from life no less than three well-known members of the medical profession, who, had they been alive, would have occupied prominent positions at the forthcoming International Medical Congress. These are Professor Sanders, of Edinburgh, in whose place, as President of the Pathological Section, Dr. Burdon Sanderson has been elected; Dr. Hudson, of Dublin, whose name is among the list of Vice-Presidents of the Congress; and Prof. Rolleston, of Oxford, who had been chosen as a Vice-President of the Section of Anatomy. Drs. Rolleston and Sanders have enriched the literature of their profession with several valuable contributions; a little book on fevers, and one or two papers to medical journals, being Dr. Hudson's only literary records.

THE following American works will be published during the next few months:— "A Manual of Obstetrics," by Dr. T. Parvin, of Indianapolis. "A Practical Treatise on Impotence, Sterility, &c., of the Male Generative Organs," by Samuel W. Gross, M.D. "Lectures on the Diseases of the Nervous System," by S. Weir Mitchell, M.D. "A Practical Treatise on Electricity," by Prof. Bartholow. Volume iii. of "Agnew's Surgery." "The Applied Anatomy of the Nervous System," by Dr. A. L. Ranney, and "Diseases of the Eye," by Dr. W. F. Mittendorf. A third edition of Beard and Rockwell's "Medical and Surgical Electricity," has just appeared.

GEOLOGICAL studies are amongst the most elevating and interesting of the many scientific "ologies" of the day, but there can be no doubt these have been greatly restricted by the very expensive appliances required for their pursuit. In Letts's "Popular Atlas," part 16, now before us, we find an admirable attempt in the right direction to popularise this branch of learning by the insertion of a geological map of the environs of London, Dublin, or Edinburgh, as the case may be, showing the varied character of the surface soil by as many as sixteen variations of colour, and when we add that there are four other excellent maps, on a large scale, of portions of India, England, and Ireland, and the price is only 1s., we think no difficulty ought to be experienced by those anxious to obtain what used to be an expensive luxury, viz., a good and cheap geological map.

THE first series of these valuable maps is now complete, and can be had bound for half-a-guinea. The size of each map is 17 by 14 inches, and the series includes:— Africa, and ditto South. America, North and South. Asia, Australia and Tasmania. Belgium and Netherlands. British Isles. Canada, Dominion of. China. Egypt. England and Wales, and ditto Geological. Europe. France. German and Austrian Empires. India and Ceylon. Ireland. Italy. New Zealand. Norway, Sweden and Denmark. Pacific Ocean. Palestine in the time of Our Saviour. Russia in Europe. Scotland. Spain and Portugal. Switzerland. Turkish Empire and Greece. United States and South-Eastern Canada. West Indies. World, in Hemispheres, and on Mercator's Projection.

NEW BOOKS AND NEW EDITIONS.—The following have been received for review since the publication of our last list, May 18:—"Student's Guide to Medical Case Taking." By F. Warner, M.D. "Students' Guide to Medical Diagnosis." By S. Fenwick, M.D. (5th Ed.) "On the Mont Doré Cure." By Horace Dobell, M.D. "Contributions to Military and State Medicine." By John Martin, Surgeon, Army Medical Department. "Practical Botany for Elementary Students."

By D. Houston. "The Scientific Roll." Vol. I. Edited by Alex. Ramsay, F.G.S. "Supplement to Ziemssen's Cyclopædia of the Practice of Medicine." Edited by G. L. Peabody, M.D. "Lectures on Diseases of the Rectum." By W. H. Van Buren, M.D. "Human and Animal Variola." By George Fleming, F.R.C.V.S. "Practical Biopathy." By E. Haughton, M.D. "The Hunterian Oration of 1881." By Luther Holden, F.R.C.S. "Treffriw and the Vale of Conway Spa." By J. W. Hayward, M.D. (3rd. Edition). "The Student's Guide to the Practice of Medicine." By M. Charteris, M.D. (3rd Edition). "Ninth Annual Report of the Local Government Board."

## Obituary.

### GEORGE ROLLESTON, M.D., F.R.S.

DEATH has been grievously busy of late among the members of the General Medical Council. Within two years have passed away—first, Sir Dominic Corrigan, next, Dr. Hudson, then, Dr. Andrew Wood, and now the representative of Oxford University. Dr. Rolleston had been so identified with the scientific progress of Oxford, had so intimately associated himself with all that has been done of late to raise the condition of medicine in this country, that to all interested in the welfare of our profession his loss must come as a severe blow. Himself an accomplished scholar, Rolleston ever insisted on the advantages accruing from a liberal education; and though he always was first to deprecate vexatious restrictions, he never failed to impress on friends and pupils, the great benefit to be obtained by bringing to medical studies a previously well and widely trained mind. His lectures at Oxford were eagerly attended; and though at the time when the writer of this notice was an undergraduate, the numbers who were engaged in biological study under Prof. Rolleston were fewer than at present, yet the labour bestowed on his work by the lecturer was invariably the most careful and painstaking. What, however, made his discourse so remarkably attractive, was the rich profusion of illustration introduced into them; and in a high degree, too, the elegant and classical delivery, inseparably associated with one who, previous to entering on a scientific career, had already obtained that highest proof of scholarly culture—a first class in the School of Literæ Humaniores. At this period, 1850, Rolleston was a member of Pembroke College, having proceeded thither from the Sheffield Collegiate School. In 1851 he was elected a fellow of Pembroke, being at the time a medical student of St. Bartholomew's Hospital. This school has much reason to be proud of, and grateful to, Rolleston, for the impetus his connection with it gave to its progress; for, undoubtedly, the large amount of favour with which Oxford men have regarded and do regard St. Bartholomew's, is chiefly due to the fact that the man, to whom of all others in Oxford they were attached, had himself done honour to the school in Smithfield. In 1854 Rolleston proceeded to the M.B. degree of Oxford, and immediately after underwent a term of active service as assistant-physician in the British Civil Hospital at Smyrna, during the Crimean war. Returning to Oxford, he was elected physician to the Radcliffe Infirmary in 1857, having the year previously added M.R.C.P. to his medical qualification. In due course, in 1857, he became M.D. Oxon., and two years later, F.R.C.P. Lond. In 1860, the re-arrangement of the science teaching staff at Oxford led to the creation of the Linacre professorship of physiology, and to this Rolleston was elected; a happy-choice, and one which did more to elevate the study of natural science at Oxford than any appointment of recent time. During his tenure of the Linacre professorship, Rolleston has influenced a large number of men who are now in the foremost ranks of the scientific worthies; and it is just to say that it has been no less the admiration exerted by his personal charm of manner than the universal recognition of his marvellous abilities that excited the enthusiasm of his pupils. To them he was, at all times, accessible, and there is probably no one of them who has not, at some time, been indebted to him for some act of disinterested kindness. We, who have again and again experienced his readiness to assist with counsel, and by the exercise of a far reaching influence, can never cease to remember with real affection, one who was—that rare combination—both teacher and friend.

In 1873 Dr. Rolleston delivered the Harveian oration at the

Royal College of Physicians, and in 1879 appeared his incomparable treatise on comparative anatomy, "The Forms of Animal Life." For some time he has been engaged on a new edition of this work, and it is to be hoped that it is so far advanced as to be available for publication. Against this, as against many of his masterly monographs—that on the prehistoric pig especially—it has been charged that the style in which they written is beyond the ordinary student. But such objectors forget that Rolleston, with all true well-wishers to medicine, placed science on a level with the highest culture, and would never admit that it could be rightly pursued save by such as were already educated in the best sense of the word. This it was that marked the man above all things else, his devotion to the supreme idea of the importance of natural knowledge, an importance which carried it outside of the pale of mere culture, and made it something to be sought for earnestly, and with the aid of all the powers that education could sharpen to be more effectual. The honours the world confer were by no means grudged to Rolleston. He was a Member of the General Medical Council, a Fellow of the Royal, Linnæan, and Zoological Societies; and at Oxford no less than three colleges, Pembroke, Christ Church, and Merton, claimed him as a foundationer. But the truest distinction of all was that which he most cherished—the love and admiration of his pupils. This was given to him in full measure indeed, and the sense of personal loss that has come with his death to all whose privilege it has been to listen to his teaching, is the best and noblest testimony to the generosity and learning of the late professor.

## NOTICES TO CORRESPONDENTS.

MR. NORMAN PORRITT.—MS. of Dr. Clarke's case received with thanks. Proof will be sent in due course.

THE PRACTICAL TREATMENT OF DIPSO MANIA.—The discussion on Mr. Alford's paper, which appeared in our issue for June 8th, will be resumed at the Medical Society of London on Friday afternoon next at 4 o'clock. Members of the profession, whether or not members of the Medical Temperance Association, are invited to take part in the discussion.

DR. BUZZARD.—Continuation of Clinical Lecture received too late for insertion in present number; proofs will be sent you in time for next.

STUDENTS' NUMBERS.—Although we are frequently at variance with opinions expressed in the lay press on matters medical, it nevertheless gives us pleasure to admit that one of its most respectable organs, *Public Opinion*, is correct on the present occasion. At page 792 of that publication for Saturday last the Editor, replying to a correspondent, says: "Each September the *Lancet*, *Medical Times*, *British Medical Journal*, and *Medical Press and Circular* publish a students' number, all of which are good; we are inclined to recommend the arrangement of the last named." In thanking the Editor of *Public Opinion* for his favourable criticism, he will be glad to learn that his judgment is confirmed by a large section of the community, our last "Students' Number" having been long since out of print.

### THE COMING INTERNATIONAL MEDICAL CONGRESS.

The following two letters were received by the Honorary Secretary, Mr. Wm. MacCormac, F.R.C.S., in acknowledgment of notices of the Congress and programmes sent to the Empress of Germany and the King of Italy:—

Berlin, March 26th, 1881.

I had great pleasure in receiving your communication of the 14th of March, and have taken a lively interest in its contents, as well as in those of the programme of the International Medical Congress which is to meet in London during August next. I have much pleasure in informing you that on account of the great importance of your deliberations, I have commissioned Sanitäts-Rath Prof. Dr. Kuster, Principal Surgeon of the Augusta Hospital in Berlin, which is under my patronage, to attend the Congress. I, at the same time, express my desire that during his stay in London you will aid him in all matters which may concern his important mission, or the interests of the above-mentioned Hospital. I conclude with the sincere desire that this international meeting of medical authorities on English soil, the birth-place of so many important discoveries for the alleviation of human suffering, may contribute to scientific progress, and prove an enduring bond of union between nations in the cause of humanity.

(Signed) AUGUSTA.

Rome,  
Office of the King's Private Secretary,  
May 29th, 1881.

THE King, my august Sovereign, has received the programme of the International Medical Congress which will take place in London in August next. His Majesty much appreciates this attention, and recognises the importance the Congress possesses for the interests of science and humanity.

Moreover, the courteous and polite expressions with which you accompany your offering have been warmly appreciated by the King, who desires me to render to you his most cordial acknowledgments. His Majesty most sincerely desires that the work may be fruitful in the best results, and will be happy to see Italy compete with other nations in the study of medicine.

In intimating to you these gracious sentiments of my Sovereign, I am glad to profit by the occasion to assure you of my distinguished esteem and respect.

THE MINISTER OF THE KING'S HOUSEHOLD.

The following lines to the memory of the late Dr. Peete, of Dublin, composed by a learned judge, and set to music by Sir Robert Prescott Stewart, were produced for the first time at the last meeting of the Hibernian Catch Club:—

THAT voice is hushed, the tuneful tongue is still,  
Whose music oft thrilled through this hallowed fane,  
That hand now cold, whose touch, with healing skill,  
Was prompt to soothe the sufferer's bed of pain.  
Mid squalid homes, Death claimed thee for his prey,  
Helping the helpless, thou thy life hast given,  
One place is vacant in our midst to-day;  
Our voices falter—thine is heard in Heaven.  
Yes, we believe, Physician, Minstrel, Friend,  
Those tones are heard amid th' angelic throng,  
That voice and form, remembered to the end,  
Too soon departed, live in praise and song—  
And strains, which here below our souls have riven,  
Now swell the glorious symphonies of Heaven.

J. A. L.

MR. H. Y. SAINTON will find the subject exhaustively treated in the last edition of "Aitken's Science and Practice of Medicine."

F. R. C. S.—Not now, he has withdrawn from the candidature.

MR. G. K. COOK.—Our Publisher informs us that the number is out of print. You can refer to it at the office, or in the library of the College of Surgeons.

MR. B. ROBERTS.—MS. not yet to hand, we cannot say.

DR. J. O. F.—Sorry we cannot oblige you, the puff is too pronounced.

MR. WHATFORD (Brighton).—The cases are decidedly interesting; space shall be given them as early as convenient.

DR. T. M. D. will please receive our best thanks.

PHYSICIST will find his question answered in our "Literary Notes and Gossip" column.

MR. E. A. B.—You have begun at the wrong end.

FRAUDULENT PAREGORIC.—At the Hyde Police Court John Wild was summoned for selling paregoric which the certificate of the Cheshire County Analyst showed to have been adulterated with 25 per cent of water. Mr. Wild said he did not make the paregoric; he merely sold it as he got it and the traveller gave him his word that it was pure. The Magistrate's Clerk: You should get that in writing. Mr. Wild: Ah! it's too late now; it's like locking the stable when the horse has gone. If I'm sent for here again it will not be paregoric that will bring me. (Laughter.) A fine of 5s. and costs was imposed.

## VACANCIES.

Ashton-under-Lyne District Infirmary.—House Surgeon. Salary commencing at £80, with board. Applications to the Hon. Sec. before June 25.

Bolton Infirmary.—House Surgeon. Salary commencing at £120, with board. Applications to the Hon. Sec. by June 24.

Boyle Union.—Medical Officer. Salary, £120, and £10 as Medical Officer of Health. Election, June 27.

Farringdon Union.—Medical Officer for the Shrivensham District. Salary, £70, with extra fees. Applications to the Clerk by June 22.

Liverpool Northern Hospital.—Assistant House Surgeon. Salary, £70, with board. Applications to the Chairman of Committee by June 24.

Luton Union.—Medical Officer for the Barton District. Salary, £75, with extra fees. Applications to the Clerk by June 27.

Salford.—Resident Medical Officer to the Wilton Fever Hospital. Salary, £150. Applications, endorsed "Resident Medical Officer," to be sent in by June 30.

St. Bartholomew's Hospital, London.—Two Casualty Physicians. Applications, with testimonials, to be left at the Clerk's Office before July 8.

St. Peter's Hospital for Stone, London. Assistant Surgeon on the Staff. Applications to the Secretary before July 1. (See Adv.)

## APPOINTMENTS.

COOKE, E. M., M.B., M.R.C.S.E., Medical Superintendent of the County and City of Worcester Lunatic Asylum, Powick.

COOPER, W., M.R.C.S.E., House Surgeon to the Croxdon Hospital.

DEANE, E., L.F.P.S.G., Medical Officer to the Second District of the Shepton Mallet Union.

FOSTER, N. S., M.D., C.M., Medical Officer to the Stoke Lyne District of the Bicester Union.

GAMGER, J. S., F.R.S. Ed., M.R.C.S.E., Consulting Surgeon to the Queen's Hospital, Birmingham.

HILLIARD, H. C., M.D., L.R.C.P.L., M.R.C.S.E., Medical Officer to the Caterham District of the Godstone Union.

HOPK, E. W., M.B., B.S.C., L.R.C.P.L., Resident Medical Officer to the Netherfield Fever Hospital, Liverpool.

## Births.

SAGER.—June 14, at the County Asylum, Melton, Suffolk, the wife of Wilson Sager, Medical Superintendent, of a son.

WICKERS.—June 15, at Upper Tollington Park, London, the wife of Henry A. Wickers, L.R.C.P.Lond., of a daughter.

## Deaths.

JONES.—June 15, at his residence, Sydenham Park, S.E., Edward Jones, M.D., aged 66.

MATTHEWS.—June 3, at his residence, The Acacias, Dovercourt, Arthur Matthews, M.R.C.S.E., aged 75.

MURDOCH.—June 13, at 106 Pembroke Road, Dublin, Sidney Murdoch, M.D.

NUTTALL.—May 21, in San Francisco, California, Robert Kennedy Nuttall, M.D., F.R.C.S., youngest son of the late Colonel J. C. Nuttall, J.P., of Tittour, co. Wicklow, aged 66.

# The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 29, 1881.

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## Original Communications.

### A COURSE OF LECTURES

#### ON THE LAWS OF INHERITANCE IN RELATION TO DISEASE.

Delivered at the Royal College of Surgeons of England, June, 1881.

By Prof. JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital; and President of the Pathological Society of London, &c.

#### LECTURE II.

DR. JOSEPH ADAMS, in a work on hereditary disease, drew a distinction between inheritance and family prevalence, which, though of questionable importance, may be found serviceable in considering those instances of maladies which, apparently not transmitted from generation to generation, yet exhibit a remarkable tendency to occur in the members of a single family. Dr. Adams conjectured that congenital disease was not hereditary, and that confusion had been introduced into the discussion of such diseases as were strictly inherited, and such as occurred with single family prevalence. So firmly convinced was he of the truth of his supposition, that he would place no restrictions upon the marriage of persons in whom there was nothing to indicate inherited weakness, according to his definitions. In support of his theory he quoted Haller, to the effect that transmission of diseases does not invariably occur, a fact noted also by Sir Henry Holland. Against these, however, we must oppose that the existence of atavism was unsuspected, and that the histories of the cases did not extend sufficiently far back to warrant the conclusions drawn. In fact, Sir Henry Holland's explanation, that the diseases considered under the head of non-inherited ones, were to be ascribed to derangements of the nervous system, shows the common misappreciation at that time of the real causes at work.

Family prevalence is to be regarded in the light of an intensification, rather than an origination, of disease. Ichthyosis, for instance, is rarely found in a family which has not some record of hereditary tendency to the condition; and full consideration of all the circumstances connected with the phenomena presented by one family prevalence, necessitated the conclusion that the factors supplied by prepotency and atavism were adequate to afford explanation of them. The lecturer's views on this subject had undergone modification as a consequence of his observations; and particularly the fact, that inquiries as to family histories of affected persons rarely extended beyond one, or at most two, generations, inclined him to regard one family prevalence as an intensification of a tendency aided by favouring circumstances. The deaf and dumb schools at Old Trafford, Manchester, yielded evidence in support of this opinion. At this institution, inquiries made respecting the family history of over 100 children—deaf mutes—elicited accounts of members of the respective families afflicted in the past, in but a very few instances. The records, however, rarely extended beyond a single antecedent generation, and their value is hardly worth considering.

Hereditary transmission of deficiencies, arising from suppression of parts, is of very rare occurrence, a fact commented on by Dr. Adams, who declared that malformations due to suppression were not inherited. Examples of such deformities are occasionally met with, the more usual forms being the absence of one or more fingers, of the radius or ulna, &c. A case was recorded in which a hand malformed in this direction had been transmitted from father to son, but in the same family several members had been born with club-foot, and there was in it a tendency to malformations of the extremities; and speaking generally, these defects are rarely repeated in descendants of the affected individuals, while examples, even, of suppression of digits are of very unusual occurrence.

Some defects—hare-lip, for instance—appear to be sporadic and accidental, and often are associated with other imperfections in the same family. Histories of hare-lip occurring in many members of the same family are not uncommon, and one exceptional case, in which, out of



a family numbering twenty members, ten were so affected, had come under Mr. Hutchinson's own notice. Neuro-muscular malformations, e.g., club-foot, are but seldom accompanied by family histories of the defects; but, according to Dr. Little, the congenital club-foot is hereditary, he having operated on three generations in direct descent for the same variety of the deformity; and, further, he believes that it is only rarely that the heredity is not traceable. Whether the loss of balance between opposing sets of muscles in these cases is of nervous origin or not, is impossible to say. Similar deformities of the hand are rare; but in the eye, interference with the power of the levator superioris results in ptosis, which is decidedly capable of transmission, and affords, too, in the congenital form, a remarkably good example of the effects which may follow on a disturbance of function of even a weak muscle. Slight symmetrical ptosis is frequently met with in females whose systems are wanting in tone; but, as a rule, it is not characterised especially by one family prevalence, though a case of the kind is recorded where three children in the same family were affected by ptosis.

Coloboma iris is often hereditary, and may prevail in several members of the same family in a mild form, agreeing in all in the degree of injury set up. The size of the cleft, however, may vary much in different children of the same family.

Animals and men are not rarely born with superfluous structures, such as supernumerary digits on one or both limbs, &c., and the condition in which these additional parts exist may vary within very wide limits. With them there may be *webbing* of the extremity; the extra finger may be pedunculated or sessile, thick or thin, long or short; in fact, it may be almost indefinitely peculiar. These structures are invariably associated with the history of similar growths in the ancestors of the person exhibiting them; and there are generally two or more members affected in a family. One family prevalence in connection with them is not uncommon, and it is recorded of a family of six females that they all refused to marry, lest by so doing they should perpetuate a deformity of this kind born with them. This class of malformations acquires high importance from their relation to the theory of atavism, which receives the strongest confirmation through them. Neither sex is especially affected by tendency to over-growth, nor does either enjoy a special immunity from it. The facts of inheritance requiring special explanation, become clear in their connection with these occurrences, when considered under the light shed on them by the laws of prepotency. Thus descendants from a parent stock endowed with supernumerary digits, in the third generation may develop the redundant structures without either the parents or grandparents having exhibited it, reverting, in fact, to the great great grand-parent type.

The strength of the tendency, moreover, would appear to be increased by atavic inheritance; but in cases of marked one-family prevalence, the probability of inter-marriages helping to explain the phenomena is deserving of consideration. Such a case, for instance, is cited by Dr. Stirling, in which the subject of digital malformation had two children similarly affected, one of which had likewise two descendants, and in the third generation there were two children who inherited the deformity. In the sixth volume of the "Ophthalmological Reports," Mr. James Higson published the account of a woman suffering from malformation of the lens, whose daughter suffered likewise. In 1874 these same patients came under Mr. Hutchinson's notice at Moorfields, and with them other members of the family in another generation. These all presented for treatment on account of the same defect of the lens, and thus afforded a history of direct transmission of an inherited disease through four generations. In these families those subjects of the defect who were girls were the eldest born, but they had not then inherited it from the female parent. In all the

cases the eye was, in other respects, sound and strong, and there had been no convulsions or other illness during childhood. These instances show that disease consisting in malformation of the lens is easily transmissible, and there seems good reason to believe that congenital occurrence of the condition is associated with family tendency to ophthalmic disease. Malformation due to disease in the eye set up during intra-uterine life, was referred to by Sir Wm. Wilde, who in 1862 published an account of the knowledge then current concerning these deformities, and to which even now there is scarcely anything to be added that is new.

*Albinism* affords many interesting examples of hereditary transmission of structural defects, the condition being always congenital, and being but little modified subsequently. The degree in which it occurs varies a good deal, but, as a rule, pigment is absent altogether, and hence the name. It exhibits no preference for either race or sex, but in some cases it may occur in exaggerated forms. It less frequently prevails among many members of the same family than does ichthyosis, but it is with little doubt hereditary, although Sachs, himself an albino, and with a sister similarly affected, could not trace hereditary transmission to himself. Possibly, there may be some unknown, or hitherto undiscovered, individual in his family from whom it has been derived, as in the case of an albino born by a negress, whose alarm at the occurrence was appeased by her husband's explanation to the effect that the same thing was of frequent occurrence in his family. It is curious, however, that in this case the result was a perfect albino. There are no intermediate stages between this and the dark parents; and we find, too, that albinism is more common, as is leucoderma, among dark, than among fair people. In the lower animals the condition is certainly transmitted; nothing, however, is positively known as to its causation, except that it is more complete among darker races. There is an account of two French families, indeed, entirely unrelated, who, residing in the same cottage in the country, subsequently possessed albinos among their members; but this affords no explanation of the fact. It is a common observance, however, that special colour of hair and eyes are transmitted, but this affords nothing to account for the *mode* of transmission. Prof. Osborn, of Dublin, has published the account of a family marked by the possession of a tortoise-shell eye, all the descendants of which were born with the same peculiarity.

*Pangenesis* affords an explanation of the facts, supported by observation, and noted by Dr. Joseph Adams, that conditions of excesses are more easily transmitted than those of deficiency. The doctrine of Pangenesis originally enunciated by Herbert Spencer, has been elaborated and elucidated by Darwin, in whose hands it has been made to serve the explanation of the most difficult problem of heredity. It shows clearly how the new organism may arise from the composite seed made up of contributions from every structure of the parent, and, through the *geminules* derived from them, sufficing to reproduce them in every particular.

This conception is the most daring, perhaps, ever essayed by man, and it assuredly affords the most feasible explanation of growth yet offered. The union of ovum and sperm cell is at once followed by mutual assistance and opposition among the *geminules* constituting them. We may liken the process to the mixing by a farmer of all the seeds gathered from many meadows in various stages of perfection and growth, which he sows, and the multifarious characters of the resulting crop from which might be taken to resemble the consequences following the hereditary transmission of forms and peculiarity, &c.

Since the existence of defects implies the loss of those *geminules* derived from the parts extinguished, there can be no perpetuation of the character, and thus atavism is here at fault.

## CLINICAL LECTURE

## ON THE DIFFERENTIAL DIAGNOSIS BETWEEN CERTAIN HYSTERICAL CONDITIONS AND MYELITIS.

*Delivered at the National Hospital for the Paralysed and Epileptic.*

By THOMAS BUZZARD, M.D., F.R.C.P.

*(Continued from page 505.)*

ABOUT a year ago I admitted a young woman on account of paralysis in all four limbs. She was described by those who sought admission for her as a case of hysterical paralysis. Seven months before she came here the patient had complained of pain in her back, side, and head. The pain was very bad on the vertex. Next she became very weak on her legs, and moved them in an incoordinate manner. At this time there was great weakness of the right hand, and the right side of the face was paralysed. Soon she became unable to walk at all.

A month after she had begun to be ill this patient had a fit, and this had been repeated on five or six occasions before her admission. I have little doubt that it was the occurrence of these fits, associated, as they were, with paralytic symptoms, confined at first to the lower extremities, which gave rise to the diagnosis of hysteria in this instance. The apparent want of connection between the two symptoms would be suggestive (unless the possible existence of multiple lesion were insisted upon) of the inconsistencies of certain forms of hysteria.

When we came to examine this patient with the ophthalmoscope (which we never omit doing), it was found that she had optic neuritis. This fact, of course, immediately carried us a long way on to a diagnosis of serious brain lesion. Moreover, in addition to this, she had a bedsore, and the presence of this alone was significative of organic disease.

Let me call your attention to the note respecting the state of the muscles of this patient's legs on admission. "Lower limbs powerless; not the slightest power of movement; no wasting, no rigidity. No difference between the two limbs. The muscles respond to faradaic currents of somewhat higher strength than is required normally." (As the case advanced there was much wasting, and the legs were rigidly drawn up.) I shall have occasion to refer to the question of wasting of muscles and its diagnostic value. For my present purpose it is only necessary to add that this patient grew worse and worse, that in spite of the most diligent attention her bedsores extended, and that she died some months after admission. The autopsy showed basilar meningitis and spinal meningo-myelitis, the cord being disorganised and softened throughout. The patient, it should be said, was the subject of inherited syphilis.

One feature of this case was of especially great importance. As a rule, the pain in the back, which is associated with spinal meningitis, is chiefly felt when the patient turns from one side to the other. But, in this instance, if the patient's account is to be accepted, the description of pain was exceptional. The following note was taken on her admission:—"On inquiry it seems that throughout her illness she had suffered from pains in the back, that would come on suddenly, and leave her whilst she walked about the room. At no time during her illness has she had pains in her back, which were made worse by sitting up, or by movement." Now it is possible that the inflammation of the membranes of the cord occurred as a sequel of the myelitis, and had not begun when the note was taken. I do not know that this was so, but simply suggest the possibility. It is well to remember the point, because, in the case described, I can well understand that the character of the pain was very liable to mislead as to its nature. It would divert the attention from the idea of meningitis. Whilst upon this point I will refer to another case, which may be conveniently contrasted with the last.

In 1872, a married lady, *et. 26*, was sent to me by a medical man in the country, on account of loss of use of both lower extremities. She had been married three years, and had two children, the youngest being six weeks old. In early life her back had been "weak," and she was made to lie down a good deal. Her health had generally been very good. There was a history of gout in the family.

The following note was taken:—"Fourteen months ago, after getting very wet in a ride, she was seized with rigors,

and went to bed. A few days afterwards she began to have pain in the lower part of the dorsal region of the spine, and this spread all over her arms and legs. She was not confined to bed. Off and on, ever since then, she has had these pains about her. There has not been any swelling of her joints.

Her mother told me that in June last she was complaining exceedingly of her back—always the lower part of the dorsal region. At that time there was nothing wrong with her legs. She had, at times, paroxysms of flying pains about her head, face, and arms. The pains were always most severe at changes of weather. She has never, she says, gone a fortnight, or even a week, without pains since she was attacked fourteen months ago.

Three months ago these pains were especially bad, and it was then that her legs began to feel weak. There was nothing wrong with the sensibility. A month later she would be liable to be attacked with great pain from her hips to the feet, accompanied by sudden loss of power, so that she was obliged to lay hold of something. At this time she was approaching her confinement, and one morning, within a month of it, she lost power to such an extent that she had to crawl upstairs on her hands and knees, and three days afterwards became completely powerless in her legs. At this time she could not lie on the left side on account of pressure of the gravid uterus.

Nine days after her confinement, her toes, she says, became perfectly dead numbed, and she could feel nothing with them, not even pinching. At this time she could just slide her feet about, but could not lift them.

When I saw her she lay in bed, and averred that she was unable to move her legs at all. She could move some of her toes a little. Ticking the soles produced no reflex action. There appeared to be almost absolute loss of sensation in the legs: but on inquiry, she said that she was aware of the position of her feet. She had never had any feeling of waist constriction. She could not raise her body in the least without using her arms.

On examination there was tenderness on pressing upon the spines of the dorsal vertebræ from the fifth downwards. There was nothing wrong with the arms, bladder, or bowels, and no tendency to bed-sores. The legs looked thin, but there were no signs of muscular atrophy. I applied electrical tests. There was a little delay in getting the muscles to contract by induced currents, but after application for a few minutes of strong currents, they reacted to a much lower power, to a strength, indeed, which did not at first influence them. The reaction to interrupted voltaism appeared normal. The induced currents were employed vigorously for about five minutes. At first she could not feel them, but after a minute or two she complained of their making her feel ill. The muscles of the legs generally were well exercised by the currents. Five days afterwards I saw her again. The power of movement had much improved. She could lift either foot from the couch, and could dorsal flex them. I noted now that elaborate and prolonged tickling was felt merely as touch on either sole, although she stated that she was naturally very ticklish. I now faradised all the muscles of the lower extremities energetically. The process gave her evident pain, and there was a great deal of voluntary movement. Two days afterwards she walked across the room, supported by two persons. Faradism was again applied very freely and sharply. Another two days past, and the patient was able to walk downstairs by herself. She returned home a day or two afterwards quite recovered, and has had no recurrence of the paralysis. In this case the exposure to wet and cold, followed by rigors, suggested spinal meningitis, and made the diagnosis somewhat doubtful at first. Where there is a history of injury, the same kind of doubt may easily arise.

Three or four years ago I saw Mrs. B., a young married lady, *et. 22* (one child), who had just come from abroad. A year previously she had slipped and fallen down twenty-five steps striking her spine between the middle and lower part. She is said to have been unconscious for ten minutes. She then got up, as she told me, and felt a tingling and pricking in her legs. She walked upstairs, dressed, went out to dinner, and that night slept quite well. Next morning she found herself unable to move her legs, and had not the least feeling in them. She was in great pain in the back and outer part of her thighs. For forty-eight hours she was powerless in her legs. Then they were rubbed and she recovered power, though whether completely or not she

does not know. But she could move her legs about to new postures.

For three months she was kept to her bed, except on one occasion, five weeks after her fall, when she was allowed to get up. But she had so much menorrhagia that she took to her bed again. Whilst lying there she lost muscular sense downwards from the waist. Had no idea of the position of her body from the waist downwards, but if she were touched she could feel perfectly well. During the time she lay in bed the catheter had to be employed on one occasion only, otherwise she never suffered from any difficulty with the bladder or the bowels. Nor has there been any feeling of waist constriction. At the end of three months she got about again, and was soon able to walk two miles without fatigue. Six months after the accident she gave birth to an infant which she nursed perfectly well, and was in excellent health for two months. After this, from time to time, always after fatigue, she got pain in the back where she had been hurt. On the voyage to England she had been quite well, except a little of this pain, until a week before I saw her. She had been up all one night with her baby, who was fretful, walking up and down, and carrying it in her arms. This brought on great pain in her back and pain all down the legs. She lay down all day, and it seemed to pass off. Next day she found her legs would not go where she wanted them to go. They kept crossing one another. This was on a Sunday. She went to church, but coming out found she could not command her legs. Two hours later, when trying to rise from her chair, she found she could not move. She was carried upstairs. She could not feel a touch, or pinching, or hot applications. She was very cold in her body, as well as in her legs. There was no starting of the limbs.

I found, on examination, that there was no irregularity in the spinal column, but she complained of tenderness when the 11th and 12th spines were touched. The faradaic excitability of the anterior tibial muscles was normal. Her general health seemed good, but she was of a nervous temperament, and of somewhat delicate constitution. It was said, indeed, that for three years at an earlier period she had suffered from disease of the hip-joint, but I had no means of verifying this. She was advised to lie in bed, and in a few days all pain had gone, and she felt quite well.

A few weeks later she was at the seaside and swam one day for half-an-hour out to sea, besides going through much fatigue with picnics and walking. For some time she remained perfectly well. Then, after unusual fatigue, she got a return of menorrhagia, but still persisted in going about and swimming, till one day she "collapsed." Then her feet and hands became icy cold, and for hours it was impossible to warm her. At first she could not walk. She did not lose sensation in her legs, nor control of the bladder. In a day or two she succeeded in walking again, but could not co-ordinate her legs, and was unable to go up or down stairs. She soon recovered, and when I saw her a month later there was nothing the matter with her legs. She then complained of difficulty with her breath occurring just before menstruation. She had, whilst talking, a hysterical gasping respiration. I have since lost sight of this patient.

A case which first came under my notice in March, 1879, has proved to present such difficulties in diagnosis that I think it may be mentioned with advantage.

Miss ———, æt. 16, was seen by me in consultation on account of loss of power in the left leg. It seems that she was well until the previous July when, in walking, she began to trip with the left leg. This gradually increased so that she had come to walk with difficulty. She told me her leg would not move properly, it dragged and did not bend. She sometimes caught the foot and fell.

She had not suffered any pain. There had never been anything wrong with the left arm. She began to menstruate between 12 and 13 years of age. The catamenia had always been natural and regular. She is naturally, her mother describes, very nervous, and she laughs a good deal. She is not now depressed in spirits. In walking I observed that the movement was a good deal like that of a limb asleep. The leg was swung round in an arc, the knee not being bent, and the point of the foot being dropped. She had no power, she said, to dorsal flex the foot.

On examination I found the legs well nourished. The skin was cold, and there were chilblains on the left foot. There was nothing wrong with the function of the bladder or

legs I found the patellar tendon reflex greatly in excess. In both, but especially in the left, there was well-marked foot clonus. In neither was there any reflex action on tickling the sole. The faradaic excitability of the muscles was normal.

It is only, so she told me, since her illness—*i. e.*, since she began to trip in walking, that she has ceased to be ticklish in the soles of the feet. She used to be very ticklish. Before she lost power she used to complain of tenderness in the spinal column. When she bent her head down she felt that something was dragging her back. Sometimes she felt this on going to bed at night, at others in getting up in the morning. It was not constant, and was a sort of aching. Twice it has happened to her when in a warm room to feel giddy, and as if there were a weight in her head, and then she could not walk at all. Her mother told me that since this began, *i. e.*, about eight or nine months, she had never on one single occasion walked properly, and that she had remained exactly as I saw her for two months. At the commencement she complained that her leg trembled, and the knee fell backwards. Percussion on the spinal column gives no sign of tenderness.

There has never been anything wrong with the bladder or rectum, and she has never complained of waist constriction. Her medical attendant some months since found some tenderness about the tenth dorsal vertebra, for which he blistered her.

I prescribed for her, and she was afterwards taken to two distinguished consultants, who both thought the case one of hysteria. I heard, a twelvemonth later, that she had not improved in her walking, and that her medical adviser (who was not visiting her) sometimes saw her about his neighbourhood clinging to the arm of an attendant and hobbling along.

In March last (a year after my first examination) I again saw her in consultation with a colleague. At this time, whilst the right calf measured 12½ inches, the left was only 11½. With the left leg she could not feel quite so well as with the other. A purple discolouration was noted on both legs near the ankle. The feet were cold, and there were chilblains.

On applying induced currents, we found that the excitability was slightly lessened in the tibialis anticus of the left leg as compared with that on the right side. Examination of the spinal column showed a slightly abrupt change of level (as though from the prominence or sinking of a vertebra) at the lower part of the dorsal region. Below the level of this there was a decline of cutaneous sensibility.

We recommended that a Sayre's jacket should be applied. This was done. I have since heard that she is somewhat improved.

This case may easily be of an hysterical character, and if it be so, it furnishes a good illustration of my remark that you cannot cure a case of hysteria so long as you have any serious doubts as to its nature. The girl has been ill 3 years. If the condition be one of hysteria she will be cured suddenly some day, probably by a bone-setter, and my eminent colleagues, as well as myself, will be covered with ignominy!

Such symptoms as this girl presents might be caused by slow compression of the spinal cord in the dorsal region. One would have expected, however, that a cause of compression sufficient to produce the very considerable loss of power seen here would, in accordance with Brown-Séguard's observation, have been attended with considerable anaesthesia of the opposite limb. The anaesthesia, such as it is, occupying the same side as the motor paralysis, is suspicious, though not of itself conclusive. Suspicious also is the slight lowering of electrical excitability in the muscles on the front leg; but I did not have the opportunity of testing this, as I should have done, on some other occasion. The exaggerated reflex and foot clonus are, as I have already pointed out, quite consistent with the case being purely of an hysterical character. It is, I think, very important to remember this. The only thing remaining is the slight anatomical peculiarity described. You will find all sorts of peculiarities in the spinal columns of healthy people if you look for them. I should not, therefore, count much upon that alone, but when associated as it is with symptoms which may be due to slow compression of the cord one is bound to allow the possibility of some Pott's disease of the vertebrae lying at the bottom of the case. It was for that reason that we recommended Sayre's jacket. I should add that the absence of sole reflex in the circumstances points strongly in the direction of hysteria.

(To be continued.)

## THE PRESENT STATE OF THE SEWAGE QUESTION. (a)

By Prof. W. H. CORFIELD, M.A., M.D., Oxon., F.R.C.P. Lond.,

Professor of Hygiene and Public Health in University College; Examiner for the Sanitary Science Certificate, University of Cambridge.

AFTER some introductory remarks on the importance of removal of refuse matters and the results of their non-removal as shown by the spread of black death, oriental plague, cholera, and enteric fever, the entire depopulation of many ancient cities being doubtless due to such causes, and after pointing out that utilisation, though no doubt important, was a secondary matter, and, indeed, what an athlete would call "a very bad second," the reader of the paper proceeded to consider the systems of sewage removal and treatment at present in use under the two heads of Conservancy Systems and Water Carriage.

In the former the refuse matters were either collected unmixed with anything else, or mixed with ashes, earth, &c. The first of these plans was now being adopted in several large towns, as Birmingham, Rochdale, &c., and it might be said to be the only successful one among the conservancy systems, it is certainly the only one from which a profit has been obtained; the manure in all other plans is nearly valueless, and the results obtained by the Sewage Committee of the British Association show that the earth compost after having been used in the cloest six times is only as rich as good garden soil, and will not bear the cost of carriage.

After a summary of the results obtained by the conservancy systems in which they were shown not to be solutions of the questions, especially as they leave the liquid sewage still to be treated, but in which it was admitted that under certain circumstances, as where it was necessary to reduce the bulk of the sewage, they might, with proper precautions, be adopted, the water carriage system was considered somewhat in detail; its advantages in the continuous removal of refuse from houses pointed out its advantages, shown not to be inherent in the system, but to be mistakes made in carrying it out; as for instance, sewers pervious to water, or too large, or not ventilated, or without sufficient fall, or with a blocked outlet, or discharging into rivers, house-draining not properly disconnected, the folly of turning surface waters, and, in many instances, even springs and streams into sewers, and so increasing the difficulty of dealing with the sewage at the outfall was insisted on. The various chemical processes for the treatment of sewage were passed in review, and all shown to be quite inadequate to cope with the difficulty, though some might be useful as preliminary aids to purification.

Filtration through soil and wide irrigation were next treated of at some length, and the results obtained by them described. Certainly the sewage had been satisfactorily purified in many cases, the conditions for satisfactory purification in winter being that the sewage pass through the soil, and not merely over it. Crops of all kinds had been grown by means of it, and in soil that would otherwise bear nothing; and the British Association's Sewage Committee had shown that as great a percentage of the manurial constituents had been utilised as was, on an average, utilised of the best commercial manure. Although, for various reasons, it had seldom been found to be remunerative, the reader adhered to his opinion, formulated ten years ago, that sewage irrigation would ultimately be remunerative in many instances, and that opinion was abated by the committee appointed by the Local Government Board in 1876 to inquire into modes of treating town sewage. An irrigation farm should be supplemented by a filter-bed to receive and purify sewage when it is not wanted on the farm. The supposed dangers from the proximity of such farms, or from the spread of entozoic disease, were found to be purely imaginary; it was, on the whole, a better solution of the question for a large number of places than any other, and if, as was very likely, we had a series of dry years, its adoption would receive a great impulse. Where towns cannot make sewage utilisation pay, they must be content to be taxed, to a slight extent, to get rid of a most serious nuisance, and to secure a low death-rate.

(a) Abstract of a Paper read before the Sanitary Institute of Great Britain, Tuesday, June 21st, Dr. Alfred Carpenter in the chair.

## Clinical Records.

NORTH-EASTERN HOSPITAL FOR CHILDREN,  
HACKNEY ROAD.

*A Case of Acute Tonsillitis.*

Under the care of Dr. C. E. ARMAND SEMPLE.

E. H., *æt.* 11½, came as an out-patient on May 18th, having had severe sore throat and difficulty in swallowing for four days. The child was evidently much distressed, and complained of great pain on the right side of the neck when any attempt at swallowing was made. The face was flushed, the skin all over the body very hot; pulse very full (120); tongue brown; breath very foul; severe headache; bowels constipated. She had taken nothing but liquids for three days.

*Throat on Examination.*—The soft palate and pillars of fauces are tense and markedly congested—the right side far more so than the left, where the soft palate is pushed forward by the corresponding tonsil. The right tonsil is greatly enlarged, extending beyond the mesial line. On the anterior surface are two small yellow points, almost coalescing. The whole tonsil is very tense and globular. The uvula is also much swollen, and is, as it were, "glued" to the right tonsil; glands beneath right lower jaw much enlarged.

As the breathing of the child was distressing, and the pain great, it was decided to puncture the tonsil, and this was done with a sharp-pointed bistoury, and quite a drachm of thick, yellow pus was let out. There was no immediate marked relief, but the child was placed in a special ward, in a *steam tent*, and the following mixture was ordered—

℞ Tinct. guaiaci ammoniati, ℥ss.;  
Mucilag. tragacanthæ, ℥j.;  
Aqua, ad, ℥ss. t. d. s.

Port wine, 4 oz., milk, beef-tea.

This was at 4 p.m., and by midnight the child was sleeping quietly. The breathing was somewhat harsh, but not in the least distressing.

May 19th.—The throat on examination this morning shows the right tonsil much decreased in size; still discharging pus; this discharge continued until May 22nd, but the inhalation of steam, the treatment by guaiacum, and the above diet were kept up until the 25th, or for one week from admission.

The other tonsil did not become affected, as is frequently the case, and the patient went out well on June 5th.

During the last week in the hospital she was ordered—

℞ Potass chlorat., gr. x.;  
Tinct. ferri. perchl. mx.;  
Aqua, ℥j. b. d.

No fomentations or poultices were applied to the throat. There was no history of any previous attack.

## Huddersfield Infirmary.

*Otorrhœa—Stoppage of Discharge—Hyperpyrexia, which subsided after Ejection of Small Quantity of Pus from the Ear.*

Under the care of Dr. CLARKE, F.R.C.S.

Reported by Mr. NORMAN PORRITT, House Surgeon.

On the morning of the 29th May, William Henry Salter, weaver, married, *æt.* 28, presented himself in the Casualty-room of the hospital. He complained of pain in the right side of the head, radiating from the right ear, and stated that for eight years there had been a running from this ear. Twelve days ago the discharge stopped, and his symptoms and distress (for which he consulted without benefit a prescribing chemist), culminated in the condition in which he was found.

He was quite rational, but had an anxious restless look, at times alternating with one of stupidity. The skin was cool, pulse 92—regular, temperature in the axilla 102.8. The signs in the chest were negative, there had been no diarrhoea, and the physical examination of the abdomen revealed nothing abnormal. The pain was most intense at a point a little above and behind the right ear. He had vomited once before leaving home, but never previously, and there was some (but not distressing) vertigo. On examining the ear the bottom of the meatus was found strewn with a layer of old secretion, and the surface of the membrane could not be seen. There was no sign of redness, and he showed no sign of tenderness

during the time the speculum of the auroscope was within the meatus. Nor was there externally over the mastoid process or adjacent parts any swelling or redness, nor tenderness on percussion, but the lymphatic glands at the anterior border of the right sterno-mastoid were enlarged. Close to the patient the unpleasant odour of old necrosed bone was faintly perceptible. When put to bed, he told us that ten years ago he fell from the top of a bus, alighting on his head, and remained unconscious several hours. He pointed out a scar along the posterior border of the right lower jaw, which he said was produced at the time. However, he was able to work two days afterwards. He continued well for two years, when what appears to have been an abscess formed near the angle of the right lower jaw, and in a week or two afterwards a running commenced from the ear of the same side. He can assign no cause for the abscess, and he had had no previous pain. The running has continued ever since, and he "always felt better when there was free discharge."

He has always enjoyed good health, and never had much headache. Three or four years ago he began to grow deaf, and has become much worse lately. He had measles and scarlatina when young, and recovered well, no running from the ears supervening. There are no signs of syphilis.

The right temple was shaved, and after the ear had been syringed without bringing away more than what appeared to be a few epithelial scales, poultices were applied. Seven grains of calomel were at once given, and followed in three hours by two ounces of black draught.

In the evening his temperature rose to 105°. The pulse rising to 102. He was quite rational, but complained much of the pain, which was "just same as marbles running all over his head," and now most severe over the position of the sub-occipital fossa. The ear was again syringed with negative result. Half a drachm of bromide of potassium with fifteen grains of chloral hydrate were given.

May 27th.—The bowels have been well moved, and he slept well after the draught. Temp. has fallen to 97.8, and he expresses himself as feeling much relieved. At 12 noon, the temperature had risen to 100.4, and at 2 p.m., to 106—when a consultation was held.

The patient himself, beyond appearing somewhat stupefied, being otherwise unaffected. It was then decided to trephine the mastoid process, as the history and symptoms pointed to the probability of pus lodging in them or the tympanum, although the absence of the usual signs of inflammation did not support this view of the case.

Ether was selected as the anæsthetic, but was not taken well by the patient, and during the struggling and coughing which the first three or four respirations caused, about three fluid drachms of sticky and extremely offensive pus were ejected with considerable force from the ear. The diagnosis was thus unexpectedly confirmed, and after the ear had been syringed with weak Condy's fluid, the man was put to bed when his temperature fell as follows:—

May 27th, 3.15 p.m.—103.2°.  
4.15 p.m.—102.4°.  
5.30 p.m.—100°.  
6.40 p.m.—99°.  
12 midnight.—99.2°.

28th, 6 a.m.—99°.

8 a.m.—97.4°.

7 p.m.—98.4°.

29th, morning.—97.2°.

Evening.—97.6°.

30th, morning.—98°.

Patient dismissed, with astringent carbolised lotion to syringe the ear daily.

June 5th.—After syringing, he lay down with the diseased ear undermost, and about a cupful of badly-smelling matter ran out of the ear. After this he felt very sick.

8th.—Is well, discharge from the ear continues. There was no facial paralysis, nor numbness in the face, nor any symptoms due to interference with the functions of cranial nerves.

*Remarks by Dr. Clarke.*—The absence of internal redness and tumefaction is unusual in these cases, and the result of the struggling during the attempt to breathe the ether suggests the possibility that forcible inflation of the tympanum, either through the Eustachian catheter, or by the pneumatic bags of Valsalva, or Politzer, might be found of value in cases of retained otorrhœal discharge.

## Translations.

### ON PARACENTESIS THORACIS BY ASPIRATION IN ACUTE PLEURISY.

Par Dr. GEORGES DIEULAFOY,

Professeur Agrégé à la Faculté de Médecine de Paris; Médecin des Hôpitaux; Lauréat de l'Institut (prix Montyon).

Translated by C. A. OWENS, M.D., L.R.C.P. Ed., L.R.C.S.I., &c.

(Continued from page 532.)

#### CHAPTER II.

##### *Accidents following Paracentesis Thoracis.*

HAVING discussed and detailed the indications for performing the operation of paracentesis, let us now consider the chapter of objections. When the effusion is sufficiently considerable to menace the patient's life, every one recognises the necessity for operating, although even then it is still put off till urgency is more pronounced and asphyxia is imminent; want of accordance steps in when effusions of medium intensity have to be dealt with; and if medical men can be found who do not hesitate to puncture the chest for an effusion of two pints, there are others who reject the operation formally, once and for all. It is rejected as an operation which urgency alone will justify, although experience shows that certain pleurisies, in spite of repeated vesications, take entire months to be absorbed, possibly becoming chronic or purulent, although it is known that the formation of cardiac and pulmonary clots will be much more likely to result from the displaced heart and flattened lung, which will be also much more exposed to become fixed in their new positions (false membranes) the longer they have been compressed by the fluid. It is not denied that the damage thus done to the aëration and circulation of the blood is very prejudicial to the patient; and yet, in the face of these considerations, it is acknowledged preferable to run the hazard of an effusion, which will be badly absorbed, than to encounter accidents which have occasionally accompanied puncture of the chest, so much are these accidents feared. Doubtless the discussions and publications of late years have largely tended to render hesitating or timid those whose convictions were not firmly rooted. The goal has been passed, and, nevertheless, those conscientious observers who have reported the unsuccessful cases cannot be thanked too much, for the more a danger is known the better is it avoided. Congestion and pulmonary œdema, albuminous expectoration, slow or rapid asphyxia, syncope, hemiplegia, apoplexy, more or less sudden death, &c., are the accidents which have been noted as following paracentesis; and these I now proceed to examine and discuss, ascribing to each its just value.

Pulmonary œdema and congestion, albuminous expectoration, asphyxia. The lesions of the respiratory function, which I will now describe, may be classed in a primary group. They occur as follows:—

A quarter or half-an-hour after the completion of the operation of paracentesis the patient is seized with cough and oppression of breathing, expectoration frothy, and sanguineous or albuminous; on auscultation fine sub-crepitan râles of pulmonary œdema are heard, sometimes mingled with blowing sounds and cœgophony, these last symptoms possibly persisting after the evacuation of the fluid; then, by degrees, the cough ceases, respiration is re-established, and in an hour the mischief is at an end, the patient now only showing benefit from the operation. In other cases the symptoms are more serious. The cough is spasmodic, there is increased anxiety, and the patient coughs up 1½ ounces (Woillez), 7½ ounces (Vulpian), 2 pints (Desnos), and as much as 2½ pints (Moutard-Martin) of expectoration, which forms layers in the vessel—the upper, foamy and yellowish; the lower, denser and albuminous. The intensity and duration of the dyspnoea, and the quantity of expectoration are variable; and generally half a day, or a day elapses before a return to the normal state. Finally, in some cases, fortunately very exceptional ones (I am only aware of six), these accidents prove fatal, the asphyxia following the operation declaring itself so rapidly and with such intensity that the patients were carried off in ten minutes (Girard), a quarter-of-an-hour (Gambault), in a

few minutes (Legendre), very rapidly (Dumontpallier), in four hours (Béhier and Lionville), and in two hours (Bouveret).

Besides these, other fatal accidents occur, but they form part of a series of cases which I shall classify in another group, and to the nature of which I shall recur further on. At present I confine myself to an examination of cases in which the operation was complicated with accidents from dyspnoea, with œdema and pulmonary congestion, for the most part accompanied by albuminous expectoration. These misfortunes had been noted by Dr. Pinault already in 1853; later they were observed by Drs. Epine, Woillez, and Marotte; since then they have been discussed at the Academy of Medicine, and at the Medical Society of Hospitals, and have been fully gone into by Drs. Terrillon, Foucart, Mercier, and Lereboullet. Whenever this question has been broached, the discussion has naturally borne upon the origin and nature of these casualties. A patient on whom paracentesis has just been performed is seized with cough and oppression of breathing, the mouth is filled with froth and foam, and the sputa are albuminous. Whence do these complications spring?

Can we attribute them to a wound of the lung done while operating? No, because the primary vacuum renders such a puncture impossible; however, a post-mortem examination has never revealed a wound of the lung, and supposing a wound of this organ had allowed the pleural fluid to enter the bronchi, it would at the same time have permitted air from the bronchi to enter the cavity of the pleura during the fits of coughing, and symptoms of hydropneumothorax would have been manifested, and which has never happened. Therefore we can no more accuse a puncture of the lung while operating of this accident than we can its spontaneous perforation. But what is responsible is the acute œdema of the lung, and the rapid pulmonary congestion, which in their turn cause albuminous expectoration and asphyxia.

This is the theory which has been cleverly defended by Dr. Hérard—a theory we now uphold, and which I believe to be absolutely correct. Under the influence of congestion and acute œdema, the serous and albuminous parts of the blood exude into the alveoli and bronchi; the sub-crepitant râles heard during life, and the pulmonary œdema found after death, demonstrate clearly the nature of the lesion. If the serous exudation is moderate in quantity, and the congestion is not very intense, the symptoms of dyspnoea need not be dreaded, as the patient escapes with frothy expectoration of albuminous fluid, of which the duration and intensity are variable. But if these phenomena are more marked, if the lung is invaded by œdema, and the bronchi and trachea are embarrassed by fluid, asphyxia becomes imminent, and death may supervene suddenly. At the same time, albuminous expectoration is not always a constant symptom. It was wanting in two cases where there was a fatal termination; and it is even asked whether this absence of expectoration (pulmonary œdema being present) is not rather an unfavourable symptom.

The cause of this rapid congestion and acute œdema remains for explanation. If physiology be consulted, it is seen that section of the pneumogastric nerves is generally followed by "the presence of frothy exudation in the bronchi, and sanguineous engorgement of the pulmonary tissue" (Cl. Bernard), this congestion and œdema being, doubtless, due to the paralysis of vessels. As far as we are concerned, the mechanism of this, as explained by physiology, matters little. The well-observed fact remains that following certain operations of paracentesis thoracis, pulmonary congestion, and acute œdema of the lungs, with or without albuminous expectoration, are known to occur. Why is this?

(To be continued.)

THE committee of the International Medical and Sanitary Exhibition are sparing no pains to promote the success of this exhibition, and judging from the admirable plans which have been issued to exhibitors, the collection of medical and sanitary appliances to be opened at South Kensington on July 16th, will be of national importance.

## Special.

### GOVERNMENTAL INQUIRIES INTO THE CAUSES OF RECENT OUTBREAKS OF FEVER.

#### "Typhoid Fever" in Haverfordwest.

HAVERFORDWEST has a population estimated at 6,662, composed chiefly of classes usually resident in the country and market town of an agricultural district. In 1871 and 1872 an outbreak of typhoid fever, causing 7 deaths, occurred in the borough; *little light* was thrown upon its causes. In the winter of 1874-5 another outbreak of the same disease took place during the winter season. In 1879-80 7 cases of fever were recorded in the western district of Haverfordwest. Four cases occurred at Albert Town, a suburb of the town consisting of small overcrowded cottages without drainage. The subject of the first case had come home ill from a place in the rural district; the others had probably visited at his house when he was ill. One case occurred in the lower part of the town. Of the cases in Albert Town 2 were fatal; the last which occurred recovered about February or March, and from that time, as far as could be learned, it remained free from fever during six months. In August several cases of typhoid fever occurred in different parts of the town, in widely separated localities, in some instances unconnected with town sewers or water supply, without apparent direct communication among each other, or common cause. Sanitary defects existed in the localities infected; but so also did they at others not infected. The reporter is unable to account for means by which the specific poison of the disease may have been introduced, or how these patients came, at the same time, to be exposed to it. There is no evidence that fever was introduced by persons indicated in the report. But when the fever began the weather was hot and dry; the rainfall during the 12 preceding months  $2\frac{1}{2}$  inches less than in any corresponding period during the preceding 32 years. For the cottage in which the first case occurred, water, for a time, was obtained from wells, or purchased at the door. The watercart supposed to have been filled from a stream which received sewage from houses and privies; inmates of other houses, however, drank water from the same stream, and yet had no fever. This contradictory evidence being noticed, the report says:—"It is more probable that the cases owed their origin to a common and widespread cause in operation at an earlier date, such as the contamination of the town sewers or water service by infectious matters from some previous case, the nature of which escaped recognition, or which was not reported." Up to the middle of December there occurred 88 cases; the number of households attacked were 60. Of the 88 cases 20 were in female servants; these being, as a class, mostly exposed to exhalations from sink and water-closets, and most in the habit of using water as a beverage. In the succeeding paragraph, however, the statement occurs that "it is not possible to say in what way typhoid fever came to be in Haverfordwest." There can be no doubt that the various insanitary conditions existing in the town have conduced to the spreading of the disease, but how much of the result may be attributable to each of those conditions, there are no means of ascertaining.

#### "Typhoid Fever" in the Totness Urban and Rural Sanitary Districts.

The estimated population of Totness as given is 35,557; of the remaining portion of its sanitary district, 17,027, equal to a total of 52,584. During the years from 1876 to 1880, both inclusive, the recorded deaths by fever were respectively 8, 9, 6, 10, and 13; by diarrhoea, 4, 4, 7, 6, and 10. In 1876 there occurred 3 by measles, and 7 by scarlet fever; in 1877, none by the former, but 3 by the latter affection. In 1878 none by either; in 1879, as in 1876, there were 3 by measles, 7 by scarlet fever; in 1880 the numbers were 2 and 3 respectively. The only other epidemic disease noted was whooping, namely, 1 case in 1876; none in 1877, but in the three succeeding years, 9, 2, and 10 respectively. With regard to typhoid fever, although there had been some scattered cases, mostly of doubtful nature, yet the majority of fatal cases occurred in distinct groups, and particular localities. With few exceptions, the scattered cases have either a history of probable or possible importation, or the fever has probably not been of a specific infectious nature. The grouped cases were assumed to have been all cases of enteric or typhoid fever,



for although in some of them the cause of death was *certified* as *typhus*, the difference appeared to be one of nomenclature, determined by the appearance of the *skin*, and amount of *abdominal* symptoms, rather than one of nature. Cases occurred in close connection at the same time in the same family, some being called *typhus*, others *typhoid*. In other instance of so-called typhus, the nature of the sequelæ, namely, *hæmorrhage* from the bowels, pointed to typhoid rather than to typhus.

Adverting to certain places named as belonging to the same district, the following represents the purport of remarks made, namely:—

a. *Haberton*.—Altogether 21 cases set down as of *fever* occurred between June, 1877, and February, 1878; of that number, 6 died, namely, 3 by *typhus*, 3 from *typhoid*. Eight households were affected. Except three cottages by the brook, all received their water supply from *different* sources, and their drainage went in *different* directions. The reporter is unable to say that any evidence shows that the disease was distributed by the agency of milk supply. At East Leigh, a hamlet of Haberton, there have been a *few* cases of fever at *various* times. No history of introduction was made out, but *nuisances* exist in the vicinity of cottages where the *fever* occurred; a well, from which *some* of the inhabitants used to get their drinking water was condemned by the county analyst; it has been closed.

b. *Ugborough*.—Twenty-two cases of *fever*, with six deaths between February and August, 1879. It is *suspected* that sewage percolated into the water reservoir; when opened some *black slime* was found oozing from the face of the rock, and to this contamination the outbreak of fever was attributed. The reporter, while *not prepared* to deny the *possibility* of this explanation, indicates, as a difficulty, the *partial* distribution of the water. No history of infection could be ascertained. With regard to cases in Modbury Street, it *seems probable* that percolation from the privy *may have* reached the well, and that the use of contaminated water *may have* conveyed the disease to other houses. It *seems likely* that that *effluvia* from *specifically* infected sewers *may have helped* to spread the disease. In a yard behind the Ship Inn, described as low, ill-paved, and filthy, cases occurred in *summer*.

c. *South Brent*.—*Typhoid* fever has not been absent any year since 1875. *About* 30 cases in 19 households. This village occupies a high and open site; many cottages, old and dilapidated, inhabitants employed, some in agriculture, others at a flock manufactory. The water supply from a reservoir fed by a hill side spring. Out of six back-to-back houses, fever occurred in *two* about the same time. In an alley near them is an untrapped grating, *believed* to lead to a drain. The window of a kitchen opened into a slaughter-house; immediately under the windows of the public meeting room, a huge heap of pig's dung was piled. But these circumstances do *not* bear directly upon the question of fever production.

d. *Galmpton*.—An outbreak of *enteric* fever here in the *summer* of 1881; its special incidence upon shipwrights in a boat building yard. The cottages, superior, some new; water, spring, and good; village clean; sewage runs into the brook, its bed excavated, to form catchpits, for sediment to be used as manure. Formerly a tidal pond, containing large quantities of sewage and river mud, emitted offensive effluvia, but these *unheeded* by persons accustomed to them. On the margin of this pond, a spring or well, its water formerly used for drinking. It *does not* appear that the tide had reached that well while fever was prevalent; but it is *probable* that the spring *may have* become contaminated by *percolation* from the stream above. A farmer was the first person attacked. He *may have* contracted the disease at Totnes, though *no history* of infection was ascertained. Late in *May* several cases occurred among *workmen* in the yard nearest the tidal pond, and among inmates of *adjacent* houses; the total cases till *August* about 30. Of these *some* 14 shipwrights in that yard, 8 children near the pond, 1 a shipwright in another yard, but who would have to pass the pond on his way to and from work, 2 in persons not employed near the pond, but who were in the habit of going there, and 6 in members of families previously attacked. It thus appears that the cause of fever existed locally, but whether in effluvia from *specifically* infected sewage mud, or from drinking sewage polluted water, or both combined, the reporter was *unable* to say.

d. *Buckfastleigh*.—Population considerably over 2,638, a busy manufacturing village. In the *summer* of 1880 a group of cases of fever, 21 in all, with 8 deaths, occurred at Buck-

fast, an outlying hamlet. *No history* of infection traced in regard to the first case of the series; the house in which its subject resided, like others of the group, was new, well-built, and well-drained, but at the *lowest* part of the village. The fever prevailed in *dry* weather. All the persons attacked had been in the habit of getting water from a pump well near a dairy and general shop. The inhabitants of houses at the *upper* part of the hamlet, who drank water from a well, but escaped with one exception. The water used at the dairy was always soiled, and no fever appeared in the household. The cause of the outbreak is *obscure*, but circumstances *appear* to point to the water of the pump-well as having *probably* been concerned in it. In 1875 an epidemic of scarlet fever occurred in the village, the deaths thereby, 27. The origin of the disease was *uncertain*. Since that date a good deal of improvement has been effected in the "sanitary condition" of Buckfastleigh.

## The Mineral Waters of Europe.

### THE "MEDICAL PRESS" ANALYTICAL REPORTS ON THE PRINCIPAL BOTTLED WATERS.

By CHARLES C. R. TICHBORNE, LL.D., F.C.S., F.I.C.,

President of the Pharmaceutical Society of Ireland, Lecturer on Chemistry, Carmichael College of Medicine, &c.

WITH

### NOTES ON THEIR THERAPEUTICAL USES.

By PROSSER JAMES, M.D., M.R.C.P.Lond.,

Lecturer on Materia Medica and Therapeutics at the London Hospital, Physician to the Hospital for Diseases of the Throat, &c.

(Continued from page 535.)

SELTZER—continued.

WE have already referred to the difference in the composition shown by the analysis published by us, and those previously given. We subjoin a copy of Kastner's analysis, and the discrepancies pointed out will be readily perceived.

*Seltzer according to Kastner.*

Bicarbonate of soda	...	...	...	9.7741
Chloride of sodium	...	...	...	17.2285
Chloride of potassium	...	...	...	0.2390
Sulphate of soda	...	...	...	0.2615
Phosphate of lime	...	...	...	0.0004
Phosphate of alumina	...	...	...	0.0002
Phosphate of soda	...	...	...	0.2615
Fluoride of calcium	...	...	...	0.0016
Bicarbonate of lime	...	...	...	2.6678
Bicarbonate of magnesia	...	...	...	2.5586
Bicarbonate of protoxide of iron	...	...	...	0.1088
Bicarbonate of manganese	...	...	...	0.0032
Bromide of sodium	...	...	...	0.0002
Silica	...	...	...	0.2500

33.4054 grs.

The most important discrepancy here is the non-appearance of any soluble salt of magnesium except the carbonate. This is decidedly wrong as applied to the bottled waters, as evidenced by the fact that, on the evaporation of the seltzer water to dryness in a capsule, and on re-solution in water and filtering, the greater part of the magnesia is found in the filtrate; had it existed entirely as carbonate, it would have been all left in the insoluble form on the filter. The larger portion of the magnesia is evidently present as chloride, and this fact

accounts for the pleasant, sweet taste which the seltzer water possesses. The chloride of sodium adds to this a piquant flavour which is very grateful. It is not generally known that the magnesium bitter taste is peculiar to sulphate of magnesium. It is that salt which has induced the name, "bitter wasser," to be applied to so many of the Continental purgative waters. The bitterness may be perceived in a solution of carbonate of magnesia in carbonic acid gas, or in a few of the other salts in a more or less degree, but not so in the chloride of magnesium.

The discrepancy observed in the analysis may be accounted for by a remark made by Messrs. Ingram and Boyle, the well-known mineral water importers. They say, "that the water as it flows from the spring contains a small quantity of iron, and when bottled in glass bottles, is liable to discolour wine or brandy when mixed with it." (From the tannic acid present in the wine forming tannate of iron.) "This disadvantage, which applies not only to seltzer, but all waters of a chalybeate character, is obviated when the water is bottled in earthen jars, as a small quantity of common salt is placed in the jar, which causes the iron to deposit. The omission of this precaution, or carelessness in performing it, which sometimes occurs, explains the misapprehension."

We cannot see that it explains anything, except the fact that the amount of the chlorides, as compared with the original spring, is largely increased. Nor can we see what difference the bottling in stoneware as compared with glass, has to say to the precipitation of this iron without some of the lime or other salts in the imperfectly glazed bottles act upon the water, and cause a precipitation. If such were the case it would be a very strong argument for discarding the earthen bottles. We are rather inclined to think that the real object in using these bottles is to hide any deposit which might fall, and which would look ugly in the glass bottles.

In describing the Vichy waters, we dwelt at some length upon the bottling of the waters, and as the seltzer waters represent a typical system of bottling in which stoneware jars are used, we will devote a small space to the description of the bottling process as carried on at Nieder Selters, premising that the account is chiefly taken from an amusing book which, as regards its scientific and other information, is rather out of date—i.e., "Bubbles from the Brunns of Nassau." The profitable spring, which was the property of the Duke of Nassau, was placed at the disposal of the people after a certain number of hours had been spent in bottling for stock. The earthen bottles or jars are supplied from various manufacturers, and are therefore uncertain as regards their quality. A number of young girls carry thirty-four of them at a time on their heads to an immense trough, which is kept constantly full by a large fountain-pipe of clear fresh water. The bottles on arriving were here filled brimful (as the writer conceived), for the purpose of washing, and were then ranged in ranks of a hundred each, there being ten rows of seventy bottles. Next morning the writer perceived that about one-third of these bottles were in a mutilated state, their noses lying by their side supported by the adjoining bottles. What could possibly have been the cause of the fatal disaster which in one

single night had so dreadfully disfigured them, I am, says the writer, totally at a loss to imagine. On asking for an explanation, he was informed that, being supplied from different manufacturers, they are, after filling brimful, left for the night. The officer visits them next morning—whose wand of office is a thin, long-handled little hammer—when he walks along each line, and the instant he sees a bottle not brimful, without listening to any long-winded argument, he at once decides that there shall be no mistake, and thus at one tap or blow of the hammer off goes the head. The bottle must either contain a crack, be porous, or it will retain the water twelve hours at its original level. After this performance the men reverse the full bottles in the ranks, every broken bottle being thrown away. By this means the bottles undergo a process of washing after soaking for twelve hours, and to a certain extent this remedies the objections which we are now about to raise to the stone bottle.

Every one knows that even in well-glazed stone or earthenware bottles there is a certain amount of porosity. Now not only does this allow the gas to get in, but soluble constituents of the clay are rendered up to the water. Ems, Pullna, and other waters, are still put into these old-fashioned stone bottles, and we think it is quite time the practice were discontinued in favour of glass bottles. As the bottles are made of the roughest material, the vessel would be most objectionable were it not for the method provided at Selters of soaking them. However, this is not infallible, as is proved by a bottle before the writer now, which, although still retaining the original cork, and being perfectly free from any crack, has lost half its contents after standing for six months in an upright position.

## Transactions of Societies.

### THE MEDICAL TEMPERANCE ASSOCIATION.

THE adjourned discussion on Dr. Alford's paper on "The Practical Treatment of Dipsomania," which appeared in our issue of June 8th, was resumed at the Medical Society of London on Friday last. Dr. RICHARDSON, M.D., F.R.S., occupied the Chair.

The debate was reopened by Dr. JAMES EDMUNDS, who stated the propositions before the meeting; first, that a relapse into drunkenness was a disease, the disease of inebriety, and was allied to such nervous complaints as insanity, hay-fever, or sick-headache; secondly, that the attack might be suddenly induced by such climatic conditions as sea-air, east-wind, dryness of the atmosphere, extremes of heat or cold; in fact, by anything disturbing the harmony of the organisation. Loss of property, bereavement, physical injury, sun-stroke and railway accident, were also cited as exciting causes which might be responsible for a bout of drunkenness; thirdly, that legislative power for the control of such inebriates in asylums was the necessary remedy; fourthly, that such asylums should be founded by public subscription, and fifthly, that by such means, valuable lives would be restored to their families. Dr. Edmunds went on to say that in support of these propositions, no reliable statistics, or even well-defined cases, had been quoted, whilst on the other hand, one such asylum, founded on public subscription, had already failed. If they were not to repeat such a failure, it was necessary to understand distinctly what was proposed to be done. He then narrated the circumstances of a number of cases of dipsomania, that had come directly under his own experience, which pointed to conclusions quite at variance with every one of the foregoing propositions. This accumulated experience of cases of people in all ranks and positions of society, who relapsed

into habits of drunkenness, compelled him to say that it was not disease, but rather a vice, a mere indulgence of the animal passion for drink. Drunkenness was one of those things which would always be evolved, firstly, according to the character of the individual, and secondly, according to the circumstances in which he was placed with regard to early temptations to drink. Men had various resisting powers against the temptations to steal, to lie, and to indulge in various sensual passions; thus he submitted that they had this resisting power, which varied in every individual, and the temptations by which the individual was surrounded, and that out of that they would get more or less of drunkenness. To admit for a moment that a bout of drunkenness was to be excused because the wind had blown from the east, or because a man had had a whiff of sea-air, had been hot or cold, and such like excuses, reduced the matter to an absurdity, and stultified the whole of their machinery for the repression of crime. Coming to the practical treatment of cases of dipsomania, the speaker said that it turned upon total and unconditional abstinence from intoxicating drinks, and from all substitutes, such as laudanum and chloral. If debilitated, they must lie in bed, and abstain from exposure to cold, and from work, until their strength re-accumulated. If unable to digest ordinary food, they must live upon oatmeal gruel and milk, and broth, or barley-meal, and vegetable foods. If they could not sleep, they must suffer the horrors of one, two, or three restless nights, but take no narcotics. Then they would sleep, and sleep soundly, and at the end of a week they would be well. All other treatment was unnecessary and delusive. There were two classes of these patients; one able to pay, and one not able to pay. Those able to pay would be best cared for in the private asylums to which many eminent medical men were already devoting their time and their capital, and which ought to be supported. Those unable to pay, instead of being committed to prison over and over again, for periods of a few days, ought to be committed to a reformatory institution, somewhat like a lunatic asylum, in which these people should be detained at the expense of the country for 3, 6, 9, or twelve months, according to discretion, and their previous history.

Dr. RIDGE followed, and generally concurred with the opinions expressed by Dr. Edmunds. The power of self-control was distinctly enfeebled by the action of alcohol, and those people who imbibed it were more the creatures of impulse than when they did not indulge in it. He believed that the craving which people felt for alcoholic drinks in so-called moderation was only the small beginning of that almost irrepressible craving which people who were called dipsomaniacs experienced; it was simply a matter of degree. As regarded the practical treatment of dipsomaniacs, there was no doubt, he thought, that the sooner they could be cut off from alcohol, in any form, the better; it was distinctly for their advantage that they should not be allowed to get it. They should seek first to restore tone and power to the nerve centres enfeebled by alcohol, and time and good food would effect that to a large extent. He thought that caffeine would be most conducive to the restoration of the mental powers, it was a true stimulant; whereas alcohol was indirectly a stimulant, but really a narcotic. Dr. Ridge then read two or three letters received from gentlemen residing in India, tending to show that vegetarians are less liable than flesh-eating people to the insidious action of alcohol.

Dr. STEWART, of Clifton, thought, as scientific men they ought to be careful of the use of any term which implied their adherence to a theory which they were not prepared to stand by. They had heard that day that the theory could not be in its entirety maintained that the disease which was called dipsomania was a disease which had any right to be allied to mania at all. Others admitted that it was a disease; but it was very doubtful if they could put it under the category of a disease which was usually spoken of as mania. It was important that they should not affix a term of this kind to a condition of things which they wished the public to view in its proper light. "Drink-craving" was a word with which he thoroughly agreed, and it did not involve any theory that would lead to any misunderstanding whatever. Dr. Stewart then proceeded to give as his illustrations some cases of dipsomania which he had treated; and substantially concurred with Dr. Edmunds on the vital point that if they were to successfully treat persons under this unfortunate "drink-craving," the first step to be taken was to remove all stimulants from them. One reason why he had been successful in treating dipsomania was that he did not "preach to his patients." Vegetarianism, he did not believe was suited for this

climata, and as regarded the circumstance that the Brahmins of India were singularly free from drunkenness, he could only say that it was possible that it found its true reason in the religion of the people which entirely doomed all those who indulged in alcohol.

Dr. DOWSE also addressed the meeting, and, generally speaking, demurred to the arguments of his predecessors. He believed that the majority of drink diseases, in the absolute sense of the word, were really and truly dipsomaniac. In most of the cases he had seen, he had found that there was a marked transmission of the disease in their system.

Dr. G. B. CLARK, M.D., of Fenwick, West Dulwich, was not quite decided upon one side or the other, but all the evidence that he had seen went to show that the craving for drink was not a hereditary disease. If it was a disease, what was the proper remedy for it. There had been all sorts of moral influences suggested not generally considered to be within the province of the physician, but more supposed to be in the field of the clergyman. He did not see why those who used a mixed diet should drink more than those who subsisted entirely on a vegetable diet—there was probably a little more water in vegetable food than in animal food, but it was scarcely an argument. In Bengal or Bombay they did not see much drunkenness; but amongst the vegetarians of Madras they would find almost as great drunkenness as amongst Europeans. Dr. Clark, after pointing out that in the case of dipsomania, tonics such as nux vomica, plenty of healthy excitement, and similar restoratives, were about the best media, concluded by going to the root of the question, and saying that prevention was better than cure. Take away the public houses—that were a standing temptation to the working classes—and if they wish to have legislative interference on the subject, he thought it ought to be in the direction of local option.

On the motion of Dr. NORMAN KEER, the debate was adjourned till that day fortnight.

#### ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

MONDAY, JUNE 13TH.

MR. THOS. ARNOLD ROGERS, President, in the Chair.

MR. DAVID HEPBURN read a paper on

CHRONIC SUPPURATION CONNECTED WITH THE TEETH.

After briefly referring to the most common form, that of ordinary alveolar abscess, in which a fistulous opening existed on the surface of the gum communicating by a short canal with the root of a tooth, Mr. Hepburn proceeded to describe those more complicated cases in which the pus had penetrated to a part remote from the original source of the mischief. Of this he related several instances which had come under his own observation, as where an impacted wisdom tooth had given rise to a large abscess which opened in the neck. In most cases the extraction of the tooth which had been the original cause of the mischief would be followed by the closure of the sinuses; but it was not always easy to discover which tooth was the cause of the mischief, and sometimes when this had been extracted little improvement would result. This was generally due to the presence of some small portion of necrosed bone, but this again was often most difficult to discover, and might remain for months keeping up irritation. Mr. Hepburn related several cases illustrating these points. In one the patient was under treatment for five months, and was eventually cured by the extraction of an upper lateral incisor. In another the patient had been suffering for seven months from a profuse discharge of offensive pus coming from the socket of an extracted lateral. Active treatment was persisted in for eight months, when suspicion fell upon the central incisors; these were extracted, and at the bottom of the socket of the right central a piece of dead bone was found and a canal which communicated in a circuitous manner with the sinus which had been so long discharging; immediate improvement followed. Mr. Hepburn spoke highly of the value of eucalyptus oil in these cases; it was a powerful antiseptic and a useful stimulant, and was altogether far preferable to carbolic acid for this purpose. Tincture of iodine was also useful, but the great point was to find out and remove the cause of the irritation as soon as possible.

An interesting discussion followed.

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The Medical Press and Circular.

“SALUS POPULI SUPREMA LEX.

WEDNESDAY, JUNE 29, 1881.

THE HOSPITAL HOME SYSTEM.

THE introduction by St. Thomas's Hospital of the system by which the legitimate revenue of a charitable institution is augmented through contributions by paying patients, has, we must assume, been in some degree successful. At any rate the authorities at Guy's Hospital are—presumably emboldened by a knowledge of that which has followed from their whilom neighbour's proceedings—about to invite patients willing to pay for trained service, to avail themselves of the opportunities afforded by their resources, which are to be utilised in some extent for the accommodation of paying patients. The probability that the example set, and imitated, by two of the chief metropolitan hospitals, will be followed by many other similar institutions, makes it advisable to reconsider carefully how far good will be likely to accrue to the public and the profession from a widespread adoption of the pay system. It will be remembered that we accorded a modified approval to the St. Thomas's plan, and that we expressed an opinion favourable to it so long as it may be carried out in a way that could not interfere with those interests it is our duty to conserve. Since, however, the actual working arrangements, the mode in which the duties are performed, and the manner in which grave responsibilities are distri-

buted at the St. Thomas's Hospital Home, have become known to us, we feel reluctantly compelled to express grave dissatisfaction with certain details in connection with it. We might have refrained from this, perhaps, had there been any apparent ground for hoping that changes would be introduced, having for their object the restoration of rights improperly usurped at present. But there is not; and in view of a possible immediate addition to the already existing public-private hospitals, we have no means open to us to pursue but the course on which we have entered.

The chief, and first, complaint we urge against the St. Thomas's Home is that the medical officer placed in charge of it performs even capital operations, and certainly such as, in the ordinary dependent class of patients, would only be undertaken by those surgeons of long and wide experience whose position on the staff is a guarantee of their ability. That the gentlemen appointed to superintend the Homes are in all respects admirably qualified to discharge the duties rightly falling to them, we do not doubt; it is the error of mistaking those duties that we especially condemn. The salary apportioned to the medical superintendent at St. Thomas's is, regarded as the emolument of a house surgeon, exceedingly handsome; but it is by no means sufficient to afford adequate remuneration to a surgeon of experience wide enough to justify him in entering unassisted on the performance of capital operations. We venture to think that such a consequence of his appointment was never anticipated by those who made it; but that it might have been looked for as a natural sequence where there was no special prohibition against it, is, now that we see the matter aright, clear to us. Patients whose condition necessitates operation, and to whom the prospect of saving the fees to be paid to a special surgeon is opened up by the readiness of the resident surgeon to take entire charge of their case, may perhaps be excused, if they decide to choose the less costly path, and submit themselves entirely to him. The injustice this entails needs no enforcing. Ignorant of all the niceties inseparably associated with the question, one man who is a surgeon may, and, as we know, does, often appear to a patient's understanding as good as another man who is a surgeon. The public cannot be brought to comprehend the long training necessary to make a good operator; and it is an utterly hopeless task to prove to them that the success of an operation is oftentimes only determined after the actual cutting procedure; that it is mainly the subsequent treatment on which recovery or death depends. We repeat the public will not—cannot, indeed—understand these details; and all the greater, therefore, is the injury they suffer in being permitted to elect whether they will confide themselves at little cost to an operator of small experience, or one of large experience, whose services are to be obtained only with a more considerable outlay of money. It would, perhaps, be better to avoid the other point suggested in the same connection, that, namely, of the injustice done to the profession by the reduction of the number of cases which would, but for the interference of the “Home” superintendent, be distributed among its members. We must, however, make this reference to it, and insist on the necessity of arresting at the outset the growth of a system which, if at all extensively adopted,

would lead to very considerable disasters, both to surgeons and to surgery. It cannot be denied that the mortality to be expected from the rash performance of important operations by eager youngsters, may be a serious objection to home hospitals in the future; and it is because we believe these institutions are capable of supplying a really existing want, and supplying it well, under judicious management, that we make this protest against the first evidences obtained of a tendency to strain their legitimate boundaries. To the house-surgeons as a body we can raise no objection at all. Their duties, even when rightly curtailed, will be heavy and responsible, and are deserving of pecuniary recompense at least as considerable as the salary given by the St. Thomas's committee. But we repeat, it is an absurdity to assume for a moment that any such inducement would be sufficient to tempt to the post men in all respects able to undertake the performance of the more important operations, many of which must be expected to be necessary in a hospital.

#### COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

SOME of our morning contemporaries are waxing sorely wrath with Dr. Lyons, M.P., because, in compliance with the wishes of the great bulk of the medical profession, and of the more sensible of the public, he has blocked the progress of Mr. C. Dwyer Gray's Bill compelling the attending physician to become the direct informant to the sanitary authorities of the existence of cases of infectious disorders: and Mr. Gray addresses a letter to his own journal, in a most injured tone, complaining of Dr. Lyons's conduct, the more so as it was the members of the medical profession who first set him in motion upon this subject. This, of course, would be a damaging accusation, and it becomes necessary, therefore, that we should recall to our readers the real facts of the case, and briefly show that Mr. Gray has unintentionally put forward a representation not exactly in accordance with the real bearings of the question. We have a very distinct recollection of the occasion when Mr. Gray, M.P., then Lord Mayor of Dublin, was "put in motion" anent notification by a large and influential deputation of Dublin physicians and surgeons, which waited upon him at the Mansion House, and discussed the subject; and we heard with pleasure and interest his able speech in reply to that deputation. We have, however, an equally distinct remembrance of the observations of Professor Haughton, and of several other speakers, in which they distinctly acquainted the Lord Mayor that they considered that the medical attendant should not, under any circumstances, be the informant; but that this duty should devolve solely upon the occupier of the infected dwelling. With a few exceptions, the whole concensus of opinion was in this direction; and it is, to us, hard to understand how Mr. Gray can now state that he was "put in motion" by the medical profession to initiate a Bill the leading feature of which was the direct notification of what we are in a position to show that the Irish medical profession profoundly disapproves. Another morning contemporary accuses our profession of taking their decided stand

through a fear lest their material interests might be endangered. We would refer that journal to the published report of the deputation, which showed that the eminent gentlemen present were guided not by any mercenary or selfish view, but by the noblest motive which can influence a professional man—the desire of maintaining the standard of professional honour. Our lay contemporaries, no doubt under inspiration from certain quarters, blame Dr. Lyons for not allowing a select committee to be nominated to consider the question; we believe that our junior city member was perfectly right in the course he took. Were such a committee now appointed the result would be that a number of theoretical London sanitary reformers would be heard, along with a few select advocates of the system for this side of the water; the general body of the Dublin profession would have no opportunity of stating their views, and a Bill would be passed in haste which would be repented at leisure. The result of Dr. Lyons's judicious action is that the matter is adjourned until next year. In the meantime, a great many things will happen, and when it comes on again, if it ever comes on again, full, well-digested, and practical information will take the place of the crude theories and wild proposals which have, up to this, come under public notice.

In truth, the more the project is considered, the less it is liked. When first brought forward, about a year and a-half ago, at the Dublin branch of the British Medical Association, there was but one dissident, and a motion in favour of it was proposed and seconded by the two then Collegiate presidents, one of whom disclaimed the idea of any payment whatever being made to the notifying medical attendants for discharging the proposed duty. The two plebiscites of the medical profession, which have since been taken, show how completely medical opinion has altered; and it is a significant fact that the latest one recently taken by ourselves is much more hostile to the proposal than the earlier one of the Irish Medical Association. In the House of Commons, on the motion to go into Committee on the measure, Mr. Brooks, senior member for Dublin, went "solid" in its favour; but discussion with his constituents altered his views, and the palinodia at the recent dinner of the Irish Medical Association, was the result. We do not blame officers of health for their persistent advocacy of this project, for "'tis their nature too;" they regard the community with the same eye as the Civil Service examiners in Trollope's "Three Clerks," who wished that the whole population were divided into classes and sections, and severely examined as to their capacity for their several occupations. We deny that the bulk of the profession, or of the public, are in favour of compulsory notification by the medical man; we maintain that the present movement is the result of a conjunction of a few sanitary enthusiasts and corporate wire-pullers. A classic sage said "*festina lente*," and succeeding generations have recognised the wisdom of his remark. This is exactly what the advocates of notification will not do; their motto is *festina*, and we believe the bulk of our readers will yet thank Dr. Lyons for having added the *lente*.

### RECENT INQUIRIES REGARDING THE CAUSES OF TYPHOID FEVER.

WHENEVER an outbreak of what is now called typhoid or enteric fever occurs in a community an inquiry is instituted as to certain conditions upon which the appearance and prevalence of that disease are assumed to depend. These conditions include specific organic contamination of water or air, and contagion. Outbreaks of this nature having lately occurred at Haverfordwest and Totnes. A most careful inquiry into their origin was instituted by the Local Government Board. Abstracts of the reports submitted appear in another column, and the reports themselves bear internal evidence that throughout the whole inquiry to which they refer, attention was in a great measure directed to the discovery of evidence in support of these two theories, namely, specific poison and contagion. In the abstracts given it has been found convenient to italicise certain expressions, in view the more clearly to indicate the power intended to be attached to them, and how far they support the theories in question. Here, then, are some results thus obtained:—At Haverfordwest little light upon its causes; an assumption, but nothing positive, that the subject of the first case had visited an infected house; the occurrence of several cases in the month of August,—that is at the ordinary period when autumnal fever and diarrhoea usually happen; the localities unconnected with town sewers or water supply; the cases without direct communication with each other; no evidence of specific poison nor of contagion;—in fact, the occurrence of the outbreak inexplicable by either theory.

At Totnes, the very nature of some of the cases of fever doubtful; an impossibility to state, except vaguely and on assumption, that the disease had been imported or that it was of a specific infectious nature; that is, an admission that neither theory found support in phenomena; also that at the same time, in the same family, of cases of fever occurring, some were called typhoid, others typhus, any difference in their actual nature remaining undefined. And so, also, with regard to the several places included in the Rural Sanitary District of Totnes. In none of these could the evidence recorded be looked upon as demonstrative that the outbreak was, in any respect, due to either of those causes; or, in other words, that it was specific at all.

With reference to the above particulars the remark occurs that however objectionable "insanitary"—otherwise dirty—conditions of localities may be in themselves—and upon this point there is surely no difference of opinion—yet the existence of such conditions is by no means necessarily concerned directly in the causation of specific fever, neither are cases of fever, whether sporadic or epidemic, by any means confined to places where matters of conservancy are imperfectly attended to.

In order that the occurrence and prevalence of epidemic outbreaks of disease may be investigated fully and scientifically, it is necessary that inquiry should extend altogether beyond such limited sphere of observation as is furnished by conduits, gutters, drains, and sewers. Among other aspects from which such an investigation must be made if ultimate success be aimed at, are such as include the health, social and other conditions of individuals and communities, as well as conditions generally of the locali-

ties occupied by them; laws of periodicity, such as organic life, human as well as animal and vegetable, is subject to and influenced by; seasonal recurrence and peculiarities; meteorological conditions; among various others, that condition of air of which disease itself is only the test and measure, now acknowledged as epidemic constitution, and depending, at all events to a considerable extent, upon elements which "neither thermometer nor barometer, neither rain, nor wind gauge, nor measure of moisture, nor test of ozone, can reveal to us, but only our records of sickness and death." One year this "epidemic constitution" favours small-pox, the next, perhaps, scarlet fever, or measles, or whooping-cough, or "will, so to speak, select from several forms of fever that one which will fill the beds of our fever hospitals." But to confine investigation as to the great ultimate causes upon which decay, sickness, and mortality depend to such as concern only the sphere of the scavenger and nightman is not alone to ensure insuccess, but to prostitute and paralyse the functions of officials whose duty it is to advise comprehensively and from a scientific point of view upon the larger sanitary wants of the people.

### Notes on Current Topics.

#### The Presidency of the Royal College of Surgeons.

THE Senior Vice-President of the Royal College of Surgeons will probably be amused rather than seriously angry when he reads the vulgar self-assertiveness of a writer in the *Lancet*, who, in a pretentious note of tall talk, seems bent upon doing a stroke of business on his own account, or that of some friend. Under the heading given above, our contemporary last week, with unmannerly obtrusiveness, attacks Mr. Erasmus Wilson because, forsooth, he is *not the representative of English surgery—ergo*, he is not a fit occupant of the Presidential chair during the meeting of the International Congress. The paragraph runs thus:—"It would be both anomalous and unseemly for the College to choose for its President a gentleman whose professional reputation is simply a *dermatologist*." It is not a question as to whether Mr. Erasmus Wilson has done work well that few amongst us could do at all, and in his generosity founded a professorship in an important department of our art; not whether he has contributed his quota to physiology, surgery, science, and the general stock of knowledge; not whether, as a member of Council, he has performed his allotted task with satisfaction to his colleagues and to his profession; but simply that, by a sort of tacit consent, he belongs to that dreaded class known as *dermatologists*.

The neophyte who indulges in this "irresponsible frivolity," and puts it forth as argument is probably not aware of the fact that Mr. Erasmus Wilson won his spurs not as a dermatologist, but as a teacher of anatomy and surgery, and a writer of one of the best manuals of anatomy in the English language; that his many valuable contributions to physiology obtained for him the Fellowship of the Royal Society; and that his numerous papers on various branches of professional knowledge greatly assisted to secure the success of the *Lancet*, whilst



the writer of the "Annotation" we have referred to was acquiring the A. B. C. of his medical education. It is quite unnecessary on our part to add a word on the many valuable additions made by Mr. Erasmus Wilson to the pathological series of the College, and the munificent endowment by means of which a Pathological Curator will be added to the Museum at a salary of £170 a-year, and who will, in the future, doubtless do good service to surgery and medicine; but it would be, perhaps, too preposterous were we to imagine that any member of the profession would look to our contemporary as the arbiter of fitness for the presidential chair of the Royal College of Surgeons. The choice may be safely left in the hands of those so much more capable of judging.

### Summer Diarrhoea.

THE Local Government Board has entrusted to Dr. Ballard the very important duty of inquiry into the etiology of "summer diarrhoea." As a preliminary step to the more systematic investigation of his subject, Dr. Ballard solicits the aid and co-operation of members of the profession engaged in practice; and for the double purpose of facilitating and systematising inquiry, has had a series of "forms," arranged in book shape, for distribution among those who are willing to help him in his work. In the letter which appears in another column, Dr. Ballard gives full details as to the points regarding which information is solicited. One set of queries has reference, in the case of adults, to such points as residence, occupation, previous health, any concurrent disease; in that of an infant, to manner of feeding, preparation and cleanliness of food; while generally, individual and local conditions are to be noted. A second set of queries refer to these points in a somewhat greater degree of minuteness. What strikes one in glancing over both sets of forms is the circumstance that, whereas the very name of "summer diarrhoea" given to the disease to be investigated indicates an acknowledgment of its seasonal nature, special room does not appear to be left for remarks as to conditions incidental to the particular period of the year in which this disease practically prevails. Would it not be desirable to include among the points of inquiry such items as temperature, variation, hygrometric conditions, barometer, peculiarities and characteristics of weather, electric condition, ozone, &c. With regard also to the more purely medical aspects, such points deserve attention as the occurrence or absence of other diseases, whether sporadic or epidemic, more especially fever; while in respect to other diseases of the great organic kingdom, phenomena of disease, or exceptional, as presented by animals and plants, might with profit and advantage be considered.

### The Waste of the Army.

THE enormous extent to which "waste" takes place in the rank and file of the British army is sufficiently indicated by the circumstance that, in order to replace that expenditure, 36,000 efficient young men have annually to be withdrawn from civil life, while to obtain that number, 54,000 have to undergo the preliminary proceedings of enlistment and medical inspection. That some,

and it a varying quantity of this waste is due to casualties in battle, is but natural. That such, however, form but an inconsiderable portion of those to which soldiers are liable, is a fact which finds demonstration in the history of campaigns. Considering the trying nature of many climates in which the soldiers of England have to serve, it is no matter of surprise that casualties by sickness, including mortality and invaliding, far outnumber those by all other causes; and it seems natural that when schemes, of what has come to be called "reorganisation," have been discussed, the possibility of diminishing the waste in this way has ever been taken into account. But whereas from the necessity of things it is to service in India, that the greatest proportion of the total waste is due, there seems some reason to believe that measures intended to decrease it are "evolved" more from an English point of view than from an Indian. Thus it is stated, and, in a way, correctly stated, that the ratio of mortality in India has undergone an enormous decrease since the introduction of short service. A very interesting, and most explanatory table in relation to these points, appears at page 138 of the Army Medical Report for 1878; it refers only to the Presidency of Bombay, but may be taken as approximately illustrative of conditions throughout the country generally. According to that return, and restricting the analysis to private soldiers, in 1869 the ratio of deaths per 1,000 strength was 20·98; of invaliding, 24·54, equal to a total loss by these causes of 45·52; in 1870, respectively, 15·73 and 24·13, equal to 49·86; in 1871, similarly, 12·27 and 22·77, equal to 35·04, thus showing a striking and satisfactory decrease in both items, and for the three years an average rate of mortality equal to 16·32; of invaliding, 27·14, or total, 43·46. Taking now the figures shown for the three latest years noted in the same document, the following are the results obtained, namely: In 1876 the rate of mortality in the same class showed the very satisfactory figure of 12·07; on the other hand, the ratio of invaliding was 47·52, making the total waste by these two causes, 59·59; in 1877, respectively, 12·01 and 47·50, equal to 59·51; in 1878, that is, the latest year for which statistics were available, the ratios were 19·33 and 57·29, equal to a total of 76·62; the general average of the three years respectively, 15·47, 50·77, and 65·24. Here, then, according to hard dry figures, a rate of mortality is shown for the first three years equal to 16·32, as against 14·47; of invaliding, 27·14, as against 65·24; or, in other words, the waste by disease in the latest period was 21·78 per 1,000 greater than in the first. So much then for the terms upon which a diminished rate of mortality is shown. And this, too, in the face of all that has been done for the soldier in respect to hygienic and medical management. So many men are sent back to civil life with impaired health; few, it is feared, with pension, but all with diminished prospects and capacity of earning a livelihood, consequently possible candidates at no distant period for hospitals, poor-houses, or even less desirable institutions. How far purely military efficiency has, or has not, gained by the system of short service, comes not directly within the scope of a medical periodical. But this phase of the subject is made tolerably clear in the records of recent campaigns.

### Domestic Economy.

AN excellent work is being accomplished by the Association which, during the past week, has been sitting in congress at the rooms of the Society of Arts, and at the Albert Hall, &c. The aim of the congress, which meets yearly, is to stimulate improvement in the way of domestic arrangements and health-saving; and among the papers read before it bearing on the subject held in view by its members, have been several of real and practical importance. Especially is this the case with an address delivered on Friday last by Mr. J. J. Pope, M.R.C.S., on "Health in School Rooms," in which denunciations were hurled at the dungeon-like underground schoolrooms connected with churches and chapels in London. The style and arrangements of board schools, moreover, were disparaged by Mr. Pope, and all who, like him, have carefully considered the utter unfitness of many of the costly buildings erected by the School Board for the purposes of educating healthy children, will agree with the conclusions arrived at by him. He especially insists that children should be taught the value to themselves of perfect ventilation, a point on which, as well, Lady Strangford emphatically insisted in a paper on "Teaching the Laws of Health in Elementary Schools." This lady goes the length of saying that the training of a child to live rightly should precede the teaching of the alphabet. We cannot help thinking Lady Strangford, and the domestic economists with her, have a just appreciation of the needs of young children. May they see them supplied.

### A New Medical School for Manchester.

A SCHEME has been put forward to provide Manchester with a medical school nearer to the infirmary than is the Owens College, which college is about a mile and a-half distant from the hospital. There is a reason for this attempt more than usually exists in such cases, and it may be questioned whether the absolute removal of the Old Pine Street School was altogether a wise proceeding, especially as events have turned out. There is a large number of good men in Manchester ready and able to teach well and successfully, and if their endeavours succeed in simplifying the processes of study to the Manchester student, they deserve the opportunity of making the attempt. Naturally the movement will be vigorously opposed, and there may be apparent grounds for opposition; but, to put a case, what student in London would not grumble at being compelled to journey a mile and a-half from the lecture room to the ward, and would not hail any arrangement to enable him to avoid the unpleasant and unprofitless exertion? We shall await the development of events in Manchester with some interest.

### The Electric Light.

ON last Saturday the prospectus of a new company to take up the electric light was circulated throughout Dublin. This Company proposes to work the well-known Brush system with a capital of £150,000, and they have secured exclusive arrangements for Dublin with the patentees. As the present contract for public gas lighting will shortly expire, and is not likely to be renewed, we may look forward to having our streets, railway

stations, and other large establishments, soon lighted by this new brilliant medium. It is likely that there will be a fresh panic in gas shares, but this is not called for. There are two methods of electric lighting—the "Arc," where the electric spark flashes from one point to another, and the "Incandescent," where some resisting material is rendered white hot. In Edison's lamp the resisting material is carbonised card-board; and in the Swan lamp manilla fibre covered with charcoal. In both cases combustion is prevented by the incandescence taking place *in vacuo*. Still, the incandescent material does not stand for any length of time, and for this reason we consider this principle of electric lighting radically bad. The lighting of large spaces by the "Arc" is now a possible, and will speedily be an accomplished, fact. The illumination of private houses is a problem of the future, but we have no doubt that it will soon be solved. Another difficulty is a machine which will measure the quantity of electricity consumed, after the manner of a gas meter. All these matters, however, are questions of a few years, or perhaps a few months; and we are convinced that gas lamps will be to our children the same tradition as street oil lamps are to ourselves. Still there is a great future before gas as a means of cooking and warming. One of the immediate results of the present movement will be the reduction of the present scandalously high charge made for gas by the Dublin Company; for it is simply absurd that the citizens should be paying a *reduced price* of 3s. 11d. for an article which in Belfast costs about half as much.

### The International Medical Conference.

THE arrangements for this great professional *reunion*, are rapidly approaching completion, but we fear that great extravagance is characterising the managers of the concern. They have between £6,000 and £7,000 at their command, but are calling for more money. It appears that the transactions (a copy of which will be given to each member), are to cost £5,000, or may cost £6,000. Surely, this is too much. What will our readers think, however, of the proposal to spend £250 on striking a medal in honour of the meeting, to be distributed among the members? One side of the medal will display a design by John Tenniel, the eminent draughtsman of *Punch* (is this merely a coincidence?), and the other the head of Her Majesty, and the names of the President of the College of Physicians, and of the General Secretary. If this were done in Dublin, it would be called advertising. We are sure that these eminent gentlemen would have the most righteous horror of any such proceeding as advertising themselves.

THE annual rates of mortality last week in the principal large towns of the United Kingdom per 1,000 of the population, were—Bristol 15, Leicester 16, Leeds 17, Portsmouth 17, Nottingham 17, Birmingham 17, Bradford 17, Brighton 18, London 19, Sheffield 19, Hull 19, Salford 20, Sunderland 20, Newcastle-on-Tyne 20, Oldham 20, Manchester 21, Norwich 21, Wolverhampton 22, Glasgow 22, Liverpool 24, Dublin 25, Plymouth 27, and Edinburgh 28.

### Criticism on the Medical Profession.

It may well be doubted whether any good result is likely to follow from serious consideration of the silly criticisms which emanate from lay writers from time to time on the medical profession. As a rule, these tirades are published in little read, and less readable organs, which depend on sensation stirring for the creation of such tiny flashes of interest in them as do sometimes illuminate their decay; and recently it has been the fashion with them to find the substance of their attack in the utterly nonsensical ideas of the structure and functions of the medical profession entertained by laymen as a rule. One such article, of more than usual virulence, appeared not long ago; and it has, from its very absurdity, attracted a share of attention. We had been hopeful that it might have been allowed to do the little harm it was capable of, and be forgotten, but the trust alas! was vain. It is to be replied to, so we learn, by, of all men, Dr. W. B. Carpenter. If Dr. Carpenter can be taken as an exponent of medical practice, as it obtains at present, then, of course, it is right for him to write on "the morality of the medical profession." We should have supposed, however, without this proof, to the contrary, that one who has so little associated himself with the active exercise of his profession, would have been somewhat diffident of his powers to adjudicate on its morality, a quality after all, intimately bound up with its practice. It may be, of course, that Dr. Carpenter has perceived the matter in a new light; but, in any case, we trust he will not be deterred from giving vigorous utterance to the just indignation felt by every medical man against the authors of disreputable attacks on those who follow medicine as a profession.

### Resection of the Human Kidney.

At the last meeting of the Medico-Chirurgical Society among the patients brought forward was the man on whom Mr. Clement Lucas successfully performed nephrectomy in February, 1880. This man, who is thirty-six years of age, looked ruddy and well, and free from pain and all symptoms of the scrofulous pyelitis, for which extirpation of the left kidney was undertaken. The wound is soundly healed, and there has been no sinus since Christmas. This is the first case in which the operation has proved successful on an adult in this country. In fact, what with this operation, with Billroth's removal of a schirric pylorus and an Italian amputation of the entire tongue, larynx, and tonsils from the one patient, the old surgeons must be getting rather astonished. Dublin students are talking of these surgical heroics, and wondering that our local champions are not bestirring themselves more out of the beaten track. We have little doubt but that Dublin will see some sensational surgery next session.

THE name of Lister has been further immortalised by the manufacture in America of an antiseptic fluid, of thyme, eucalyptus, gaultheria, and mentha arvensis, to which the makers have attached the suggestive title of "Listerine." Our distinguished *compère* will, no doubt, feel flattered with this very original idea.

WE note with great pleasure that the epidemic of small-pox appears to have, at least for the present, disappeared from Dublin.

THE New York courts have awarded 3,500 dols. (£700) damages to a little girl of that city for the loss of a piece of her nose, from the bite of a monkey that had escaped from the Bowery museum.

A BOSTON contemporary states that one of their leading physicians who advised a dyspeptic to take plenty of exercise, was quite taken aback when the patient remarked that he was a postman.

THE honorary membership of the New York Medico-Legal Society has been unanimously conferred on Mr. Jabez Hogg, Consulting Surgeon to the Royal Westminster Ophthalmic Hospital.

H.R.H. THE PRINCESS CHRISTIAN opened a grand bazaar in Bloomsbury last week, in aid of a fund for the new wing of the Hospital for Paralysis and Epilepsy, Queen's Square. This addition is to cost £9,000, of which £7,000 have been already collected or promised, and it is hoped to wipe off the balance by this bazaar.

WITH the decline of small-pox in London, our transatlantic brethren are unfortunately experiencing an opposite state of things in some cities. In Philadelphia last week there were 146 cases, of which 35 were fatal. Since November last there have been nearly 5,000 cases of small-pox in the city, of which over 1,000, or 1 in 5, died; a much larger proportion of fatalities than we are accustomed to witness from this disease.

In the principal foreign cities the rates of mortality, according to the latest official weekly return, were in—Calcutta 28, Bombay 36, Madras 38; Paris 27; Geneva, 18; Brussels 20; Amsterdam 20, Rotterdam 20; The Hague 20; Copenhagen 19, Stockholm 30, Christiania 23; St. Petersburg 65; Berlin 26, Hamburg 25, Dresden 19, Breslau 28, Munich 31; Vienna 31; Buda-Pesth 34; Turin 26; Venice 22; Alexandria 31; New York 27, Brooklyn, 20, Philadelphia, 19, Baltimore, 20 per 1,000 of the various populations.

FROM diseases of the zymotic class last week in the large towns measles showed the largest proportional fatality in Sheffield, Liverpool, and Bristol; scarlet fever in Wolverhampton, Hull, Edinburgh, and Nottingham; and whooping-cough in Leicester, Plymouth, and Liverpool. The 30 deaths from diphtheria included 10 in London, 6 in Portsmouth, and 5 in Glasgow. Small-pox caused 92 more deaths in London and its outer ring of suburban districts, 3 in Liverpool, and not one in any of the other large towns.

## Scotland.

(FROM OUR NORTHERN CORRESPONDENT.)

**EPIDEMIC MEDICAL LITERATURE.**—We have been somewhat roughly handled (we are determined to have our lives insured) recently for what we deemed, and intended as, a kindly notice of one of those advertisements "with the author's compliments," with which the profession is considerably familiar. When will their writers begin to understand that in this form these manifestoes become public property, and are as such amenable to criticism? A highly-respectable practitioner of long standing in Glasgow began lately to read one of these "introductorys," when he was suddenly reined up by "inverse ratio," tore the pamphlet to pieces, and pitched it into his waste-paper basket. It is a common observation that men affect scientific jargon in proportion as they are ignorant. A man who began life as a "sweetie-boy" is certain as a full-fledged doctor—generally of St. Andrew's—to manifest a gushing familiarity with the armamentaria of science and philosophy. In a city which boasts of a medical journal edited by Joseph Coats much literary eccentricity is to be expected. We make every allowance for that. But to show that our recent criticism was both kind and lenient, now that we are put to it, we offer a good prize to anyone who can extract either sense or decency out of the following specimens from the production in question:—"After a long period during the barbarous ages." "However, until the seventeenth century no decided advancement can be observed; but then, by a more careful study of anatomy, and as a result of painstaking observation at the bedside, new floods of light flashed upon them." Upon what? On anatomy and the bedside! Specimen of metaphor—the same "light" evidently brought forward "The light of truth dim in the past, and growing brighter in its course, now seems to shine with a mid-day brightness upon the hidden functions of our life." How does the learned lecturer know that the "light of truth," burn it ever so brightly, shines on that which is hidden? "In the olden times midwifery practice remained exclusively in the hands of matrons. They were usually women [what, in the name of wonder, could matrons be?] of middle age, selected because they were handy at the bedside. As a class, they had little or no special instruction for it,"—the bedside! "During this interval the public had begun to realise the value of a male obstetrician over a female one!!" We sincerely hope this is to be taken in a Pickwickian sense. "From the many deaths which have occurred under the administration of chloroform in surgery, some anxiety and risk is felt each time it is given." As for "Diascorides," we have instituted inquiries, and the most reliable point to his having been a member of "the Glasgow Southern Medical Society." We have quoted sufficient to show the leniency of our former critique; and we have returned to the subject solely in self-defence.

**DR. HENDERSON'S "EPIDEMIC INFLUENZA."**—We are informed by a medical gentleman in Glasgow that he had a patient who suffered from the Helensburgh "influenza" for six months! This disposes of the question as effectually and as absolutely as the analyses of ten thousand chemists.

**GLASGOW BRANCH OF THE BRITISH MEDICAL ASSOCIATION.**—The annual meeting of the Glasgow and West of Scotland Branch of the British Medical Association was held in the Faculty Hall on Friday the 24th inst. :—Dr. Bruce Goff of Bothwell, resigned the presidential chair in favour of Dr. Yellowlees, of the Gartnavel Lunatic Asylum. The

members were driven out to the Asylum—but were driven back again. At the Asylum Dr. Yellowlees delivered his presidential address. In the evening there was a dinner. We may possibly refer to some of the proceedings in our next.

**ANDERSON'S COLLEGE, GLASGOW.**—The annual meeting of the trustees of Anderson's College was held last week, Mr. J. L. K. Jamieson presiding. The annual report stated that Dr. Stenhouse, F.R.S., of Pentonville, London, who died on the 31st of December, 1880, by his will dated 3rd of October, 1878, bequeathed the sum of £900 to the College for providing a scholarship for the chemical classes of the College. Dr. Abraham Wallace was elected to the Chair of Midwifery, and Dr. David Taylor to that of Dental Anatomy. The managers were at present negotiating with the directors of the Royal Infirmary as to the amalgamation of the two medical schools, and will lay the result before the trustees before coming to any arrangement. The number of students attending the various classes, so far as returned, was 2,082. The report was adopted, and the managers and professors were afterwards re-elected.

**THE MEDICAL OFFICER OF HEALTH FOR ABERDEEN.**—At a meeting of the Aberdeen Town Council last week, Dr. W. J. Simpson, of Dover, was elected. The duties of the office are those of medical officer, police-surgeon, medical attendant at the Epidemic Hospital, medical attendant at the gas works, examiner of the quality of the gas, inspector of dairies, cowsheds, and milkshops, and some general duties of a mixed kind. The salary for the above is £300 a year, with quarters in the Epidemic Hospital, coals and gas. It is reported that in order to accept the above, Dr. Simpson is giving up a practice of £700 a year. Those in Aberdeen, who are awaiting the dawn of the millennium, should at once proceed to Dover.

The salary of the Aberdeen medical officer is divided, according to his several duties, which gives the Council the power of removing him in easy stages, without a direct dismissal, by appointing separate officers to perform his several duties. Dismissal, in fact, by a process of slow starvation, a method not unknown to local authorities in England.

**THE SCOTCH CORPORATIONS.**—The existence of a Royal Commission has thrown these bodies into a state of feverish excitement. The members of the several Councils are greatly exercised in their minds as to the best methods of defence; some propose an imitation of Turkish tactics, of procrastination, others are for wholesale reform. A third party, seeing everywhere only enemies, are ready to exclaim with Achmet Pasha, when he found himself surrounded by Russians, "It is kismet," and bolt. As purely examining bodies, their days are numbered, as teaching bodies, they may long live as honoured institutions. The Government can examine for civil practitioners, as it does now for the army and navy; why, then, continue a condition of things which has no advantages, and many disadvantages? The Colleges have funds enough to provide for courses of lectures, which might be open to qualified practitioners, thus affording a means of placing the latest methods of treatment and practice before the hard-worked members of our profession. To suggest such a course to some of the Fellows of the College of Surgeons, is to run the risk of throwing them into a state of violent convulsions. "They are an examining body, and not a teaching body," is the statement of not a few; time will show if they are even that, and what will become of the "Fellowship distinction." Should the Government decide on a one-portal admission to the profession, but require affiliation to one of the Colleges for "moral supervision" of the members of the profession, the

Edinburgh College is doomed. The College now lives on its share of the double qualification fees, the "Fellowship distinction," and on candidates who have not studied in Edinburgh. In the presence of the Royal Commission, the College of Surgeons is willing to give up its single licence if the College of Physicians will do the same, but the latter does not see its way to do so. The physicians would lose much, the surgeons very little. This show of virtue on the part of the College of Surgeons is very touching.

**A CASE FOR MEDICAL JURISTS.**—At the High Court of Justiciary, Edinburgh, on Monday, the 20th inst., six young men, from the prison of Inverness, were charged with assault, one being further charged with that of rape, and the others with aiding and abetting him. The indictment set forth that on the 10th April last the prisoners assaulted a young man residing in Inverness, and a young lady who was with him, and after the former had been rendered unconscious by their violence, that one of them seized the latter by the neck, threw her over a rock upon the ground, and criminally assaulted her, the others aiding and abetting. With the exception of one, found not guilty, the remaining prisoners were found guilty as libelled, including the one alleged to have committed the assault. It strikes us as extremely strange that so many young men would conspire to commit so infamous a crime, and not less strange that the assault could have been committed under the circumstances. Are there no other particulars with which the public have not been made acquainted?

**MONUMENT TO DR. ROBERT MACNISH, OF GLASGOW.**—We are pleased to learn that a monument has been placed in St. Andrew's Episcopal Churchyard, to the memory of the accomplished Dr. Robert McNish, author of the "Anatomy of Drunkenness," "The Philosophy of Sleep," &c.

## Correspondence.

### GOVERNMENTAL INQUIRY INTO THE ETIOLOGY OF SUMMER DIARRHŒA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you permit me to address you, and through you my medical brethren about the Kingdom, on the subject of the large and most important inquiry into the etiology of "summer diarrhœa," with which the Local Government Board have charged me.

It is an official inquiry, but from the first I have perceived that it would be impossible, even were it desirable, to conduct it altogether through official channels. Naturally I have looked for help first of all to medical officers of health. Among these are many earnest workers that I am personally acquainted with, whose willing aid in the collection of facts I have enlisted, and who are taking upon themselves much labour in my behalf. Through medical officers of health I am seeking to obtain such minute details of statistical information respecting mortality as are necessary for my purpose. There are many of these officers that I have been anxious to confer with, but time and opportunity have been against me. I shall be glad of volunteers.

But there is another and important class of facts which can only be supplied by men engaged in medical practice—namely, facts which relate to summer diarrhœa as a disturbance of the system of the individual or a disease (fatal or non-fatal). As such it is met with in all ranks of society and at all ages, although its fatality is apparently greatest in certain ranks and at certain ages. Various hypotheses have been advanced to account for the summer incidence of the disease, and for difference in its fatality; and all these hypotheses will have to be passed under consideration. My difficulty is to obtain data accurate and sufficiently numerous, to enable me to estimate their value, and for these data I now make an appeal to the members of my own profession, in the full belief that there are many among them who will feel an interest in the subject, and that I shall not

appeal in vain. Especially I beg for aid from such of my brethren as practice among the well-to-do classes of the community. I particularly want to discover whether summer diarrhœa is a disease of equally frequent occurrence among the well-to-do and among the poorer classes, the rate of fatality of it when it does occur among different classes of people, and the circumstances under which the illnesses happen.

In order to facilitate the giving of the information I require, I have prepared, and am now issuing to those practitioners who will kindly help me, small pocket note-books, patterns of which I enclose. I think that you will see that in these books I have reduced my actual specific inquiries to a minimum. One of the books is for the record of individual cases of diarrhœal sickness; the other is complementary to it, and has for its object to ascertain, with some approach to accuracy, what is the practice of mothers in respect of the feeding of infants at different ages, in different ranks of life, and in different parts of the country. Any required number of these little books will be furnished to medical men who are willing to use them, on their writing for them to me at the Local Government Board, Whitehall.

I am, Sir,

Your obedient servant,

EDWARD BALLARD,

Local Government Board, Whitehall, S. W.,  
20th June, 1881.

### CALF LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The recent epidemic of small-pox in the metropolis has put a practical aspect on the question as to the relative values of calf and humanised vaccine lymph.

Before resorting to the employment of the bovine virus I deem it essential to ascertain the source and nature of this lymph, which is being so warmly advocated and widely advertised.

My investigations have led me to the conclusion that calf or animal lymph is a name applied indifferently to at least three different commodities possessed of the most entirely different properties.

1. There is the lymph obtained by Messrs Coely, Badcock, Burrows and Thiele, by inoculating the cow with the human small-pox virus; this, however, it would appear from the conclusive experiments of the Lyons Commission, never produces cow-pox, when it produces anything, it is true small-pox, and capable of propagating that disease by infection.

2. There is the lymph obtained by inoculating the calf with ordinary humanised, retro-vaccination as it is called; a plan which fails at the outset, since it does not insure the elimination of the much dreaded human impurities.

3. And this is the common source, there is the lymph got from cases of *spontaneous* cow-pox, and propagated on a series of heifers. This (bovine disease apart) would commend itself warmly to the minds of many, but strange to say, this very lymph has been denounced in no measured terms by "the immortal Jenner" as unprotective against small-pox (pp. 7 and 8 of Jenner's Inquiry.)

I trust you and your readers will kindly explain my difficulty, and set me right if I be in error.

I am, Sir,

Yours obediently,

W. J. COLLINS, B.Sc., M.R.C.S.

St. Bartholomew's Hospital,  
Smithfield, 20th June, 1881.

### DR. I. D. BULKLEY'S NEW METHOD OF EPILATION IN FAVUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Favus is a skin disease which we in London see little of, but those of us who have any experience of Parisian skin-disease hospitals, know that it is common enough in France. In Scotland too, from some unexplained cause, it is far more prevalent than in the rest of the British Islands. In the United States, we are informed by Dr. Bulkley, in a very interesting monograph (Putnam, New

York, 1881), that the disease is also very rare, having been noticed only 47 times in 28,000 cases of skin disease seen by certain practitioners.

When deeply seated, it is extremely difficult to cure this parasite affection of the skin, especially when, as is usual, it affects the hair follicles of the scalp. It is in such cases as this, that epilation has been found to be imperatively necessary, and those practitioners who have had the greatest experience in skin diseases, are accustomed to have recourse to extraction of the hairs by means of different kinds of forceps. Before this epilation by forceps was used, the old-fashioned plan of the Frères Mahon was in vogue in the Hôpital Saint Louis of Paris. That consisted in putting on the diseased head a plaster of pitch, which adhered to the hairs, and was then removed as carefully as possible, but which often caused a great deal of pain to the patient.

Dr. Bulkley, of New York, has, it seems, taken a leaf out of the book of these Saint Louis ringworm curers, and has recently devised a method for the extraction of hairs which seems likely to prove of great service. He has had sticks of very adhesive material fabricated, which can be melted and made to adhere very firmly to the diseased hairs, and which, when cold are forcibly removed, drawing numbers of hairs along with them. The mixture he has found to succeed well is the following: yellow wax, 3 drachms; lac in plates, 4 drachms; resin, 6 drachms; burgundy pitch, 10 drachms; and dammar gum, 1½ ounces. After these ingredients are thoroughly incorporated, the mass is rolled into sticks of various sizes, from ¼ to ½ of an inch in diameter and from 2 to 3 inches long.

The hair is cropped short, about ¼ of an inch in length, at the diseased spot. The end of the stick is heated in the flame of a spirit lamp, and pressed on the hair until it rests on the scalp. It is left until it is cold and then bent over, drawing out the hairs as it is withdrawn, not without pain. After epilation, a 4 grain to the ounce bichloride of mercury is rubbed in. This seems to be really such an improvement in the practical treatment of bad cases of ringworm and favus, that I think it merits notice from all who have to treat these tiresome complaints, which most practitioners have sometimes to do.

Yours faithfully,

C. R. DRYSDALE, M.D.

17 Woburn Place, W.C., June 19th, 1881.

#### THE ROYAL COMMISSION ON THE MEDICAL ACTS.

Continued its sittings on Friday and Saturday last at its offices, 2 Victoria Street, London.

Lord Camperdown the chairman of the Commission, the Bishop of Peterboro', the Master of the Rolls, Sir W. Jenner, Professor Huxley, Professor Turner, Dr. Robert MacDonnell, Mr. Simon, Mr. Sclater Booth, and Mr. Coyne were present. The first day was occupied by the evidence of Dr. Jacob, of Dublin, and the second with that of Dr. Glover, who represents *The Lancet*, and with the further examination of Dr. Humphry of Cambridge, President of the British Medical Association. It may be assumed that the evidence of all these witnesses was strongly in favour of reconstruction of the Medical Council, and of direct representation as a means of such reconstruction; and it is to be hoped that they have succeeded in satisfying the Commission that no settlement of medico-educational affairs can be either acceptable or practical which does not give to the profession its proper place in its own government.

#### UNION HOSPITALS AND THE ROYAL IRISH UNIVERSITY.

A COPY of the Memorial is now in the hands of each member of the Senate. Lord O'Hagan has kindly promised to forward to the proper quarter the official copy for the Senate at large. It cannot be known whether a deputation will be received or not until the Senate meet. Meanwhile, the depu-

tation ordered by the Conference of June 6th, and consisting of Drs. Adrian, Kenny, Daly, O'Reilly, and Laffan, applied for an interview with the Dublin clinical physicians on the Senate. The interview was arranged to take place at the house of Dr. Hayden. Dr. Cruise wrote previously promising all his support in the Senate; Drs. Lyons and Banks were detained unavoidably elsewhere. Dr. Hayden received the deputation most cordially, and declared he agreed with every word of their Memorial, and was heart and soul with them. Dr. Laffan pointed out the advantages which physicians, patients, students, science, and all parties, including the new University, would gain from giving provincial physicians a share in clinical teaching. Some remarks were also made as to the necessity for creating some ties between the Dublin profession and that of the provinces. After warmly thanking Dr. Hayden, the members of the deputation withdrew. Subsequently they waited by appointment on Lord O'Hagan. As a *précis* of the interview is at present in the hands of his lordship's secretary, it will not be published till a future day.

WE understand that Her Majesty the Queen has selected Dr. James Reid, of Ellon, Aberdeenshire, to take temporary medical charge of the Royal Household in Scotland, pending the completion of the new arrangements rendered necessary by the resignation of Dr. Marshall on account of ill-health.

H. R. H. the Princess of Wales, accompanied by three of her children, visited the Hospital for Hip Disease in Children, Bloomsbury, on Sunday last, and were conducted through the various wards of the Hospital by Mr. Howard Marsh, F.R.C.S. The Royal Party went from bed to bed speaking to each child and distributing both fruit and flowers. Her Royal Highness on leaving expressed herself much pleased with the Hospital, and gave permission that it should henceforth be known as the Alexandra Hospital for Hip Disease in Childhood.

### Literature.

#### TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON (a).

THE London Obstetrical Society holds first place among the kindred associates, founded as they were, to promote the advancement of the study of obstetrics and gynecology. The volume now before us contains many communications of interest, including some which treat of subjects of great importance, of these mostly, the papers by Mr. Knowsley Thornton, "On the Removal of Uterine Fibroids by Laparotomy," and Dr. Clement Godson's case of "Removal of Fibrous Outgrowth from the Fundus Uteri," are those which claim the greatest attention.

Mr. Knowsley Thornton partly points out that hysterectomy is on its trial, and if his views are supported by the experience of others, as we trust they will be, we believe that this important operation will, for the future, be by no means unfrequent.

He commences by enumerating the chief objections to the operation. 1st. That uterine fibroids differ from ovarian tumour, because they do not of necessity progress to a fatal termination. 2nd. That they are more often relieved or checked in their growth, or cured by medical treatment, or by surgical procedure of a *simple and comparative safe nature*. 3rd. That the operations for the removal by laparotomy are much more dangerous to life, than are similar operations for the removal of ovarian tumours. The italics are our own. We entirely disagree

(a) Transactions of the Obstetrical Society of London for 1880. Vol. XXII.



with the writer in saying that the operations advised for the removal of fibroids per vaginam are either "simple or safe." But we entirely agree with him in his dictum, that "fibroids more often kill than is generally believed."

The real question, however, to be decided is, are operations for the removal of uterine fibroids by the abdominal section, more dangerous to life, than similar ones for the removal of ovarian tumour, and is it justifiable in cases of fibroid tumours of the uterus, which resist medical treatment and which are evidently killing the patient though it may be slowly. As to the first it must at present be admitted, that these operations are more dangerous than ovariectomy. But as to the last Mr. Thornton's case now recorded in addition to those previously reported, may be considered as a decided answer in the affirmative. His paper and the discussion will well repay a careful perusal. Dr. Braxton Hicks, gives interesting details of a case of extra-uterine foetation, in which an unavailing attempt was made to save life, after the rupture of the cyst; in the discussion which followed, two important and as yet undecided methods of treating such cases were brought forward for consideration, one by Dr. Routh, who advocates destroying the life of the child by injecting morphia into the amnion. The other the propriety of performing gastrotomy "primarily," in cases of extra-uterine section, once the actual condition of the patients has been definitely ascertained. Such discussions as followed in these papers, put prominently forward the value of this society.

Taken as a whole, the volume before us is quite up to the average of former years, while the reports of the discussion are admirably reported.

#### MORALITY. (a)

WE have found it extremely difficult to review this little book, so utterly different is it from anything of the nature of scientific work, alike in style of thought and mode of expression. Our first difficulty, indeed, was to find out what the author had written. So much of the book consists of extracts in inverted commas, and so much more of notes, written by every one in the world, except the author, that we finally came to the conclusion, based on the author's repeated statement to that effect, that, "the italics were his own."

Joking apart, however, the aim and object of the little book is an exceedingly good one; it is to induce young men to lead pure lives; and with this view, every consideration of morality, religion, and preservation of health, is successively put before them. It is only to be lamented, that such motives should have so little weight with the majority of young men. None but medical men can know how widespread are the ramifications of the terrible disease induced by promiscuous intercourse, and how fearfully it falls, in later and more sober years, on the chaste wife and innocent children of the offender, aye, even when he himself is apparently recovered from it. We should think it desirable that the probability of such results should be fully set before young men, if possible before they have yielded to a temptation, the strength of which will increase with every successive indulgence. And by no one, we think, could this be better done than by the physician of the family or the school. The motives for maintaining chastity which he will set before a lad may doubtless be much lower than those which a clergyman will offer, but the dangers which the physician will point out are so much nearer at hand, and are regarded by most persons, rightly or wrongly, as being so much more certain of infliction, that it can hardly be doubtful they will prove much the more operative. And such warnings ought to be given early, before a lad is likely to have yielded to his first temptation. One of the most utterly abandoned men we have ever met once said to us "No need for a young man to go astray at first, but if he once falls he can never afterwards recover himself, so much more imperative does the desire for intercourse become, when it has once been yielded to." There is another subject, which Mr. Hime avoids, and rightly, but there is no reason why we should not take this opportunity of enforcing the duty of a like precautionary warning against it. We mean the early practice of secret vice. We would think it the imperative duty of every school or family physician to warn every boy against this vice, before he should reach the age of twelve years. No explanations need be given; but the terrible results of a blighted life, a

ruined manhood, insanity, paralysis, &c., should be set forth in the plainest and strongest terms. How much wretchedness would be avoided in after life, if such early warnings were fully and emphatically given. Fathers are careless and confident; clergymen consider they have nothing to say to a matter which will cause no open scandal; it is the physicians province, a matter of health rather than morality, and one which undoubtedly we ought never to neglect.

Mr. Hime rightly points out that intemperance in alcoholic stimulants is one of the great causes of indulgence in sensual vice, and that to avoid the one will materially assist in the avoidance of the other. He also leans strongly on the point that, "to take it out of ourselves," as the saying is, by exercise and hard work, is one of the best aids to the maintenance of chastity. Mental occupation, he points out, is no less a means to this end. The motives he draws from religion, moral considerations, a sense of what is due to others, and finally of what is due to ourselves regarded from the highest standpoint, as a creature of moral nature, which is outraged by impurity, all these considerations, as put by Mr. Hime, and his collaborateurs, we fully approve of, but a medical journal is not the place to enter fully on a discussion of them.

We shall conclude with one quotation from Mr. Hime, we mean from Mr. Patmore, whom he has quoted, assigning a motive for purity of exquisite beauty, but we fear only too little recognised.

"They safely walk in darkest ways,  
Whose youth is lighted from above,  
Where through the senses' silvery haze,  
Dawns the veiled moon of nuptial love.  
Who is the happy husband? He  
Who, scanning his unwedded life,  
Thanks Heaven, with a conscience free,  
'Twas faithful to his future wife."

Mr. Hime has expanded the same idea in prose; and quoting, of course, a beautiful passage from Father Lacordaire, or rather from Mr. Black, who quotes the Pere, has shown how the maiden living faithful to her future husband, though as yet she has never met him, has a right to expect a similar fidelity from him to herself. A

#### MERCY TO ANIMALS. (a)

THE accomplished editor of the *Leisure Hour* has very ably espoused the cause of the dumb creation in a little volume entitled "A Plea for Mercy to Animals." In it he claims for all things that suffer the right of protection at the hands of man; and with much that he urges against the inhuman practices sanctioned under the name of sport, by the usage of ages, in this country, very many readers will agree. Naturally, we are unable to follow Dr. Macaulay's indictment against science; and, because his little book is in its other part well and reasonably, though, perhaps, a trifle oppressively, conceived, we the more regret the blindness that leads him—a medical graduate, too—so far astray when dealing with a purely scientific problem. It is a matter of much moment when a member of the medical profession ventures to publish the assertion that vivisection teaches nothing "because the differences of structure and function diminish the chance of any light being thrown on human physiology by such means." Has Dr. Macaulay ever ascertained what are the data of physiology? Does he appreciate the importance of physiology in therapeutics? And has he any acquaintance with the true outcome of scientific experiment? One is prompted to put these questions from the manner in which the charge against vivisection is made and supported by evidence of an *ad captandum* character. The authorities that are quoted in defence of retrogression are not those likely to carry weight to the mind of an educated scientist; and we repeat, it is a pity Dr. Macaulay was not content with making a less sensational and more rational appeal. As we have said, the book is an agreeable contribution to that branch of literature which aims at creating sympathy with animals among those who constantly employ them; and in so far as it aims at provoking mercy on their behalf, we gladly welcome it. As professing to dictate the limits of scientific inquiry, however, it is out of place, and would have been better fitted to achieve its purpose had this portion been omitted from its contents.

(a) "Morality: an Essay addressed to Young Men." By Maurice C. Hime, M.A., LL.D.

(a) "Plea for Mercy to Animals." By James Macaulay, M.A., M.D. Edin. Partridge and Co.

**Obituary.**

**DR. JAMES PATERSON, OF GLASGOW.**

To write the obituary notice of a friend, is like conveying a last request from a dying fellow-soldier on the battlefield. The scythe of death has been busily plied in Glasgow during the past few years, and many of the old familiar faces in the profession have disappeared for ever. Dr. James Paterson died at the Bridge of Allan, whither he had gone a few days previously, on Tuesday, the 21st inst. He had been laid aside from the active duties of his large practice for the previous nine months, the phase which his illness assumed being that of an obscure cerebral affection. To the last his intellect was perfectly unimpaired, though he suffered from a peculiar variety of hemiplegia. The son of a medical man, Dr. Paterson entered the medical profession in the year 1834, and like many more who have risen in Glasgow to positions of honour, if not of affluence, he began practice in the east-end of the city, in a comparatively humble way. He there very soon acquired a large connection, becoming well-known as a successful obstetrician. In the year 1841 he became a Fellow of the Faculty of Physicians and Surgeons of Glasgow, under the old regulations, and in the same year was offered and accepted the position of lecturer on midwifery at Anderson's College, then called the Andersonian University. From this position he retired in 1863, being succeeded by the late Dr. James G. Wilson. By his large *clientele*, Dr. Paterson was much respected for his straightforward manliness of character, and his, perhaps, for himself, too pronounced an intolerance of every form of sham, or smallness. He was influenced in an eminent degree by a sterling loyalty to truth. During the earlier part of his University curriculum, he studied with the intention of entering the church, but like many able and conscientious men, he found he was unlikely to submit to the ecclesiastical thralldom, which was then more pronounced in Scotland than it is even now, and he consequently turned his attention to a calling in life in which a *little more* freedom is enjoyed. He was thus possessed of an excellent preliminary education, evidences of which appeared in everything which he published. He was a fluent and effective writer and speaker, and as a lecturer was very popular with his students. Some years ago his name came prominently before the public in connection with the celebrated Pritchard case. He occupied in connection with this case a very delicate position, and it is not too much to say that it was doubtless owing to his shrewdness that the criminal was brought to justice. Dr. Paterson leaves a large family—one in the medical profession in Australia—all occupying honourable positions in their respective professions. It is noteworthy that three of his sons are masters of arts of the University of Glasgow. He faced death, as he faced the world with neither fear nor cringing, but with becoming reverence and resignation. According to his own particular request, he was interred in Janefield Cemetery, Glasgow, his funeral being strictly private.

**DR. SYDNEY MURDOCH, OF DUBLIN.**

With regret we record the death of Dr. Sydney Murdoch in his 41st year, which sad event occurred at his residence, 106 Pembroke Road, Dublin, on the morning of the 13th inst.

From the day upon which he commenced the study of medicine as a student in the Meath Hospital, (where he had the great advantage of having been clinical clerk to the late revered Doctors Stokes and Hudson) up to the day of his demise, he was universally respected by all with whom he came in contact.

Dr. Murdoch was a licentiate of the Royal College of Surgeons, and a member and licentiate of the King and Queen's College of Physicians in Ireland, and for 16 years was one of the medical officers of the Donnybrook Dispensary district. In that capacity especially we would bear testimony to the efficient manner in which he discharged his onerous duties to the sick poor; by whom for his kindness and attention he was deservedly beloved, and for his advice and services highly appreciated.

Owing to delicacy of health of late years, Dr. Murdoch rather avoided private practice, and modestly held aloof

from the professional distinctions which, under other circumstances he would have undoubtedly enjoyed. His unobtrusiveness, charity, kindness, and true friend ship combined, endeared him to a large circle of friends by whom his early death is deeply deplored.

The appointments rendered vacant by the death of Dr. Murdoch, are those of dispensary medical officer and medical officer of health of the Sandymount sub-district.

**University of Oxford.**—The following gentlemen passed the Final Examination for the degree of M.B. :—

Falls, W. C. B.A., M.R.C.S., Merton College and St. George's Hosp. Francis, F. B.A., M.R.C.S., Jesus College, and London Hospital. Gresswell, D.A., B.A., Christ Church and St. Bart Hospital. Jones, Wansborough, B. A., Magdalen Coll. and St. Thomas's Hosp.

**University of Cambridge.**—The following degrees were conferred on June 16th :—

**DOCTORS OF MEDICINE.**—Arthur Thomas Myers, Trinity; Francis Henry Hill Guillemand, Caius.  
**BACHELORS OF MEDICINE.**—Fredk. Henry Hoaitio Mahomed, Caius. Charles, Fillingham Coxwell, Christ's.

**Queens University in Ireland.**—At a meeting of the Senate held on Monday, June 20th, in St. Patrick's Hall, Dublin Castle, the following degrees and diplomas were conferred :—

**Degrees of Doctors in Medicine.**—Henry Harper, of Queen's College, Galway; Michael Jennings, Galway; Walter C. Johnson, Cork; Samuel F. Loughood, Cork; Daniel Lynch, Cork; Joseph R. McDonnell, Galway; Jeremiah McKenna, Cork; James Minniece, Belfast; G. Mitchell, Cork; D. T. Monteath, Belfast; David J. O'Malley, Galway; George H. Powell, Galway and Cork; John Redmond, Belfast; Archibald C. Robinson, Belfast; Robert L. Rutherford, Galway; David M. Saunders, Cork; William D. Sexton, Cork; James Simpson, Belfast; Henry Sinclair, Cork; John M. Trimble, Belfast; Charles H. Wheeler, Belfast.

**Master in Surgery.**—R. Alexander, M.D., Belfast; R. Campbell, M.D., Belfast; W. N. Davies, M.D., Belfast and Galway; J. G. Raghty, M.D., Cork; J. Mullin, M.D., Galway; J. F. L. Mullin, M.D., Galway; J. A. Oakshott, M.D., Cork; J. B. White, M.D., Belfast; J. F. White, M.D., Galway; E. Horan, M.D., Cork; J. Anderson, M.D., Belfast; D. Lynch, Cork; J. McKenna, Cork; C. Minniece, Belfast; G. Mitchell, Cork; G. H. Powell, Galway and Cork; D. M. Saunders, Cork; H. Sinclair, Cork; J. M. Trimble, Belfast; C. H. Wheeler, Belfast.

**Diploma in Midwifery.**—W. M. Davies, M.D., Belfast and Cork; J. A. Oakshott, M.D., Cork; J. B. White, M.D., Belfast; Dr. Lynch, Cork; J. McKenna, Cork; G. H. Powell, Galway and Cork; J. Redmond, Belfast; D. M. Saunders, Cork; H. Sinclair, Cork; J. M. Trimble, Belfast.

**University of Dublin: School of Physic.**—At the Trinity Term Examination for the degree of Bachelor of Medicine, held on June 13, 14, 15, and 16, candidates passed as placed in order of merit :—

Young, Lou's T.  
Full, E. Gordon.  
Lyle, Thomas.  
Woodroffe, Augustus W. } Equal.  
Jencker, Francis J.  
Irwin, James M.  
Donnele, Thomas.  
Nickson, Augustus.  
Grant, Donald St. John.  
Dowse, Thomas J.  
Moore, Reginald H.  
Powell, J. Allan.  
Lewis, Thomas W.  
Macgullan, John W.

Stanton, Thomas.  
Gloster, Charles. } Equal.  
Pope, Henry B.  
O'Hora-Hamilton, Thomas W.  
Jencker, Reginald L.  
Ellott, William S.  
Baldwin, Thomas A. } Equal.  
Stowell, Jonas C.  
Cochrane, Edward.  
Nangle, Edward C.  
Dawson, Henry.  
Lucas, William O.  
Miller, Alfred.  
MacCarthy, William Ff.

**St. Thomas's Hospital.**—The Right Hon. the Earl of Dunraven, K.P., presided Tuesday, June 21, at the Annual Distribution of Prizes to the successful students at this Institution. **PRIZES FOR SUMMER SESSION, 1880.**—*First Year's Students:* F. W. Hatchett, College Prize £15; W. B. Tomson, College Prize £10; C. D. Green, College Prize £5. *Second Year's Students:* R. E. Rouse, College Prize £5. **PRIZES FOR WINTER SESSION, 1880-1.**—*Entrance Science Scholarships:* R. Lawson, Scholarship £100; H. H. Lankester, Scholarship £80. *First Year's Students:* R. Lawson, the Wm. Tite Scholarship £30; H. H. Lankester, College Prize £20; G. A. Carpenter, College Prize £10. *Second Year's Students:* W. B. Tomson, the Musgrave Scholarship 40 gs.; C. D. Green, College Prize £20; F. F. Caigee, College Prize £10. *Third Year's Students:* A. V. Bernays, College Prize £20; A. D. Roe, College Prize £15; W. J. Sheppard, College Prize £10. A Certificate of Honour accompanied the prize to all the foregoing recipients. The Cheselden Medal was awarded to C. W. Haig Brown; the Mead Medal to C. W. Wansbrough Jones; for General Proficiency and Good Conduct and the Treasurer's Gold Medal to W. Wansbrough Jones.

## NOTICES TO CORRESPONDENTS.

DR. T. M. DOLAN'S paper on "The Prophylaxis of Rabies" shall appear during July.

MR. STANNARD.—*California Laurel* is said to be a specific for tooth-ache, and to be a very efficient external application in neuralgia. Either the oil or the fluid extract may be used.

LUDLOW.—You will find the system exposed in a little work called "Medical Men and Manners of the Nineteenth Century."

MR. WILKINSON.—We shall be glad to receive details of the case to which you refer.

## "SICKNESS CAUSED BY PUTRID MEAT."

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—I am glad to see in your "Notes on Current Topics," June 22, that the statements I have made in my "History of Salt" (a) regarding unwholesome meat on which sailors are too often forced to exist, have been corroborated by a letter lately presented to the Michigan Board of Health by Dr. Mulvaney.

I should like to enter fully into this important subject, but do not wish to take up too much space of your valuable Journal.

I am, Sir, yours, &c.

E. MARLETT BODDY.

MR. RIVINGTON will please receive our best thanks.

## THE RECOVERY OF FEES.

To the Editor of the MEDICAL PRESS AND CIRCULAR.

SIR,—Might I trouble you to answer the two following queries, the first of which is of some moment to others beside myself in the profession: In the early part of last week I was engaged by a respectable mechanic to attend his wife in her confinement, which was expected daily. I accordingly held myself in readiness, when an officious woman, a neighbour it seemed, had offered her services in that way if all was right, and attended her on Saturday last, and the husband called on me last evening, to say that they should not require my services now as his wife had got confined as above stated. *Can I claim my fee legally* in court if I so desired, although I did not attend the said patient? My next question is to ask if an M.B. of the University of London or any other university, is entitled to style himself *Doctor*, as if he were a graduate of some recognised university, or is he entitled to be called *Doctor* only by courtesy? I see all such men put *Doctor* on their door-plates in our town.

I remain, yours very truly,

T. T. P.

[\*] With regard to the first question, our correspondent having been engaged, and held himself in readiness when called on, is clearly entitled to his fee, on account of breach of contract. Beside which it would be well, on public grounds, to teach these uninformed persons that the services of the profession cannot be trifled with impunity. On the second point, an M.B. of a recognised university is frequently styled *Dr.* by courtesy, and the "*Dr.*" on the door-plate is recognised by the public as an implied legal connection with medicine. To be strictly legal, none but those possessed of an M.D. of a recognised university or licensing body can style himself "*Dr.*;" but its employment is now so universal that if a man be on *The Register* objection is not often taken thereto.—ED.]

DR. O. FLANAGAN (Sunderland).—Dr. Brown Séquard recommends in idiopathic epilepsy the following formula, a teaspoonful before each of the three meals, and three tablespoonfuls at bedtime in water:—

℞ Potassii Iodidi;  
Potassii bromidi, ʒj.;  
Ammonii bromidi, ʒss;  
Potassii bicarbonatis, ʒij.;  
Infusi columbe, fʒvj.

The occurrence of sleepiness during the day caused by these remedies can be controlled by giving smaller doses in the day and much larger ones at night. If debilitating effects follow from the use of the bromides, cold baths and a very liberal diet must be resorted to. Dr. Clouston, of the Edinburgh Asylum, has found that the diminution of the fits and all the other good effects of the medicine reach their maximum in adults at 30-grain doses thrice daily. Dr. Crichton Browne has obtained good results from the inhalation of amyl nitrite.

A PROVINCIAL PRACTITIONER.—*Duboisia (Duboisia Myoporoides)*, an Australian plant. The drug is obtained from the leaves. It has properties very like those of atropine; it is said, however, to act more promptly and powerfully, also not to cause so much conjunctival irritation. It is sometimes useful as a substitute for atropia, when that drug is not tolerated; but on the whole it is not so reliable, and is not itself always free from irritating properties on the conjunctiva. Dose about the same as that of atropia.

## VACANCIES.

Charing Cross Hospital Medical School.—Applications for the newly created Chair of Practical Physiology to the Dean before Wednesday, July 13.

Chesterfield Friendly Societies' Medical Aid Association.—Medical Officer. Salary, £185, with midwifery and vaccination fees, with house-rent and taxes free. Applications to the Secretary, Durrant Road, Chesterfield, before July 4.

Great Northern Hospital, Caledonian Road, London, N.—Dental Surgeon. Applications to the Secretary by June 30.

Hospital for Consumption, Brompton.—Assistant Physician. Applications to the Hon. Secs. by July 6.

Kilkenny Union, Tilscom Dispensary.—Medical Officer. Salary, £103, and £20 as Medical Officer of Health. Election, July 18.

(a) "The History of Salt." By E. M. Boddy, F.R.C.S. London: Baillière, Tindall, & Cox. 1881.

Knighton Union.—District Medical Officer and Medical Officer of Health. Joint Salary, £55. Applications to the Clerk to the Guardians by July 7.

Royal College of Surgeons of England.—Pathological Curator. Applications to the Secretary not later than Monday, the 4th of July next.

St. Peter's Hospital for Stone and Urinary Diseases, London.—Assistant Surgeon on the Staff. Applications to the Secretary before July 1. (See Advt.)

Stockton-upon-Tees Hospital.—House Surgeon (non-resident, doubly qualified). Salary, £200 per annum. Applications to the Secretary by August 9.

Victoria Hospital for Children, Chelsea.—Dental Surgeon. Applications to the Secretary before Saturday, July 9.

Wilts Pauper Lunatic Asylum.—Medical Superintendent. Salary, £600 per annum, and furnished apartments. Applications endorsed "Application for Medical Superintendent," to the Clerk to Committee of Visitors, Devises, before July 5.

## APPOINTMENTS.

ANDERSON, W., F.R.C.S., Joint Lecturer on Anatomy at St. Thomas's Hospital.

JACK, J. S., M.B., C.M., Medical Officer to the Rothbury East District of the Rothbury Union.

MAY, B., M.B., F.R.C.S.E., Honorary Surgeon to the Queen's Hospital, Birmingham.

MURSH, T. A. P., M.B.C.S.E., L.R.C.P.L., House Surgeon to the Western-super-Mare Hospital.

READ, M., M.B., B.A., M.R.C.S.E., Junior Resident Medical Officer at the Hospital for Sick Children, Great Ormond Street.

RICHARDSON, R. T., M.R.C.S.E., Assistant Medical Officer to the Leeds Union Infirmary.

RICHARDSON, T. W., M.R.C.S.E., Medical Officer for the Fourth District of the Norwich Union.

ROBERTSON, J., M.D., L.R.C.S.Ed., Medical Officer of Health for the Cokermouth Rural Sanitary District.

SEHMILT, G. R., M.B.C.S.E., Medical Officer of the Third District of the Highworth and Swindon Union.

SMITH, C. E., M.B., M.R.C.S.E., Surgeon to the Eye Infirmary, Wolverhampton.

SPENNER, T. Kent, M.D., M.R.C.S., Physician to the Bath Mineral Water Hospital.

TAYLOR, F. E., M.B.C.S.E., House Surgeon to Charing Cross Hospital.

THOMSON, A., M.B., C.M., Assistant Medical Officer to the Montrose Royal Lunatic Asylum.

WALMSLEY, F. H., M.D., Senior Assistant Medical Officer to the Metropolitan Asylum, Leavenden.

WILLIAMS, W. R., F.R.C.S., L.R.C.P., House Surgeon to St. Peter's Hospital for Stone, &c., London.

WILLS, J. P., M.B., Medical Officer to the Metropolitan Convalescent Institution's new Home at Bexhill, Sussex.

WOODCOCK, R. F., L.R.C.P.L. & M.R.C.S.E., Hon. Medical Officer to the Royal Albert Edward Infirmary and Dispensary, Wigan.

## Births.

BUTLER.—June 18, at 168 Holland Road, Kensington, the wife of W. J. Butler, Surgeon H.M.'s Indian Medical Service (retired), of a daughter.

GUNTHER.—June 21, at Hampton Wick, the wife of Dr. Theodore Gunther, of a son.

OWEN.—June 21, at the Hollies, Shore Road, Hackney, the wife of William Owen, M.B.C.S. Eng., of a son.

PARISH.—June 22, at 14 Steyne, Worthing, the wife of Frank Parish, M.R.C.S., L.R.C.P., of a daughter.

## Marriages.

EMERSON—AINSWORTH.—June 22, at Rivington Church, P. H. Emerson, M.R.C.S., Clare College, Cambridge, to Edith, youngest daughter of the late J. Ainsworth, Esq., of Bolton-le-Moors.

EYRE—BRIGHT.—June 16, at Christchurch, Forest Hill, John Joseph Eyre, L.K.Q.C.P. & L.R.C.S.I., eldest son of Edmond Eyre, Esq., of Shanagolden, Limerick, to Fanny Amy Agnes, eldest daughter of John Meaburn Bright, of Fofest Hill.

## Deaths.

BLOXHAM.—June 8, at Halesowen, Charles William Milnes Bloxham, M.R.C.S.E., aged 59.

CRISP.—June 14, at Aix-les-Bains, Savoy, Walter Crisp, Surgeon-Major, A.M.D., aged 52.

FOLKARD.—June 22, at 18 Blenheim Crescent, Bayswater, W., Henry Folkard, M.B.C.P.Lond., M.R.C.S., aged 55.

LITTLE.—June 22, suddenly, at his residence, Combermore, Lifford, Robert Little, M.B., T.C.D., aged 67.

MUSGRAVE.—May 21, at Bombay, of heat-apoplexy, R. Vernon Musgrave, M.R.C.S.E. P. and O. Co.'s Service, aged 31.

NUTTALL.—May 21, at San Francisco, California, Robert K. Nuttall, M.D., M.D., F.R.C.S.I., youngest son of the late Colonel J. C. Nuttall, J.P. of Tipton, co. Wicklow, aged 68.

STEVENSON.—June 8, at Uporto, Wm. Stevenson, M.D., late of Kingston, Jamaica, aged 52.

## DENTAL HOSPITAL OF LONDON,

MEDICAL SCHOOL.

The DISTRIBUTION OF PHIZES will take place on THURSDAY, JUNE 30th, at Willis's Rooms, King Street, St. James's, at 6 p.m.

Professor OWEN, F.R.S., will preside.

T. FRANCIS KEN UNDERWOOD, Fenz.

Dental Hospital of London, Leicester Square.

## I N D E X .

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# IRISH POOR-LAW INTELLIGENCE.

## CORRESPONDENCE.

### SUPERANNUATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 24th Nov. you have a leading article under the above head, in which I am sorry to see you ignore, or omit, the main, and by far the most important, aspect of the case, viz., that superannuation is at present only *permissive*, and dependent on the will of the guardians, and you know it has been shown in many instances that the guardians do not always, nor, perhaps, very often, exercise their discretionary powers in accordance with the strict rules of justice; neither can it be expected that they ever will do so when it is considered how their boards are constituted, and that the majority of them regard the poor rates as a disagreeable tax forced on them.

In support of what I have stated I need scarcely instance the case of the late Dr. Leeper, of Armagh, and others.

At the deputation to the Chief Secretary on the 1st November the same omission is observable in the points brought under review as requiring amendment, except that Dr. Jacob showed (apparently incidentally) "that it is at present open to Poor-law guardians to *superannuate friends*, and to *refuse* a medical officer *whom they may not like*." This, Sir, is the true state of the case in a few words, and herein lies the gist of the argument. I am not sanguine enough to suppose that anything emanating from one occupying so humble a position in the profession as myself can have much influence, and I conjecture (perhaps erroneously) that the Dublin members look on matters with different eyes from country men. Nevertheless, I do trust that there is enough of honest conscience in members of Parliament, and in the main body of our profession, to recognise and act on the truth when it is put plainly before them. Although not personally disinterested, yet it is not altogether from personal motives that I agitate the question. "Homo sum, &c.," and the health and well-being of this country (Dublin included) depends much on the position and duties of medical officers being put on a just basis and rightly appreciated.

The Irish Medical Association admits that the present permissive system of superannuation is a "source of corruption, and unfaithfulness," and I am sure you will agree that it is not the most deserving who get, or are likely to get, much benefit from it.

Yours faithfully,

S. T. HASLETT, M.D.

Donegal, 1st Dec., 1880.

[The leading article referred to was not the emanation of this journal. It was copied from the *Daily Express* as an expression of non-professional opinion, and was inadvertently printed without the name of the journal in which it had appeared. We should have expressed ourselves much more strongly.—Ed. M. P. & C.]

## ROYAL COLLEGE OF SURGEONS' LIBRARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps you will kindly allow me to draw attention to a want felt by students reading in this library, and which, though often spoken about, does not seem to meet with any response from those in authority.

There is a small collection of some of the books generally read, all of them old editions, which are bound periodically to keep them together. Very few copies of any, whilst many which are often wanted, are to be had at all, for instance, "Power on the Arteries."

Now, I think that the library committee might at least provide half-a-dozen copies of books of Anatomy, Surgery, and Medicine, and a copy of the latest editions of these and other text-books.

Students become registered pupils (by paying five guineas at the commencement of their studies), chiefly for the reason that they may have entrance to the library to read during the day in the intervals between lectures, &c.; and it is a great inconvenience and loss of time to find that a book is either in use or not to be had at all.

I am Sir, &c., &c.,

A REGISTERED STUDENT.

## THE REGISTRATION ACT OF 1880.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Having read carefully a book which doubtless has been forwarded to all registrars throughout Ireland entitled "Births and Deaths Registration Acts 1863-80, Ireland," I have come to the conclusion that the Registration Act of 1880 is calculated materially to interfere with the registration of births and deaths in Ireland, and will after a short time be anything but a correct basis for future calculations, and by no means an improvement on the previous Act of 1863. According to the Act 1880, a birth or death can be registered at any time up to one year by the informant (after three months) making a declaration before a magistrate, &c. I will not refer to registration after a year of which there will not be many instances. Now, Sir, let it once go out amongst the people that they have with impunity, when not noticed by the registrar, a year to register a birth or death, and it can be easily understood that before this limit has expired the chances are fifty to one the birth or death is completely forgotten, and consequently, never registered. At present the instances of registration of births after three months are comparatively very few. To carry out the Act of 1880 correctly, it would be necessary for the registrar to go through his district and make inquiries from house to house at least twice a year, otherwise how is he, as stated, to "inform himself carefully of every birth or death that happens within his district." As a rule, the medical man knows very little of the births that take place in his district, except those he attends himself, or is told of accidentally. The same may be said

deaths. If, then, the registrar does not get notice of the birth or death how is he to notice the party to attend at his office? But the best of it is the remuneration remains the same as before, and is likely to become considerably less, though additional writing and trouble is imposed on the registrar by the Act of 1880. I find at page 56, second schedule, that the extra fees, after three months, payable to the registrars, which are here set out and vary from one to five shillings, are to be paid by the "informant or declarant." This is certainly funny! I have been registrar of births and deaths for some years, and have made five shillings on account of births registered after the expiration of three months. In most instances I gave the poor person something for refreshment, for the extra trouble imposed in having to go before the superintendent registrar and walk perhaps a long distance in cases of the kind. In my opinion the limit of registration might (with perhaps some slight modification) have been left as it was with (as in Act 1880) a declaration to be made before a magistrate (when practicable) instead of the superintendent registrar in cases over three months, and the extra fees should most decidedly be paid by the Registrar-General, and not by the "informant or declarant," who in ninety-nine cases out of one hundred (at least in country districts), are paupers. Again, I would ask, will the Registration Act of 1800 facilitate the performance of vaccination before three months.

In conclusion, I will ask your readers to study the Act in question, when they will see that while imposing additional labour and less remuneration, it is neither calculated to instil over-zeal in registrars or serve as a correct basis for future calculations in the statistical and other returns as to the registration of births and deaths in Ireland.

Your obedient servant,

RICHARD AMBROSE O'KELLY,  
Medical Officer Clonhock and Ahascragh Dispensary Districts.

Ahascragh, Ballinasloe,  
Dec. 24th, 1880.

### ARMAGH UNION.

#### LUNACY FEES.

READ an order for payment of £2 to Dr. Anderson.

The Clerk said that it would be a Union charge, and not a divisional one.

Mr. Stronge said that, from his experience as a magistrate, he had always found that the first thing a professional man asks before he gave his evidence, was for his regular fee.

The Clerk said that the fee for doctors in such cases used to be £1, but he found now that they were allowed the maximum, namely, £2. If there was a case in that house they would have to send for Dr. Riggs. The magistrates had no power to call in in such a case any one but the dispensary doctor.

Mr. Campbell said that it was only to give evidence as to the state of the woman that the doctor had been called in.

Mr. Orr thought that it was very unfair in such a case that another doctor should be called in instead of the dispensary doctor.

The Clerk said that the magistrates could call in any any doctor that they pleased, but he must be a dispensary doctor.

Mr. Stronge said that the Board of Guardians had no control over the magistrates in such a matter, and the subject then dropped.

#### THE MEDICINE CONTRACT.

A letter on the matter of the medical contractor not sending the invoice to Dr. Houston, of the Tynan dispensary, with the medicine was received from Mr. Leslie, the contractor, and one enclosed therewith from Dr. Houston in which the latter stated he had no idea of finding fault with him (Mr. Leslie) with the Guardians.

Mr. Gray thought that the clerk should write to the contractor on the matter; and

Mr. Riggs said that he (the clerk) had done that already.

### DROGHEDA UNION.

#### VACCINATION.

THE following was read:—

Local Government Board.

Dublin. 24th November, 1880.

The Local Government Board desire to be informed what steps have been taken to enforce compliance with the requirements of the Compulsory Vaccination Act in the district?

B. BANKS, Secretary.

Mr. Dowdall—How many on the list?

Mr. Marley (R. O.)—Eight or nine; I noticed them all, and they all went; sometimes they have to go eight or nine times before it is successful.

Mr. Dowdall—Then to your knowledge they all attended to the notice?

Relieving Officer.—They all attended.

Dr. Burke—Did you serve regular notices on them?

Relieving Officer—No; I gave them all verbal notice; I have no forms.

Dr. Burke said that it would be advisable that these officers should be supplied with printed forms of notice to serve in all such cases; a verbal message is apt to be treated lightly; in point of fact and law, however, they were not bound to give any notice to these parties; it was simply an act of kindness and consideration on the part of the guardians to give them notice. The medical officer makes a very serious charge—namely, that this neglect in having the Vaccination Act properly carried out arises from the fact that the guardians just read the list of defaulters, and no action whatever is taken on the reports sent in; that in fact they do not see that the orders are carried out; now it appears that in these cases they have been carried out according to the relieving officer's statement.

### LISNASKEA UNION.

#### EMERGENCY MEDICAL ATTENDANCE.

DR. CHARTERS presented an account for £1 1s. for visits to a man named Clinton, who was taken ill and died. It appeared when the man was taken ill at night the house occupier went to Dr. Charters, as he said he heard Dr. Knox (who was acting as *locum tenens*) was not in Lisnaskea at the time, and he did not go first to see was Dr. Knox obtainable, nor had he (the occupier) a visiting ticket. He now sought to get the amount of Dr. Charters' account from the guardians.

Col. Archdall said the previous case of payment to Dr. Charteris when he had attended instead of Dr. Knox was a precedent for this one, and he was afraid that cases like this would become frequent now. Could the guardians legally pay this?

It was resolved to ask the Local Government Board's advice in the matter. Could the guardians pay in such a case?

### WESTPORT GUARDIANS.

#### VACCINATION.

THE Local Government inquired if the guardians had done anything about the defaulters under the Vaccination Act in the Westport district.

The Chairman said—At the time of the passing of the New Vaccination Act this board by perseverance and careful administration of the law brought vaccination in the union almost to perfection. Although not in favour of a compulsory law he was bound to carry out the vaccination law, and so well had the vaccination been carried out that at the time this new law was passed there was only one defaulter in the union. What were the features of the new act? The important ones were—First, that a parent became a defaulter when his child was aged three months instead of six months as heretofore, and

that the new law gave the doctor £1 a day expenses for prosecuting before the magistrates, and 2s. instead of 1s. as the vaccination fee. The guardians fairly apprehended this law would heavily increase their rates and was an inducement for encouragement to prosecutions. (Hear, hear). His (the chairman's) opinion was that the guardians should simply tell the relieving officers to warn the people to attend with their children and they might add that upon a full consideration of the question they did not think it right to do anything further (hear, hear). The fees were large and the expenses for the doctor enormous, and they had great reason to fear this new act would lead to an enormous increase of expenditure and to great abuse (hear, hear).

The Board unanimously concurred in the views of the chairman, and a resolution was accordingly passed.

Resolved, in reply to the letter of the Local Government Board of 22nd inst., relative to defaulters under the Vaccination Act, the guardians desire to state that the lists were referred to the relieving officers to call on the defaulters to come in and comply with the law. The enormous legal expenses, including the fees to medical officers imposed by recent legislation renders it imperative on the guardians to be extremely careful how they adopt a course which will largely help to crush the people of the country by excessive taxation.

## IRISH MEDICAL ASSOCIATION.

### REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

*During the Half-year ended 7th December, 1880.*

(Read and adopted at the Meeting of Council held 11th December, 1880.)

DR. J. W. MOORE, Chairman of Council, in the Chair

MR. CHAIRMAN AND GENTLEMEN,—During the past half-year the Committee of Council held twenty-four meetings, and thirty new members were enrolled.

In consequence of the changes which took place amongst the officers of the Association, viz., Dr. Chapman having been promoted to the Presidentship, and Dr. Speedy to the Hon. Secretaryship, as also the resignation of the Assistant-Secretary, the Committee of Council could not conveniently at the usual time, present to you a quarterly report, and therefore did not convene the ordinary quarterly meeting of Council which, if circumstances had permitted, should have been held last September, but one ordinary and two special meetings of the Council (to which reference shall hereafter be made) were held within the half-year.

#### THE NEW REGISTRATION OF BIRTHS AND DEATHS ACT.

The Committee of Council, considering that a full and detailed report upon this measure—explanatory of the action of this Association, and of the changes of special interest to the Registrars which have recently been made by amendment of the law—would be desirable, have deemed it better to submit a special report on the subject as an appendix hereto. Upon the passing of the Bill, a resolution expressing the marked thanks of the Association to Mr. Meldon, M.P., and the Viscount Powerscourt, was adopted, and duly conveyed to them, for their valuable, zealous, and effective services in obtaining the new act.

#### THE MEDICAL CHARITIES BILL.

This Bill was introduced in the House of Commons last Session by Mr. Meldon and Mr. Errington, at the instance of this Association, but it unfortunately was so unfavourably received that it had to be abandoned. The Bill, which was published in full in the Report for quarter ended 31st December, 1879, proposed :—

1. A definition of persons eligible to receive dispensary medical relief.
2. Abolition of the office of warden.

3. New arrangements as to the issue and cancelling of tickets for medical relief.

4. Liability for improper use of tickets.

5. A provision for affording medical relief on loan in doubtful cases.

6. An amendment of the law regarding examination of alleged lunatics.

7. A more equitable scheme of superannuation of medical officers.

8. Better regulations as to contracts for drugs.

9. Examination of drugs, and inspection of pharmacies.

#### DEPUTATION TO THE CHIEF SECRETARY RELATIVE TO SALARIES OF MEDICAL OFFICERS OF HEALTH AND SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

Having failed to obtain from the authorities any recognition of the amendment made in the law by the passing of the Public Health Act of 1878 in favour of the medical officers of health whereby the maximal scale of salaries was expunged—an amendment made at the instance of this Association, and solely on account of which the new Act was allowed to pass—the Committee of Council, supported by other members of Council, and by Mr. Meldon, M.P., waited by deputation upon the Right Hon. W. E. Forster, Chief Secretary for Ireland, on the 1st November, and represented to him the unsatisfactory state of the administration of that Act as the natural result of the unjust treatment of the medical officers of health who have not even yet been awarded equitable salaries.

The deputation also brought under the notice of the Chief Secretary the subject of superannuation of Poor-law medical officers. A full report of the proceedings has appeared in the Supplement to the *Medical Press*.

Acting upon the suggestion of the Chief Secretary, the Committee of Council forwarded the following memorial to the Lords Commissioners of Her Majesty's Treasury, viz :—

#### TO THE LORDS COMMISSIONERS OF HER MAJESTY'S TREASURY.

##### *The Memorial of the President and Council of the Irish Medical Association.*

SHEWETH,—That Your Lordships' Memorialists are the Executive of an Association of medical practitioners, including the great majority of the medical practitioners charged with the execution of the sanitary law in Ireland.

That by the Public Health (Ireland) Act of 1874, section 10, the dispensary medical officers of Ireland were, without any option on their part, constituted medical sanitary officers, at such salaries, additional to their previous emoluments, as their sanitary authorities might fix, subject to the sanction of the Local Government Board for Ireland, "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."

That despite the protest of the medical sanitary officers against the limitation of their remuneration by any fixed maximal scale, the Local Government Board for Ireland did by letter, dated 14th day of October, 1874, propose to your lordships the adoption of a scale restricting the additional salaries for the sanitary duties of the medical officers to one-fourth the salaries paid to them for medical duties, to which proportion your lordships, by letter dated 11th November, 1874, while expressing the opinion that the proposed remuneration "did not strike my lords as exorbitant," ultimately assented, but "with the understanding that the scale will be applied with due regard to the circumstances of each case.

That, following upon such assent, the Local Government Board for Ireland issued to the sanitary authorities throughout Ireland a circular order that no salary for sanitary duties should exceed such proportion of the salary for medical duties, the effect of which order your lordships'



memorialists submit that merely nominal salaries were allotted in the great majority of instances; in but a few instances salaries exceeding two-thirds of the maximal limit were voted, whilst the maximum was awarded in only a very few isolated instances, the average salary being only about half of the maximum, although the sanitary districts extended over many thousands of acres, and contained populations of several thousands.

Such remuneration, your lordships' memorialists respectfully submit, was far from being equitable payment for performance of the onerous and invidious duties compulsorily imposed.

That by reason of the refusal of adequate remuneration for the arduous duties of the medical sanitary officers, and in consequence of the discouragements under which those duties were discharged, the efficiency of administration of the sanitary law in Ireland declined until its execution came to be, and still continues, altogether unsatisfactory, in proof of which your lordships' memorialists beg to refer your lordships to the "Return of Public Health Salaries and Work in Ireland," No. 351, presented to Parliament on the 12th day of August, 1878, and to the successive Appendices to the Quarterly Reports of the Registrar-General for Ireland for 1875 and following years.

That upon the introduction of the Public Health (Ireland) Amendment Bill in 1877, your lordships' memorialists took immediate steps, on behalf of the medical sanitary officers of Ireland, to cause the limitation of salaries, hereinbefore referred to, to be repealed, and with that object waited, by deputation, upon the then Chief Secretary for Ireland, and in the following year attended the sittings of the Select Committee to which the Bill was referred.

That in consequence of the representations made by Mr. Meldon, M.P., at the instance of your lordships' memorialists, it was eventually agreed by Government that the Bill should be altered so as to abolish the limitation of which your lordships' memorialists complain, and allow each case of remuneration to be decided on its merits; and for this purpose the second paragraph of the 11th Section of the Bill, as it then stood, was altered to read as follows: "Provided that, with regard to salaries or additional salaries, whereof any portion is to be recouped to any local fund from monies voted by Parliament, the amount of any new salary, and the proportion between any existing salary and the addition thereto, shall be approved by the Commissioners of her Majesty's Treasury." In this form the Act passed, and now stands.

Your lordships' memorialists pray the attention of your lordships to the wording of the Section as compared with the Section of the Act of 1874, quoted in the second paragraph of this memorial.

That notwithstanding this alteration of the law, deliberately made by Government at the instance of your lordships' memorialists, the Local Government Board for Ireland did, on the 15th day of August, 1879, issue a circular to sanitary authorities in Ireland, in which it is stated—"The Local Government Board are advised that medical officers of health are not included among the officers of sanitary authorities appointed under the Public Health Act, 1874, and who are referred to in the 280th section of the Public Health Act, 1878, as entitled to continue to hold their several offices and employments on the same terms, and subject to the same conditions, as they would have held them if the Act of 1878 had not been passed. It will therefore be necessary for the sanitary authority to take the subject of the salaries of the medical officers of health into consideration, and to state the amount of additional salary which they think should be paid to each dispensary medical officer within the sanitary district, for the duties imposed upon him as medical officer of health by the Public Health Act, 1878, and the order of the Local Government Board made thereunder."

That quickly following upon the issue of said circular, the Local Government Board did, on the 28th day of

August, 1879, issue to every sanitary authority in Ireland another circular containing the following:—

"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 15th inst. It appears to be supposed, in some cases, that the additional salaries to be determined by the sanitary authorities and 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 held the office of sanitary officer, not by appointment of the sanitary authorities or of the Local Government Board, but they were so constituted directly by the Act of 1874, and the effect of the repeal of that Act, and the simultaneous re-enactment in the Act of 1878 of the same provisions, with merely a change in the title of the officer from "sanitary officer" to "medical officer of health," is that they now hold their offices under the Act of 1878, and it consequently becomes necessary to consider the question of the salary, which, under the 11th section of that Act, is to be in place of, and *not in addition to*, the salary paid under the Act of 1874."

The effect of these circulars was that the great majority of the sanitary authorities not only did not grant any increase on the very inadequate salaries previously awarded to their medical officers of health, but on the contrary sought, in many instances, to reduce those salaries. In a few instances, however, the salaries were increased beyond the extent of the repealed scale, but the Local Government Board declined to sanction the excess; such officers are therefore, notwithstanding the alteration of the law in their favour, compelled to perform their sanitary duties for remuneration now more inadequate than ever.

Your lordships' memorialists most respectfully submit:—

(a.) That the salary of each medical officer of health should be fixed upon the basis of the extent and population of his district, and not upon that of his medical salary, which represents the discharge of duties totally diverse, and in no way comparable with his sanitary functions.

(b.) That the fixing of a very low maximum of salary, which sanitary authorities may not exceed, no matter what the amount of duty required, is calculated to render nugatory the sanitary law by greatly discouraging the medical officers of health in the discharge of their duties.

(c.) That the change of law effected by Government upon the representation of a large class of public officers ought not to be set aside.

Your lordships' memorialists therefore pray that your lordships will be pleased to direct that the salary payable to each medical officer of health in Ireland shall be assessed with regard to the extent of the duty imposed upon him, and free from any limitation whatsoever, in order that the case of each medical officer of health may be fairly dealt with on its merits, in fulfilment of the distinct understanding arrived at previous to the passing of the Public Health (Ireland) Act of 1878 by Mr. Meldon, M.P. (acting at the instance and on behalf of your lordships' memorialists), and the official representatives of her Majesty's Government.

And in order that, in the interests of the community, full effect may be given to the provisions of the Public Health Act, your lordships' memorialists further pray that your lordships will be pleased to direct that the sanitary authorities of Ireland shall be exhorted to award equitable remuneration to the medical officers of health.

JOHN H. CHAPMAN, President.

# IRISH POOR-LAW INTELLIGENCE.

## DUNMANWAY DISPENSARY.

An extraordinary meeting of the committee of management of the Dunmanway Dispensary District was held on Tuesday, the 4th January, 1881, on the requisition of J. Hamilton Bryan, Esq., J.P., Chairman, and John Atkins, Esq., Hon. Sec., to take Dr. S. Holmes' resignation into consideration.

It was unanimously resolved, in accepting Dr. S. Holmes' resignation, the committee desire to express their regret at the cause necessitating his resignation, and the connection existing between them for so many years being now severed, they cannot let this opportunity pass without bearing testimony to the faithful, earnest, and zealous manner in which he discharged his duty in every capacity, while Medical Officer of this District.

That we unanimously recommend Dr. S. Holmes' retiring allowance to the favourable consideration of the Board of Guardians, and that a copy of this resolution be forwarded to Dr. S. Holmes.

## ABUSE OF TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—On the 7th inst. I got cancelled a ticket for attendance at dispensary, issued by Mr. P. Soraghan (baker) to Biddy Johnston (15), of Mayo, whose father, with whom she lives, is a farmer and also a pensioner, drawing £72 a year as an ex-constable, R.I.C. I send these particulars as I think it was mentioned in one of your numbers that it would be well to keep an account of all cancelled tickets.

I am, &c.,

P. L. M. O.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTHS OF NOVEMBER AND DECEMBER. 1880.

### NOVEMBER.

3rd.—Hall, Henry Stocker Wilson; Llandrinio, Montgomeryshire; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel. Lic. R. Coll. Surg. Irel. 1880.

5th.—Broomfield, Humphrey John; Rathdowney, Queen's County; Lic. R. Coll. Surg. Irel. 1880.

9th.—Lambkin, Francis Joseph; 36 Haddington Road, Dublin; Lic. K. Q. Coll. Phys. Irel. 1880, Lic. R. Coll. Surg. Irel. 1880.

9th.—McCarthy, Edward Cudmore; Bandon, co. Cork;

Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

9th.—McGeagh, James Paul; 18 Claremont Terrace, Belfast; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

9th.—McGeagh, Robert Thomas; 18 Claremont Terrace, Belfast; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

11th.—Shore, Robert; Wood Quay, Galway; M.D. Q. Univ. Irel. 1880.

19th.—Forster, Henry John; 32 Cambridge Terrace, Hyde Park, London, W.; Lic. R. Coll. Surg. Irel. 1878.

22nd.—Kennedy, Michael Colville; Dronin Lodge, Ballybanion, co. Kerry; Lic. R. Coll. Surg. Irel. 1880.

23rd.—Furney, Simon Kenny; Butler's Grange, co. Carlow; Lic. R. Coll. Surg. Irel. 1878, Lic. Apoth. Hall Duh. 1879.

24th.—Roulston, Robert John; Beragh, co. Tyrone; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

26th.—Nevin, James Loughlin; Carnaff, Dercock, co. Antrim; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

### MEMORANDUM.

The following name was restored per order of Medical Council, viz.:

Oct. 22nd, 1860.—Hall, John Henry Wynne; 18 Adelbert Terrace, Albert Square, Clapham, London, S.W.; Lic. Fac. Phys. and Surg. Glas. 1860, Lic. R. Coll. Phys. Edin. 1866, Lic. Soc. Apoth. Lond. 1866.

### DECEMBER.

1st.—Magennis, Edward; William Street, Lurgan, co. Armagh; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

3rd.—Warren, Richard Benson; 9 Great Denmark Street, Dublin; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1880.

10th.—Cochrane, Robert; Coleraine, Co. Derry; Lic. 1880 and Lic. Mid. 1880 R. Coll. Surg. Irel.

11th.—Eakin, Samuel; Donaghmayne, Carrickmacross, co. Monaghan; M.D. 1880 and M.Ch. Q. Univ. Irel.

22nd.—Scully, Albert McCarthy; Brownstown, Clonakilty, co. Cork; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

23rd.—West, William Augustus; Ardenode, Brannoxtown, Newbridge, co. Kildare; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

23rd.—McDermott, Patrick Andrew; 6 St. Alphonsus Road, Drumcondra, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

24th.—Exham, Frederick William; Monkstown, co. Dublin; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1880.

24th.—Nicolls, John Michael; 22 Eccles Street, Dublin; M.B. 1880 and B.Ch. 1880 Q. Univ. Irel.

27th.—Reed, John Stephenson; Slieveroe, co. Monaghan; Lic. R. Coll. Surg. Irel. 1876, Lic. R. Coll. Phys. Edin. 1877.

## MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of December, 1880, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, viz.:-

Trenor, Wm. Adams; Belgrave Sq., Rathmines. Dead.  
Garland, Charles; Carrickmacross. Dead.  
Jenkins, Aneurin; Loughor, Glamorganshire. Dead.  
Browne, William; Rondragh, Fahen, co. Derry. Dead.  
Roe, Charles; Cape Coast Castle. Dead.  
James, Henry Godfrey; Beverley, Yorks. Dead.  
Marshall, Joseph, Dromore, co. Tyrone. Dead.  
Alocock, Robert David; Waterford. Dead.  
Dobbin, John; Keady, co. Armagh. Dead.  
Faussett, Wm.; Clontarf, co. Dublin. Dead.  
Sandells, William James; Lisnaskea, co. Fermanagh. Dead.

## IRISH MEDICAL ASSOCIATION.

REPORT OF THE PROCEEDINGS OF THE  
COMMITTEE OF COUNCIL,

*During the Half-year ended 7th December, 1880.*

(Read and adopted at the Meeting of Council held 11th December, 1880.)

*Continued.*

## SUPERANNUATION OF MEDICAL OFFICERS.

During the past session of Parliament the Committee of Council became cognisant of the fact that Dr. Davison, Medical Officer of Crossgar Dispensary District, in the Banbridge Union—who, during more than forty years, had zealously and faithfully discharged his duties, as testified by the committee of management of his dispensary district, and also by the board of guardians of his union—was obliged, in consequence of incapacity, caused by advanced age and failing health, to resign his appointments; and that the board of guardians were about to refuse him any superannuation allowance. The Committee of Council therefore felt called upon to acquaint Mr. Meldon, M.P., with the facts of this instance of grave injustice, it being a serious abuse of the permissive privileges conferred upon the guardians, and requested him to bring the matter under the notice of Parliament. Mr. Meldon, with his usual kindness, accordingly put the following question in the House of Commons, on the 10th day of August, viz.:-

"To ask the Chief Secretary to the Lord Lieutenant of Ireland if it is the case that the Medical Officer of the Crossgar Dispensary District, in the Union of Banbridge, having, after forty years' service, applied for superannuation on the ground of broken-down health, the guardians, at a meeting, passed a resolution 'to record on the minutes their approval of the manner in which the medical officer has filled such office for a period of forty years, but that the guardians cannot add to the rates by granting any retiring allowance.'"

"Whether the passing of such a resolution, under the circumstances, fairly carries out the principle of the Medical Officers' Superannuation Act.

"If the Local Government can or will interfere in the matter, and if the Government will promote or support a measure to make the superannuation of the poor-law medical officers, in proper cases, compulsory on boards of guardians."

To which the following reply was made by the Right Hon. W. E. Forster, Chief Secretary for Ireland, viz.:-

"Sir, the facts, as stated by the hon. and learned gentleman, are true. It is, no doubt, a case of great hardship; but the guardians did not think fit to make the allowance, and the Local Government Board has no power to interfere in the matter. I think I have stated before, in reference to an inquiry as to the superannuation of those officers, that the subject was one which occupied largely

the attention of the Government, and I hope we may be able to deal with it next year."

On the 10th August, Mr. Meldon, M.P., obtained an order of the House of Commons for a return to be made, "giving the names of all medical officers of workhouses and dispensaries in Ireland who, since the passing of the Medical Officers' Superannuation Act, 32 and 33 Vic., c. 50, have resigned their offices, and applied to their boards of guardians for superannuation allowances under that Act, with the causes for such resignation, the ages, and length of service as poor law medical officers of each person at date of resignation; the result of such application to the guardians, and the reason, if any, given by the said guardians for refusing the application."

It is to be hoped that this return will have good effect.

A deputation from a large and influential meeting, lately held in Dublin, of the Irish union officers, waited on the Committee of Council to confer with them as to the possibility of agreeing to a general scheme of superannuation for all union officers, including all medical officers in the Poor-law service; and subsequently several other conferences were held between representatives of the union officers and of the Committee of Council, which resulted in the drafting of a Bill for further consideration.

The Committee of Council hope the time has nearly arrived at which it will be possible to have the question of superannuation of Poor-law medical officers considered by Parliament, the many recent instances of grave abuse of the present system having, in a great measure, convinced legislators that that system is so capriciously administered as to render it inequitable.

It was undoubtedly intended by the legislature that the laws now in force should be administered with fairness, and that all boards of guardians should deal considerately, as it is admitted a few boards have, with retired medical officers who had served the public faithfully; the permissive power of those laws was certainly not given to boards of guardians, with the object of permitting them to refuse an equitable retiring allowance in any case.

The question now is, what amendment of the law will be satisfactory, just, and feasible, which should be put forward by this Association.

A system of compulsory superannuation allowance, giving, as a matter of right, two-thirds of all salaries and emoluments at the time of resignation, in consequence of incapacity caused by old age or ill-health, appears to be what is universally expected by all medical officers; for the present system admits of that (with certain recently made restrictions to be hereafter referred to), if all boards of guardians exercised their discretionary powers with uniform fairness. The Committee of Council, however, consider that all medical officers should be entitled to claim superannuation, as of right, even though they may not have continued to hold office until incapable of discharging their duties with efficiency. In all public departments the period of service of the officials entitles them to compensation or pensions upon earlier retirement; and the Committee of Council deem it but reasonable that that principle should be extended to the medical officers of the Poor-law service.

It has been suggested that the Civil Service system of compulsory superannuation should be sought for medical officers, and probably it could be obtained, even with the emoluments of those officers being admitted into the computation; but that system, which allows only one-sixtieth of the official income, at the date of retirement, for each year served—the maximum being two-thirds—would not admit of justice to any but those who had served at least forty years, as it would require that length of service to entitle a medical officer, upon retirement, to two-thirds of his salary and emoluments. In the case of one, under that system, who had served but ten years, he would be entitled to only one-sixth, one who had served twenty

years only *one-third*, and one who had served thirty years only *one-half*.

The Civil Service scheme may therefore be put aside as not affording a satisfactory result; but as comparison with that system will inevitably be made, and great opposition be offered to a higher rate being allowed to medical officers of the Poor-law service, the Committee of Council would contrast those services thus:—Gentlemen enter the Civil Service usually fresh from school, as mere youths; they have no necessary expenses of office, and need not be householders; they have fixed hours of daily work, exclusive of Sundays, and have a period of holidays annually, without stoppage of salary; they have yearly increasing salaries; they work in salubrious offices, and, if obliged to travel, do so free of expense; marriage is not essential to their success; their work does not tend to shorten life; they usually do not retire until they have served forty years, and then are comparatively fresh; have not, when ill, to provide a substitute; when they retire they are usually in receipt of good salaries, and their pensions are consequently large. Medical officers cannot enter the Poor-law service until at least twenty-three years of age, but seldom enter it so early in life, and have to incur heavy expenses in obtaining their professional education and qualifications. Medical officers must be householders, and must keep horses and extra servants, if not carriages; their hours of duty are unlimited, not confined to week days, nor even to day; they must work at all times, and risk their lives and health by exposure to inclemency of weather when hurriedly called up out of bed at any hour of the night; they have no holidays, unless at their own expense; seldom get any increase of salary, and never to any appreciable amount; must work in the midst of infection, fraught with danger to themselves and their families, and in the most unhealthy places; early marriage is almost an essential; their work, more than that of any class, tends to shorten life, and often renders it necessary for them to retire earlier, the vast majority dying before anything like forty years' service has been given, and usually utterly worn out at an early age. When they retire, their official incomes are so small that even the maximum pension of two-thirds is but a trifle, and hardly sufficient to provide the necessaries of life, though usually the only means of their subsistence. If the maximum were granted in all cases, the total would not be a very large sum, as but few long survive retirement. When ill, a medical officer has to find a substitute to perform his duties, and frequently at his own expense.

The young gentleman who enters upon the study of medicine, and ultimately becomes a Poor-law medical officer, while having to bear considerable expense in the acquirement of full professional qualifications, can, of course, during that period, have neither salary nor service entitling him to superannuation; whilst the young gentleman who enters the Civil Service does so without expense, and comes under salary at once, and his service from that moment counts when his pension is being computed.

The medical officer is, therefore, necessarily placed at the double disadvantage of several years' later start, and several years' earlier retirement, owing to the very nature of his work.

These are substantial reasons why medical officers of the Poor-law Service are justly entitled to a higher scale of retiring allowances than Civil servants.

The Committee of Council conceive that the following should be the principle of the measure which should be adopted by this association for proposal to Parliament, viz.:—

1. That a superannuation allowance of two-thirds of the salary and emoluments should be claimable as a matter of right, upon retirement, by all medical officers of the Poor-law Service who have served forty years, or who have become incapable of performing their duties with efficiency by reason of old age (such age being not

less than sixty years), or permanent infirmity of mind or body.

2. That reasonable compensation or a retiring allowance, proportionate to the length of service, should be claimable, as a matter of right, by all medical officers who do not come under the above description.

The Committee of Council consider it advisable that a special general meeting of the association should be convened at an early date to consider this important subject.

#### ASSESSMENT OF SUPERANNUATION ALLOWANCES.

In the last Annual Report, reference was made to the fact that the Local Government Board had made a new ruling with regard to the assessment of superannuation allowances, whereby the salary as medical officer of health, and the fees received for the examination of dangerous lunatics, were excluded from the sources of income upon which the retiring allowances of dispensary medical officers are computed.

The new ruling presses very hardly on the medical officers, several of whom have already suffered in consequence; and although it is at variance with the course observed for many years by the Local Government Board, and is illegal, in the opinion of Mr. Purcell, Q.C., to whom a case was submitted on behalf of this Council, the Local Government Board have positively declined to reconsider their decision, or to yield to the several requests made by the Committee of Council to have the question submitted for the opinion of the law officers of the Crown.

#### MEDICAL REFORM BILLS.

The subject of medical reform received the attention of the Committee of Council who, in view of the near approach of the Session of Parliament, considered it very desirable that an effort should be made to arrive at a general agreement amongst medical reformers upon a single Bill which would fully represent the views of the profession. It was therefore proposed by the Committee of Council that a conference of those who took an active part in putting forward legislative measures should be held in London; with this object, and the suggestion having been accepted with much cordiality by the representatives of the Medical Reform Committee of the British Medical Association, the Medical Alliance Association, by the proprietors of the *Lancet*, and by other influential members of the profession, a conference was held in London at which this Association was represented by Dr. A. H. Jacob.

At that conference the various Bills which were before Parliament in last session were considered, and a series of resolutions adopted, as the basis of a Bill to be introduced as early as possible after the assembly of Parliament, which resolutions are entirely in conformity with the policy of this Association, as already expressed.

The profession may be congratulated upon the unanimity of opinion which exists within its ranks upon these important principles, and upon the zeal with which medical reform is now being pressed forward, and the Committee of Council will not cease their best efforts to advance a cause so important to the well-being of the profession.

#### VACANCY ON THE GENERAL MEDICAL COUNCIL.

Owing to the deeply deplored death of Dr. Alfred Hudson, Crown Representative for Ireland on the General Medical Council, a vacancy in that body has occurred; and the Committee of Council, considering that an opportunity was thus afforded of putting forward the claims of the profession in Ireland to be directly represented in the General Medical Council, forwarded to the Lord President of the Privy Council a memorial praying that the vacant seat may be conferred upon one capable of adequately representing, as directly as possible, the profession at large in Ireland: direct representation of the profession being one of the points of medical reform to which this Association is pledged.

AMENDMENT OF VACCINATION ACTS.

Late in the last Session of Parliament a Bill was introduced in the House of Commons by Mr. Dodson, M.P., to abolish cumulative penalties for default of vaccination, and the Committee of Council, being convinced that the Bill, if passed, would have a disastrous effect upon the public health, though probably not affect medical interests appreciably, forwarded to Parliament a strong petition against the proposed alteration of the law, whereby vaccination would practically cease to be compulsory.

Owing to Mr. Dodson having lost his seat the Bill was not proceeded with, but should it again be brought forward, the Committee of Council consider it should meet with all the opposition which this Association is capable of effecting.

FEES FOR RE-VACCINATION.

A dispensary medical officer recently sent in his account for successful vaccinations and re-vaccinations, duly recommended by the Committee of Management, to his Boards of Guardians; the latter, however, questioned the propriety of paying for re-vaccinations not certified to have been successful, and appealed for information to the Local Government Board, who advised them to the effect that re-vaccinations should not be paid for unless certified to have been successful. But that advice is so evidently at variance with the provisions of the law that the Committee of Council requested and obtained from the medical officer full information regarding the question, with power to act for him in the recovery of his fees. Whereupon a letter was forwarded to the guardians explaining the provisions of the law, and requesting early payment of the account; but as the guardians naturally prefer to act upon the advice of the Local Government Board rather than render themselves liable to be surcharged by the auditor, it has become necessary to sue them; and accordingly instructions have just been given to a solicitor to take legal proceedings against the guardians at the expense of this Association.

Reference to the 6th section of the Vaccination Amendment (Ireland) Act of 1879, and to the previous Acts, will show that it is not provided that any result or report whatever, regarding cases of re-vaccination, shall be made by a dispensary medical officer, whose duty it simply is to furnish to the guardians for payment, an account of the number of his cases of re-vaccination.

With reference to the form of account of successful vaccinations (Form H) required to be furnished to the Dispensary Committee and Board of Guardians, the Committee of Council observe that in many Unions the forms in use go further than the provisions of the law, and require the medical officer to certify in reference to the persons successfully vaccinated the following, viz., "all of whom are resident in the district." At no time, however, was such law in force in Ireland, nor is it so now. The Acts of Parliament require only that the operation of vaccination or re-vaccination shall have been performed within the dispensary district irrespective of the place of residence of the person. The words, "all of whom are resident," should therefore be expunged from "Form H."

COMPULSORY NOTIFICATION OF INFECTIOUS DISEASES.

This important subject was brought under the notice of the Committee of Council by Dr. George F. Duffey, Hon. Sec. to the Dublin branch of the British Medical Association, and Dr. J. W. Moore, Chairman of this Council. Dr. Duffey requested "the assistance and co-operation of the Irish Medical Association in the endeavour to secure for Dublin the advantages of a system of compulsory notification and registration of infectious diseases," but did not suggest any details. A special meeting of the Council was held on the 27th day of July last, when the following resolutions were adopted, viz. :—

1. That this Association fully recognises the advantage

of an efficient system of early and compulsory notification, and subsequent registration of infective diseases.

2. That, as regards notification of infectious diseases, the duty of the medical attendant shall consist alone in his informing the head of the family, or the occupier of the infected house, what the nature of the disease is—to the best of his knowledge and belief—and that it is infectious.—Amendment—Proposed by Dr. Duffey, and seconded by Dr. Tagert, to add in resolution 2 the words, "in writing," after the word "informing," on being put to the meeting was declared lost.

3. That the duty of notifying the presence of infection to the sanitary authority shall devolve solely upon the head of the family or the occupier of the infected house.

4. That in case of the illness of a person who has not been attended by any medical practitioner, it shall be incumbent on the head of the family or occupier of the house to notify to the sanitary authority the presence of infective disease in his house as soon as he becomes aware of its nature; if, in doubt, to obtain the opinion of a duly registered medical practitioner thereupon.

5. That, as regards the registration of infective diseases, the Association is emphatically of opinion that the duty of such registration should not be compulsorily imposed upon the registrars of births and deaths.

6. That in the case of large urban districts, it seems desirable that the registration should be effected by means of a special organisation in connection with the General Register Office.

7. That for every case of infective disease registered by a duly registered medical practitioner, a fee of not less than half-a-crown shall be paid to said medical practitioner.

(To be continued)

THE ACTION OF MAGNESIA SALTS ON THE CIRCULATION.

DR. LAFFARGUE (*La Presse Medicale Belge*) has been making experiments on dogs and rabbits by injecting into the crural vein solutions of magnesia salts. He has come to the following conclusions:—All the salts of magnesia arrest the action of the heart, or slow its movements; at the same time the arterial pressure is lowered. This is the consequence of an action on the bulbous nerve centres, and, secondly, on the intracardiac nerve centres. On cutting the vagus, the cardiac movements reappear.

The magnesia salts can act on the cardiac nerves, suspenders of the respiration inducing their action on the endocardium. They thus produce arrest of the respiration by a mechanism recognised by Vulpian (respiratory syncope). This phenomenon is easily remarked when, injection having been made by the jugular vein, the solution passes directly into the ventricular cavity.

By the same method, a comparative study was made of the salts of sodium, which are antagonistic to those of magnesium. They accelerate the movements of the heart, at the same time increasing its force. Injection of sodium salts simultaneously with those of magnesium neutralises the effect of the latter. These experiments show practically that we should avoid the administration of magnesia salts in persons threatened with syncope or asystolia, and that soda salts should not be employed when there is threatening of congestion or hæmorrhage.

DR. CHARLES EARL, convicted of malpractice, which resulted fatally, was sentenced, in Chicago, recently, to five years' imprisonment in the penitentiary.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

### REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

*During the Half-year ended 7th December, 1880.*

(Read and adopted at the Meeting of Council held 11th  
December, 1880.)

*Continued.*

THE Dublin branch of the British Medical Association lately waited upon the Right Hon. the Lord Mayor of Dublin, by deputation, which was numerously attended and supported by the Presidents of the College of Physicians, College of Surgeons, and this Association, the Registrar-General, the Chairman of your Council, and other gentlemen holding high positions in the profession, when views similar to those expressed in the above resolutions were put forward by the deputation, in the hope that the Lord Mayor would exercise his influence towards obtaining for Dublin a special Act of Parliament which would enforce compulsory notification of infectious diseases in the manner above indicated. The Lord Mayor, however, thought it would be better to endeavour to pass a permissive measure, applicable to all Ireland, and some modifications of the request of the deputation were suggested.

Subsequently the Lord Mayor, by public notice, convened those interested in the question to discuss its merits, and, on that occasion, Dr. J. W. Moore, Chairman of Council, read the resolutions adopted by this Council, further than which this Association has not attempted to go.

It appears, too, that a deputation from the Lord Mayor and Corporation of Dublin, within the past few days, waited upon the Chief Secretary for Ireland, and urged that the duty of notifying the occurrence of infectious diseases to the sanitary authority should be compulsorily imposed upon medical practitioners—a proposition which has not, at least as yet, met with the sanction of this Association.

#### CANCELLING OF TICKETS AND RECOVERY OF FEES.

A case has recently come under the notice of the Committee of Council in which a dispensary medical officer got cancelled an improperly issued ticket for dispensary medical attendance at the patient's residence, and afterwards successfully sued the patient for £1 19s. 11d. at Petty Sessions. The amount of the fee is thus explained: the medical officer was entitled to two guineas, but as a sum of two pounds is beyond the limit recover-

able at Petty Sessions, the medical officer thought it would simplify matters to claim only the above-mentioned amount.

#### PRISON SURGEONS.

Notwithstanding the instances and precedents cited in the last Annual Report of payment of fees to medical officers of prisons for giving evidence and making autopsies at coroners' inquests, another case of refusal, on the part of a coroner, to pay a prison surgeon the fees to which he was legally entitled for such services has come under notice, in which the coroner's view was entirely supported by the Under-Secretary.

The Committee of Council thereupon addressed the Under-Secretary by letter, informing him of the error into which he had fallen, and expressing a hope that no further attempt would be made to deprive those officers of the fees, prescribed by law, to which they were unquestionably entitled.

#### MEDICAL OFFICERS OF DISTRICT ASYLUMS.

The unsatisfactory arrangements relating to retiring allowances of medical officers of district lunatic asylums were, by private letter, cursorily brought under the notice of the late Council immediately before the last annual meeting was held; and the Committee of Council took the earliest opportunity of making inquiries with regard to the subject, but have to report that they received no response whatever from any person who could afford the required information; consequently the Committee of Council can take no further steps in the matter until the necessary particulars are furnished to them.

#### INQUIRY AT THE FEVER HOSPITAL, CORK.

An inquiry having been held to investigate certain charges made against a physician to the Cork Fever Hospital, and the decisions arrived at appearing to the Committee of Council to involve the independence of a physician in the conscientious discharge of his duties towards his patient, a special meeting of the Council was convened on 5th Oct., when the following resolution was accepted:—

**RESOLVED,**—That the Council of the Irish Medical Association, having regard to the facts disclosed in the recent inquiries respecting occurrences at the Cork Fever Hospital, and being of opinion that Dr. Jones acted conscientiously, within the best of his judgment as a physician, and in complete accordance with professional propriety, hereby expresses its sympathy with him in regard to the charges made against him.

That this Council, furthermore, in vindication of the freedom of action of a medical attendant responsible for



the life and health of his patient, cannot recognise the competency of any non-medical tribunal to pass judgment on a question purely of medical science, nor does this Council consider that any physician should be held responsible for results, so long as due skill and care have been devoted by him to the treatment of the patient entrusted to him.

That a copy of this resolution be forwarded to Dr. Jones, and to the editors of the weekly medical journals.

QUARTERLY DINNERS.

As an inducement to members of this Council who reside in the country to attend the quarterly meetings, as well as to afford greater opportunity for discussion of subjects of interest to them, the Committee of Council deem it desirable that the members of Council should be requested to dine together in an informal and not very expensive way on the day of meetings, each to have the privilege of inviting, as his guest, any member of the Association, or any other gentleman, not in the profession, whom he may be permitted, after application to the Hon. Secretary, to invite. The first of these dinners will take place to-day at the Shelbourne Hotel, and the movement, so far, appears to have met with general approval.

NEW ASSISTANT SECRETARY.

Dr. Spencer, having left Dublin, resigned his office as Assistant-Secretary to this Association, and the Committee of Council, having advertised for candidates for the vacant office, have appointed Mr. Thomas Gick to be Assistant-Secretary.

OBITUARY.

The Committee of Council have, with deep regret, to record the deaths of Dr. Hudson, of Dublin, who was lately a Vice-President of this Association; and of Dr. Faussett, of Clontarf, who for many years was a member of this Council.

HON. TREASURER'S STATEMENT OF ACCOUNTS.

DR.	
Balance in hands on 1st June, 1880	£96 16 2
340 subscriptions . . . . .	178 10 0
	£275 6 2
CR.	
Expenditure . . . . .	£122 8 8
Balance in bank . . . . .	152 17 6
	£275 6 2

H. MINCHIN, Hon. Treasurer.

8th December, 1880.

APPENDIX.

*Report on the Births and Deaths Registration (Ireland) Act, 1880.*

THE attention of the Council of the Irish Medical Association has, during several years been directed to the subject of amendment of the Irish Registration of Births and Deaths Act of 1863. In 1874 the Council drew up a Bill, with the above object, but failed to get it brought under the notice of the Legislature until the Session 1876, when their Bill, having been presented to the House of Lords by the right hon. the Earl of Donoughmore, was read a first time, and referred to the several State departments interested; the departmental reports were favourable, and the principle of the measure was adopted by the Government. The Bill, however, owing to the then state of obstruction to public business, had to be withheld until a convenient time.

The Council, nevertheless, continued year after year, to press for amendment of the law, and to urge the Govern-

ment to take up the measure, but did not succeed in getting the Bill re-introduced until last session when, owing to the change of Government, the Council felt released; and, having determined that the Bill should, without further delay, be introduced as a private measure, confided it to the care of Mr. Meldon, M.P., to bring forward in the House of Commons. Mr. Meldon cheerfully undertook charge of the Bill, and owing to his good judgment and great ability, the various stages of its consideration were reached and passed, though not without considerable difficulty and opposition. Upon its second reading, in June last, the Bill was referred to a Select Committee of the House, with Mr. Meldon as chairman, and Dr. Chapman, President of the Association, at the request of the Council, and at the expense of the Association, went to London to assist its progress. At the first sitting of the Select Committee, almost all the minor details of the Bill were agreed to, consideration of the more important ones being deferred, owing to a matter popularly known as "the Bradlaugh incident," there was intense excitement in the House of Commons upon the second and last day the Select Committee sat, in consequence of which the meeting was not well attended by its members. The second meeting was attended almost solely by members firmly opposed to the concession of fees or advantages to the medical profession, and although the utmost exertion was made to bring up members more friendly disposed it was found impossible to procure their attendance: under these circumstances it cannot be a matter of surprise that the Irish registrars were refused the proposed extra fees for the first twenty entries made in each quarter, which are at present, and have, for many years, been given to the English registrars, as well as almost every other fee the Select Committee could strike out.

When the Bill had been disposed of by the Select Committee, the Council anxiously considered whether it should be allowed to lapse, but, inasmuch as there was no reasonable prospect of obtaining a more satisfactory amendment of the law, and very little likelihood of the subject being taken up again by Parliament probably for several years, it was agreed that—as the Bill, in its then condition, was a decided improvement on the existing law, and afforded greater facilities to the public and the registrars—it should be passed, if possible, and notwithstanding very serious opposition at every stage, the measure was at length safely piloted through the House of Commons; great tact and energy having been displayed at each successive stage by Mr. Meldon, to whom the Irish Medical Association and the medical profession at large are so deeply indebted for many valuable services in their behalf.

The charge of the Bill in the House of Lords was entrusted to the right hon. the Viscount Powerscourt, and to his lordship the Association is also deeply indebted for his kind and valuable services.

When the Bill was at the "Committee" and "third reading" stages in the House of Commons, as well as at its "first reading" stage in the Upper House, every possible attempt was made to have the claim, providing payment of extra fees for the first twenty entries made in each quarter, reinserted; but as it was found that any alteration whatever would imperil the passing of the Bill, and that the House of Lords could not deal with monetary matters, and further that had any amendment been suggested by the House of Lords, the Bill would inevitably have been lost; all further attempts to obtain the desired modifications in the law, not as yet conceded, had to be abandoned, and the measure being accepted by the Council as an instalment of justice, was allowed to pass unopposed. On the day of August it received the Royal assent, and its provisions came into operation on the first day of January, 1881.

The following are the chief changes made in the law which affect the interests of the registrars, viz. :—

*Registration of Births.*—Sec. 1 provides that certain specified persons shall, within forty-two days, give to the registrar information of the particulars required to be registered, and, in the presence of the registrar, sign the re-

gister—the notice required by the old Act to be given within twenty-one days is repealed—the old Act provided that births should be registered at any time within three months; the new Act requires registry within forty-two days.

Sec. 2 provides that notice shall be sent by the registrar after forty-two days, in case of a birth not having been registered, requiring the registry to be made within seven days of receipt of the notice, and before the child is three months old.

Sec. 3 provides that registry for births of “foundlings” shall take place within seven days; the old Act required notice to be given forth, and registry within three months—under the old Act “the person first having charge of the child” was the only person required to give the necessary information to the registrar; under the new Act that duty devolves upon any person finding, and any person in whose charge the child may be placed.

Sec. 4 repeats the provision of the old Act, that registrars shall ascertain and register births, within three months of their occurrence, without fee or reward from the informant.

Sec. 5 extends the period for registry of births, not registered within three months of their occurrence, to twelve months (instead of six months as provided by the old Act), and provides that, in such cases, the informant shall produce to the registrar a solemn declaration (in prescribed form) made before a justice of the peace, whereupon, and upon payment by the informant of a fee of two shillings and sixpence to the registrar, the birth is to be registered, and the declaration to be forwarded to the superintendent-registrar by the registrar, with his quarterly returns; thus the registrar, in such cases, is relieved of the trouble and inconvenience entailed upon him by the 32nd section of the old Act, which required him and the informant to attend at the superintendent-registrar's office.

Sec. 5 also provides for registry of births after twelve months; the registrar-general gives written authority. For registry after twelve months the registrar is entitled to a fee of five shillings from the informant.

Sec. 6 provides that in the case of a qualified informant removing from the district in which a birth occurred, such person may, upon payment of two shillings to the registrar for the district in which he then resides, give to him the required information in the form of a declaration, and that registrar shall forward the declaration to the registrar for the district in which the birth occurred, who shall, forthwith, register the particulars, stating, in the informant's column of the entry, that the information was obtained from a declaration, and the registrar shall forward the declaration to the superintendent-registrar, with the quarterly returns.

Sec. 7 provides that in registering the birth of an illegitimate child, the name of the putative father shall not be registered, unless at the joint request of the mother and of the person acknowledging himself to be the father, both of whom shall sign the register.

Sec. 8 provides for registration of name given to a child, either in baptism or by the parents, within twelve months after registry of the birth, upon payment of one shilling to the registrar or superintendent-registrar, who has custody of the register containing the entry—the said registrar or superintendent-registrar having registered the name, and having certified the fact on the certificate, shall, forthwith, send it to the registrar-general, who shall, if the birth, has been included in a quarterly return, add the name to the certified copy in his office, without requiring a complete certified copy as previously required on form “S.”

*Registration of Deaths.*—Sec. 10 (*verbatim*)—“When a person dies in a house, after the commencement of this Act, it shall be the duty of the nearest relatives of the deceased, present at the death, or in attendance during the last illness of the deceased, and, in default of such relatives, of every other relative (by marriage), of the deceased dwelling or being in the same district as the deceased; and, in default of such relatives, of each person present at the

death, and of the occupier of the house in which, to his knowledge, the death took place; and in default of the persons, hereinbefore in this section mentioned, of each inmate of such house, and of the person causing the body of the deceased person to be buried, to give, to the best of his knowledge and belief, to the registrar, within the *five days* next following the day of such death, information of the particulars required to be registered concerning such death, and, in the presence of the registrar, to sign the register.”

Henceforth deaths are required to be registered within five days of their occurrence.

Sec. 12 provides that if a person required to give information concerning any death sends to the registrar a written notice of the occurrence along with the medical certificate, the time for registry of the death may be extended to within fourteen days.

Sec. 13 provides that, in default of registration of a death within fourteen days, the registrar may, by a seven days' written notice, require a qualified informant to attend for the purpose of registration any time within twelve months.

Sec. 15 provides that after the expiration of twelve months a death must not be registered unless upon the written authority of the registrar-general—for registry after twelve months the registrar is entitled to a fee of five shillings from the informant.

Sec. 16 requires the coroner to send, within five days, his certificate, giving information as to a death which has been the subject of an inquest.

*Burials.*—Sec. 17 provides that a coroner, upon holding an inquest, but not otherwise, may authorise burial of the dead body before the death has been registered—this section also requires the registrar to give, without fee or reward, a brief certificate, when demanded, stating that a death has been registered, or that he has received proper notice under Sec. 12; and enacts that “every such order of the coroner and certificate of the registrar shall be delivered to the person who buries or performs any funeral or religious service for the burial of the body of deceased; and any person to whom such order or certificate was given, by the coroner or registrar, who fails so to deliver or cause to be delivered the same, shall be liable to a penalty not exceeding forty shillings. This section further provides that the person who buries or performs any funeral service without having received such order or certificate shall, within seven days after the burial, give written notice to the registrar or registrar-general under penalty not exceeding ten pounds; such notice, however, may be given in the returns made by the officers of burial boards or cemeteries under the 191st Section of the Public Health (Ireland) Act, 1878.

Sec. 18 provides against interment of the body of a deceased child (born alive) as if it were still-born—in the case of young infants such misrepresentation might be made to avoid the trouble of registry. The body of a still-born child is not to be buried until (a) “a written certificate that such child was not born alive, signed by a registered medical practitioner who was in attendance at the birth or has examined the body of such child; or (b) a declaration signed in the presence of the person giving permission for such burial by some person who would, if the child had been born alive, have been required by this Act to give information concerning the birth, or by the person to whom such permission is given, to the effect that no registered medical practitioner was present at the birth, or that his certificate cannot be obtained, and that the child was not born alive; or (c) if there has been an inquest an order of the Coroner” has been presented to the person who has control over, or who ordinarily buries bodies in any burial ground, under penalty not exceeding ten pounds.

Sec. 19 provides that in case of two or more dead bodies being in one coffin notice shall be procured by the person who buries, and by him shall be forwarded, within five days, to the registrar under penalty not exceeding ten pounds, stating the following particulars:

(a) if the body be the body of a deceased person, the name, sex, and place of abode of the said deceased person; (b) if the body has been found exposed, and the name and place of abode are unknown, the fact of the body having been so found, and of the said particulars being unknown, and (c) if the body be that of a deceased child without a name, or a still-born child; the name and place of abode of the father, or if it is illegitimate, of the mother of such child."

*Certificate of cause of death.*—Sec. 20 requires a registered medical practitioner, who has attended a dead person during his or her last illness, to sign and give to some qualified informant a certificate, stating to the best of his knowledge and belief the cause of death—under the old Act such certificates were directed to be delivered to the registrar. A person to whom a medical certificate is given, in pursuance of this section, who fails to deliver it or have it delivered, within five days of its receipt, to the registrar, is liable to a penalty not exceeding forty shillings.

*Assistant Registrars.*—Sec. 21 requires each registrar to appoint an assistant registrar, with power to act for him at all times, but subject to his control, and also subject to all the penalties declared concerning registrars. The assistant registrar to hold office only during the pleasure of the registrar and registrar-general. Under the old act the deputy-registrar could act only during the illness or unavoidable absence of the registrar.

Sec. 24 requires a registrar, upon demand made at the time of registry by the person giving information, concerning a birth to give to such person a short certificate that the birth has been registered—the fee for which is threepence.

(To be continued.)

#### KILDARE COUNTY INFIRMARY.

APPLICATION was made for the payment of £500 to the treasurer of Kildare Infirmary for the support and maintenance of that institution; also for the sum of £42 to surgeon of same, as a half year's salary.

Mr. Malone did not see why the cesspayers in his district should have to bear part of the burden for the support and maintenance of the Kildare Infirmary, seeing they had never derived any advantage from it, there being no admittances from his side of the county. He did not object to Dr. Chaplin's salary.

Dr. Chaplin said that many patients had come to the infirmary from Mr. Malone's district, although Mr. Malone might not have heard about them.

Mr. Malone thought they were paying rates enough towards the support of that poorhouse infirmary in Naas.

Mr. Byrne said a great many who would not go into the workhouse hospital would go into the infirmary in Kildare.

Mr. T. Cooke Trench said there were a great many small cesspayers in the county who would not like to go into the poorhouse, but to whom the infirmary was a very great blessing in time of sickness, and he would be very sorry, for their sakes, to see the institution done away with.

Mr. Hone thought they would be in a very anomalous condition if they had not a refuge for those who were struck down by accident, or afflicted by disease.

Mr. Byrne said they must pass the presentment, but there were a great many people who were not at all pleased with having to assist in paying it.

Baron de Robeck said that perhaps those persons did not know the benefit of such an institution.

The Chairman said he might inform them that at last assizes some of the cesspayers having been informed that the auditor had made an objection to that sum of £47, employed counsel, and appeared before the judge

and the judge had given it as his opinion that they were empowered to grant that sum. It was a further sum of £47 which was obtained as a supplementary grant from the Maintenance Fund.

Mr. Cooke Trench said that the sum of £47 was what the cesspayers themselves voted, but they could get no qualified person to take the situation for that, and the surgeon at present had a considerably larger salary, which was paid out of the Maintenance Fund; and the question had been raised whether it would be legal to apply any portion of the Maintenance Fund in this manner. That was the question which had come before the judge, and he had ruled that it was legal to supplement the surgeon's remuneration in the manner mentioned.

Both applications were unanimously granted.

#### The Health of Ireland.

FOR the week ending January 15, the average annual death-rate per 1,000 represented by the deaths registered in the sixteen principal towns of Ireland was 33·3, the respective rates for the several districts being as follow, ranging in order from the lowest to the highest: Queenstown, 10·1; Sligo, 14·6; Lurgan, 14·7; Galway, 16·7; Londonderry, 20·6; Wexford, 21·5; Dundalk, 23·0; Cork, 24·5; Waterford, 29·0; Clonmel, 30·8; Kilkenny, 32·7; Dublin, 34·2; Belfast, 37·9; Drogheda, 46·2; Newry, 50·6; and Limerick, 54·2. The deaths from the seven principal zymotic diseases in the 16 districts were equal to an annual rate of 3·5 per 1,000. Among the 127 deaths from all causes registered in Belfast, are 3 from scarlatina, 5 from whooping-cough, 2 from fever (1 typhoid and 1 simple continued), and 1 from diarrhœa.

The mortality in twenty large English towns, including London (in which the rate was 22·6) was 23·6 per 1,000; in Glasgow the rate was 24·1; and in Edinburgh 23·1.

In the Dublin district the deaths represent a rate of 34·9. Twenty-seven deaths from zymotic diseases were registered, being seven under the number for the preceding week, and 20 under the average for the second week of the last ten years.

The registered deaths (2) from typhus are 6 under the number for each of the two preceding weeks. Forty-two new cases of the disease were admitted into the principal hospitals, being three under the admissions for the preceding week, and 9 under the number for the week ending 1st inst.; 157 typhus patients remained under treatment, being 9 over the number in hospital on the previous Saturday; no deaths from typhus occurred in any of these institutions during the week.

#### TANNATE OF QUININE.

ACCORDING to Dr. Becker (*La Presse Medicale Belge*), the value of this salt consists simply in its tastelessness. For this reason it is specially useful for children. The dose should always be double that of quinine sulphate, because it contains less active quinine. The salt is absorbed with more difficulty than other quinine salts. It is well to aid its absorption by the simultaneous administration of wine. Dr. Becker considers that the production from hydrochlorate is preferable to that from the sulphate.

## IRISH POOR-LAW INTELLIGENCE.

### THE INDISCRIMINATE DISTRIBUTION OF BLANK TICKETS FOR MEDICAL RELIEF.

The following important circular letter has been re-issued by the Local Government Board for Ireland :—

TO THE HONORARY SECRETARY OF EACH DISPENSARY  
COMMITTEE IN IRELAND—

SIR,—The attention of the Local Government Board for Ireland has been drawn to irregularities, which are stated to be of frequent occurrence, in the issue of tickets for medical relief under the provisions of the Irish Medical Charities Act. These irregularities are stated to be as follows :—

1. A practice on the part of persons who are legally authorised to issue tickets for medical relief of signing blank medical relief tickets "en bloc," leaving them to be filled up and issued by other persons.

2. The issue of tickets for medical relief for persons who cannot fairly be considered to be "poor persons" within the meaning of that term as used in the 9th section of the Medical Charities Act.

In regard to the first of these irregularities, there can be no doubt that the practice is not only contrary to the dispensary regulations in regard to the issue of tickets for medical relief, but is also at variance with the provisions of the Medical Charities Act, the 9th section of which empowers certain persons therein described to afford medical relief by tickets addressed to the medical officer, but does not contain any provision authorising the persons empowered to issue tickets to delegate that power to other persons.

In regard to the class of persons to whom tickets for medical relief may be issued, the Medical Charities Act has, no doubt, placed the responsibility of determining whether an applicant for medical relief is or is not a "poor person" within the meaning of the Act, upon the persons who are authorised to afford such relief at their discretion ; but it is obvious that the discretion ought to be exercised so as to prevent as far as possible the abuse complained of, thereby charging upon the rates the cost of medical relief which ought to be borne by the patient or his friends, and burthening the medical officer with the duty of affording gratuitous medical aid to persons for whose benefit the provisions of the Medical Charities Act were not intended by the Legislature.

The Board have thought it right to bring this subject under the consideration of the dispensary committee, in the hope that they will by every means within their power discourage the abuses referred to.

The Board desire to add in reference to the subject that they have sometimes received communications

from members of dispensary committees and others evincing a desire to establish a system by which tickets for medical relief might be issued, subject to the payment of a regulated scale of fees for persons who, though not strictly "poor persons" could not afford to pay the usual fees charged for medical attendance. Such a system, however, would not have been in accordance with the provisions of the Medical Charities Act, and could not be made compulsory upon the medical officer ; but the Board think that the existence of such a desire shows that to some extent the abuse complained of may be traced to the scale of fees charged to private patients, and that it might be deserving of consideration whether some arrangement might not be made by which such fees could be graduated in some way in accordance with the circumstances of the patients.

By order of the Board,

(Signed) B. BANKS, Secretary.

[This expression of the opinion of the Local Government Board was much needed, and no doubt it will produce a salutary effect. It is notorious that medical relief tickets are in numerous instances as much an article of trade as potatoes or coals. They are part of the stock in-trade of the local provision dealer or shebeen proprietor, and are used by him for the purpose of attracting business to his shop. The "poor" person who is rich enough to keep a "book" at the shop, and who pays regularly and substantially, looks upon it as his right to get one of the signed blank tickets which are left with the shop assistant, and to be allowed to fill it up in the name of anyone whom he pleases, while the neighbouring pauper who is not worth cultivating as a customer may walk on to the next committee man and wait upon his convenience for a ticket. It will be admitted that the issue of tickets in this way is a gross abuse. Moreover, we hold that the medical officer would be fully entitled in law to treat such a ticket as waste paper and refuse to attend upon it. The Medical Charities Act, sec. 9, empowers the committeeman "to afford medical relief by the issue of a ticket addressed to the medical officer directing him to afford medicine and advice to any poor person resident therein." Clearly, under this law, it is the committeeman and no other person who is to name the poor

person to whom the ticket is granted; and it is wholly illegal for such a functionary to order medical advice and medicine to be granted to an unknown person leaving it to the same third party to say who shall have the benefit of such an order. The Dispensary Regulations (Article 21) confirm this view. They order that the "medical officer" shall afford medical relief to any poor person presenting a ticket *as hereinafter* provided." The "*hereinafter*" runs as follows:—"The ticket and counterpart are *both to be filled up* by the person authorised to issue the ticket;" and again, "care should be to fill up the ticket . . . accordingly;" and again, "any further observation which *the grantor of the ticket* may desire to make for the information of the medical officer shall be written on the front of the ticket." It is only a ticket thus filled up that the medical officer is bound to honour; and we repeat that, in our opinion, he would be within his legal rights in refusing the authority of any ticket not so filled. But we deprecate any such refusal, and advise the medical officer in all cases to attend and do his duty, and he will then be in the best position to urge his complaint against the system of which he is the victim. His easiest course, we think, will be to collect a bundle of blank signed tickets and submit them to his committee to be cancelled. Whether or not his request be complied with he should then appeal to the Local Government Board, and we feel certain that the appeal would, if based on fair grounds, be not in vain.

As to the duty of the Board in such case there can be no second opinion. It is their function, when armed with the necessary evidence, to put a peremptory stop to the issue of tickets in this way. They should, and, we anticipate, would, inform the issuer, that ticket-granting per pot-boy cannot be tolerated; and that, in case it be persisted in, they will find it necessary to remove him from the committee.

The cure for this abuse is in the hands of the medical officers themselves; and if it pleases them not to put the Local Government Board in motion, they must content themselves to endure.

As to the question of fees referred to in the above-quoted letter, we rather object to the Local Government Board going out of its province to utter a hint on the subject. It is quite untrue that, as a rule Irish Poor-law medical officers are *exigent* in their demands, or that the small farmer is overcharged. Technically, the doctor's fee is £1, or even 10s. Practically, it is what the patient can afford, and it ought not to be less. The Local Government Board may very safely leave the amount of fees of Irish dispensary doctors to be regulated by the excessive supply, and little demand, which exists in most districts, and devote its energies to protecting the ratepayers and the medical officers against the prevalent participation of the majority of the lower middle-class population in the charitable relief provided at the public expense for paupers.

#### THE HEALTH OF IRELAND IN 1880.

FROM the yearly summary just issued by the Registrar-General for Ireland, it appears that 11,308 deaths were

registered in the Dublin district during 1880, being 35.9 in every 1,000 of the population, against a ten year average death-rate of 27.6; in the year 1879 the death-rate was 35.7 per 1,000. As pointed out in previous reports, the burial returns under the Public Health Act came into force in 1879, raising the number of deaths registered by about 10 per cent. over the number registered in previous years.

Omitting 300 deaths in public institutions from localities outside the Dublin district, the death-rate for last year is 35.0, the rate for the city being 37.8 (40.0 on the North side and 36.1 on the South), and for the suburbs 25.1. The rates for the several districts range from 20.5, the rate for Blackrock, to 42.2 for Meath street district.

In the fifteen provincial town districts the death-rates are as follows:—Sligo, 20.8; Queenstown, 22.3; Kilkenny, 22.4; Galway, 24.1; Drogheda, 24.9; Dundalk, 25.2; Newry, 25.3; Londonderry, 25.7; Limerick, 26.7; Wexford, 27.3; Belfast, 29.3; Lurgan, 29.5; Cork, 30.8; Clonmel, 32.1; and Waterford, 34.4.

The rate registered in London was 22.1; in Glasgow 22.4; and in Edinburgh 21.3 in every 1,000 of the estimated population.

The registered deaths in Dublin numbered 11,308—an increase of 73; this is the largest number of deaths registered in any one year since registration commenced.

The deaths from zymotic diseases showed an increase of 520 on the previous year, and 930 above the average number registered during the ten years 1870-79. Small-pox caused 266 deaths, compared with an average of 270 for the ten years 1870-79. In referring to the average for the ten years 1870-79, it must be noted that the first small-pox epidemic of 1871-73, which culminated in 1872, is included in the decade. The epidemic which is now subsiding, commenced at the end of the year 1877, reached its height in the year 1878, continued with little abatement during the year 1879, and substantially diminished in the year 1880. Measles caused 544 deaths, compared with an average of 153; thus measles has been again unusually fatal. Scarletina caused 544 deaths, against 392 in 1879, and compared with an average of 296 for the ten years 1870-79; this is the highest number registered since registration commenced, except in 1874, when 834 deaths were registered. Diphtheria caused but 36 deaths against 49 in the preceding year, and compared with an average of 32 for the past ten years. Whooping-cough caused 376 deaths against 98 in the previous year, and compared with an average of 152. Fever caused 393 deaths against 337 deaths in the year 1879, and compared with an average of 317. Diarrhoea was unusually fatal, and caused 424 deaths against 167 in 1879, and compared with an average of 233; this is the highest number of deaths from diarrhoea recorded in the Dublin district in any one year. Two hundred and eighty-four of these deaths were registered in the third quarter of the year.

Taken altogether, phthisis and other diseases of the respiratory organs caused 3,197 deaths, against 3,794 in 1879, or a decrease of 597. This diminution of deaths from chest affections must be mainly attributed to the less severe weather in the first quarter of 1880, as compared with that of the corresponding period of 1879.

#### THE IRISH PROVINCES.

During the year 5 deaths from small-pox were registered in Belfast, 1 in Londonderry, 1 in Newry, and 1 in Sligo, but none in any of the eleven of the other districts.

Measles was prevalent in Belfast during the first six months of the year, in Cork during the first and fourth quarters, in Drogheda during the first quarter, in Queenstown during the third quarter, and (as already indicated) in Waterford during the fourth quarter.

Scarlatina, which had been very fatal in Cork during the last quarter of 1879, continued prevalent throughout the first six months of 1880; the deaths from it during the second half of the year also were numerous, and the total number for the year amounted to 204, equal to 2.2

per 1,000 of the population. The disease was prevalent in Drogheda and Waterford during the greater part of the year, and in Limerick, Wexford, and Sligo during the fourth quarter.

Diphtheria caused 20 deaths in Belfast, 13 in Cork, 1 in Limerick, 3 in Londonderry, 2 in Sligo, and 1 in Clonmel.

Throughout the whole of the last two years whooping-cough has been prevalent in Belfast, the deaths caused by it in 1879 amounting to 258, while those for the year now ended were only 6 less in number. During the second quarter of last year this disease was prevalent in Queenstown and Londonderry, and in the third quarter it was prevalent in the latter district, and also in Newry and Dundalk.

In proportion to population deaths from fever were most numerous at Cork, the rate being 1·3 per 1,000.

As already stated, diarrhoea was very fatal in Waterford; there were also many deaths from that cause in Belfast.

## IRISH MEDICAL ASSOCIATION.

### REPORT OF THE PROCEEDINGS OF THE COMMITTEE OF COUNCIL,

*During the Half-year ended 7th December, 1880.*

(Read and adopted at the Meeting of Council held 11th December, 1880.)

*Continued.*

**Correction of Errors**—Sec. 27 (*verbatim*)—With regard to the correction of errors in registers of births and deaths it shall be enacted as follows:—

1. No alteration in any such register shall be made except as authorised by this Act.

2. Any clerical errors, whether they occurred before or after the commencement of this Act, which may from time to time be discovered in any such register may be corrected by any person authorised in that behalf by the Registrar-General, subject to the prescribed rules.

3. An error of fact or substance in any such register may be corrected by entry in the margin (without any alteration of the original entry by the officer having the custody of the register upon payment of the appointed fee, and upon production to him by the person requiring such error to be corrected of a statutory declaration (Form O, Schedule Three) setting forth the nature of the error and the true facts of the case, and made by one or more persons required by this Act to give information concerning the birth or death with reference to which the error has been made, or in default of such persons, then by two credible persons having knowledge of the truth of the case; and it shall be the duty of the registrar, on becoming aware of any error in fact or substance, to send a requisition to the informant requiring him to attend and correct the same.

4. Where an error of fact or substance (other than an error relating to the cause of death) occurs in the information given by a coroner's certificate concerning a dead body upon which he has held an inquest, coroner, if satisfied by evidence on oath or statutory declaration that such error exists, may certify under his hand (Form D, Schedule Three) to the officer having the custody of the register in which such information is entered the nature of the error and the true facts of the case as ascertained by him on such evidence, and the error may thereupon be corrected by such officer in the register, by entering in the margin (without any alteration of the original entry) the facts as so certified by the coroner, and such declaration or certificate shall accompany the quarterly certified copies.

And whenever such correction shall have been made in any entry of birth or death subsequently to the transmission to the general register office of the return

of certified copies containing such entry, such declaration or certificate of coroner shall be forthwith sent through the post office to the Registrar General, who shall cause such correction to be made in the certified copy, and such addition shall be held to be good as if part of the original entry.

Sec. 36 (*verbatim*).—"A prosecution or indictment for an offence under this Act, shall be commenced at any time within three years after the commission of such offence."

It is understood that legal proceedings against defaulters under this Act are in future to be taken by the police, and not by the registrars as hitherto.

Sec. 36 (*Definition of Terms*).—The term "public institution" means a prison, lock-up, workhouse, barracks, lunatic asylum, hospital, or any prescribed public, religious, or charitable institution:

The term "house" includes a public institution as above defined:

The term "occupier" includes the governor, keeper, master, matron, superintendent, or other chief resident officer of every public institution, and where a house is let in separate apartments or lodgings includes any person residing in such house who is the person under whom such lodgings or separate apartments are immediately held, or his agent, and by such term shall all the persons above-mentioned be described when acting as informants:

The term "relative" includes a relative by marriage:

The term "prescribed" means prescribed by regulations made from time to time in pursuance of section eleven of the principal Act or of this Act:

The term "appointed fee" means the fee specified in the second schedule to this Act:

The term "guardians" includes any body of persons performing the functions of guardians within the meaning of the Acts relating to the relief of the poor:

Secs. 41 and 42 provide that the new Act shall not come into operation until the 1st day of January, 1881; that it shall extend only to Ireland, and that, so far as consistent it shall be taken as one with the unpealed portion of the old Act.

### SECOND SECTION.

**Fees to Registrars.**—Upon the registration of a birth when the child is more than three months old, if it is not more than twelve months old, to the Registrar (unless the delay is occasioned by his failure to issue a requisition, or otherwise by his default) *two shillings and sixpence*, and if it is more than twelve months old, and is registered with the authority of the Registrar-General, to the Registrar (unless the delay is occasioned by his failure to issue a requisition, or otherwise by his default) *five shillings*, to be paid by the informant or declarant.

Upon the registration of a death with the authority of the Registrar-General after the expiration of twelve months to the Registrar (unless the delay is occasioned by his failure to issue a requisition, or otherwise by his default) *five shillings*, to be paid by the informant or declarant.

For taking, attesting, and transmitting a declaration made by an informant respecting a birth which occurred in another district, to the Registrar attesting the declaration *two shillings*, to be paid by the informant.

For entering the baptismal or other name of a child upon certificate produced after registry of birth, to Superintendent Registrar or Registrar *one shilling*, to be paid by the person requiring the name to be entered.

Correction of error of fact or substance in register, to Superintendent Registrar or Registrar *two shillings and sixpence*, to be paid by the persons requiring the error to be corrected.

For every search, to the Registrar, to be paid by the applicant for the search, *one shilling*.

For a certified copy of any entry given by the Registrar, *two shillings and sixpence* to the Registrar, to be



paid by the applicant (under the old Act *one shilling* was the fee).

FOURTH SCHEDULE.—REPEAL.

Session and Chapter.	Title or Abbreviated Title.	Extent of repeal.
25 Vict. c 11	An Act for the Registration of Births and Deaths in Ireland. (20th April, 1863.)	Preliminary to Act, from the words "general search" to "stating objects of search." Section twenty-six from the words "in case of the death" to end of section. Section thirty-one, thirty-two, thirty-three, thirty-four, thirty-five, thirty-six, thirty-seven, thirty-eight, forty-four, forty-six, fifty-one, and fifty-five.
26 & 27 Vict. c. 90.	The Registration of Marriages (Ireland) Act, 1863.	Section twenty-one.

Although the new Act is not all that could be desired in the interest of the Registrars, it is a decided improvement upon the former one, as it relieves the Registrars of many irksome duties for which they receive no remuneration, viz. :—

1. The issuing to informants of notices requiring registry of births and deaths in all cases; such notices in future are to be sent only to defaulters, *i.e.*, persons who do not register births within forty-two days, or deaths within five days, after their occurrence.

2. Attendance (with book) before the justices for the purpose of having errors corrected; under the new Act such attendance is dispensed with, and the Registrar is entitled to a fee of two shillings and sixpence for correcting each error of fact or substance.

3. Attendance at the Superintendent-Registrar's office (with book) to meet an informant requiring a birth to be registered after three months; the old Act allowed a fee of two shillings and sixpence for that duty, but it was seldom received; under the new Act the informant in such cases must come to the Registrar, who need not register the birth until the fee is paid.

On the whole the new Act diminishes the work of the Registrars while affording them increased remuneration.

TRALEE GUARDIANS.

SALARIES.

MR. KEANE, in pursuance of a notice of motion, moved that the salary of the medical officer to be appointed for the district of Brosna be £150 a year.

The Chairman said that at present they were not going to appoint anyone.

Mr. Roche stated that the meeting of the dispensary committee, from which the recommendation of the increase of salary emanated was informal.

Mr. O'Connor mentioned that he was aware that a doctor, whose degrees are second to no other in Kerry, could be got for £90 a year.

After some further discussion a division was taken, and it was decided to appoint a medical officer at a salary of £90 a year.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF JANUARY, 1881.

DECEMBER 31st, 1880.—MacMath, Arthur William; 1 Windsor Road, Rathmines, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

JANUARY 3rd, 1881.—Brady, Francis Forster; 1 Neptune Terrace, Sandycove, co. Dublin; Lic. R. Coll. Surg. Irel. 1880.

5th.—Corcoran, Edmund; Enniscorthy, co. Wexford; Lic. K. Q. Coll. Phys. Irel. 1880, Lic. R. Coll. Surg. Irel. 1880.

11th.—Roulston, William; Beragh, near Omagh, co. Tyrone; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

18th.—Campbell, Richard; Ballyhaakin, Mill Isle, co. Down; M.D. Q. Univ. Irel. 1880.

11th.—Cuscaden, George; Alexandra House, Wexford; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

14th.—Gem, William; Hampton Terrace, Warwick; Lic. R. Coll. Surg. Irel. 1880.

12th.—Martin, John Charles; Killeahandra, co. Cavan M.B. 1880 and B.Ch. 1880 Univ. Dub.

19th.—Kernan, James; 4 Bayswater Terrace, Kingstown, co. Dublin; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

21st.—Hanna, William Gordon; Magherafelt, co. Londonderry; M.D. Q. Univ. Irel. 1880.

26th.—Cusack, Henry; Cahir, co. Tipperary; Lic. R. Coll. Surg. Irel. 1879, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

25th.—Hackett, Robert Isaac Dalby; Castle Armstrong, Ballycumber, King's county; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

27th.—Dillon, Valentine Plunkett; Ballaghaderreen, co. Mayo; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1879.

27th.—Hickman, James; 42 Robert Street, London, N.W.; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

28th.—Moon, Daniel; Ballydiret, Aghadowey, co. Derry; Lic. R. Coll. Surg. Irel. 1880.

28th.—O'Brien, Richard Francis; Villerstown, co. Waterford; Lic. R. Coll. Surg. Irel. 1880, Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel.

MEMORANDUM.

The following names have been restored to the Register, per order of Council :—

Feb. 15, 1861.—Eaton, Usher Beere; Mitchelstown, co. Cork; M.D. Q. Univ. Irel. 1880, Lic. R. Coll. Surg. Irel. 1861.

September 5th, 1876.—McKeogh, Thomas; Innisboffin, co. Galway; Lic. Fac. Phys. and Surg. Glas. 1875, Lic. Apoth. Hall Dub. 1876.

September 10th, 1876.—Hamilton, James; 5 Pelham Street, South Kensington, London, S.W.; M.B. 1875 and M.Ch. 1875 Q. Univ. Irel.

MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of December, 1880, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, or as having been reported dead or ceased to practise, viz. :—

Fleming Christopher; 14 Brookfield Terrace, Donnybrook, co. Dublin. Dead.

Lever, John; Gowran, co. Kilkenny. Dead.

McCorry, Peter; Lurgan, co. Armagh. Dead.

Jencken, Ferdinand; 22 Anglesey Place, Kingstown, co. Dublin. Dead.

Jennings, Alexander; Saintfield, co. Down. Dead.

Caroll, Walter John; Tambaroora, Sydney, N. S. W. No reply.

Sedley, Anthony Kyrle; Kanturk, co. Cork. Dead.

West, Francis John; District Asylum, Omagh, co. Tyrone. Dead.

Lawlor, Michael; Tralee, co. Kerry. Dead.

# IRISH POOR-LAW INTELLIGENCE.

## WHAT IS A "SUCCESSFUL" RE-VACCINATION?

This question is about to be tried out at the next County Tyrone Assizes in an action now pending by Dr. Duncan, the Medical Officer of the Fintona Dispensary, against the Board of Guardians of his Union. The facts are these: By the Vaccination (Ireland) Amendment Act of 1879 (42 and 43, cap. 70, sec. 6, "Irish Med. Directory," page 618), it was enacted as follows:—

Whereas, by 26 and 27 Vic., cap. 52, sec. 5, it is provided that the Board of Guardians shall pay to the medical officer of each dispensary district, in addition to any salary or allowance payable to him, the sum of one shilling for every person successfully vaccinated by him: Be it enacted, that the said section shall be and is hereby repealed; and the Board of Guardians shall pay to every such medical officer for every person successfully vaccinated or every person re-vaccinated by him within his dispensary district, after the passing of this Act, the sum of two shillings.

In the summer of last year an epidemic of small-pox broke out in Dr. Duncan's district, and, partly in consequence of his exertions, and partly by reason of the panic which it created, a great number of persons resorted to him, both for vaccination and re-vaccination. These he duly operated upon and inspected on the eighth day, and charged against the Guardians the vaccinations which produced the usual vesicle and the re-vaccinations whether or not they produced such result. The Guardians demurred to paying for any cases in which the vesicle, which they supposed to be the essential mark of success, was not produced, and, on consulting the Local Government Board, they were encouraged in this view, and given to understand that they need not pay for re-vaccinations which proved unproductive of a vesicle. It will be observed, from perusal of the section above quoted, that such a judgment as this was carefully provided for by the framers of the Act, and that they went to the trouble of drawing a marked distinction between the case "successfully vaccinated" and the case "re-vaccinated," whether successful or not, and every public vaccinator and every author who has written on the subject recognises the non-essentiality of a vesicle as a sign of effective and workmanlike re-vaccination.

The ruling of the Local Government Board and the refusal of the Guardians to pay, strike, obviously, not only at the chief purpose of the section, but at the future assiduity of public vaccinators, because if it were ruled that

a vaccinator is only to be paid for the rare cases of re-vaccination which produce a pustule, very few of them would trouble themselves to re-vaccinate, and small-pox would go unchecked. Therefore, Dr. Duncan very properly thought it necessary to bring the matter under the notice of the Council of the Irish Medical Association, who—after consideration of the circumstances—decided to support him in obtaining legal redress.

An extension of time to plead was obtained the week before last by the Guardians without opposition on the part of the plaintiff; and, since then, the Judges have ordered that the law of the matter shall be argued before them on demurrer. Should the Guardians persist in their defence to Dr. Duncan's claim, we are confident that they will find themselves adjudged wrong. That they are so seems quite clear; and respectful as we must necessarily be to the superior legal wisdom of the Local Government Board, we can hardly conceive the meaning of the advice upon which the Guardians have acted.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF FEBRUARY, 1881.

JANUARY 29th.—McCredy, Robert Dean Wills; Gosforth, Newcastle-on-Tyne; M.B. 1879 and M.Ch. 1879 Univ. Glas.

Jan. 31st.—Boyd, Joseph; Lakeview, co. Roscommon; Lic. 1880 and Lic. Mid. 1880 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1880.

FEBRUARY 9th.—Murray, Arthur Hill; Edenderry, King's co.; Lic. R. Coll. Surg. Irel. 1880.

10th.—Givan, John; Aughnacloy, co. Tyrone; Lic. Fac. Phys. and Surg. Glas. 1880.

10th.—Foley, Thos. McCraith; Templetoohy Rectory, Templemore, co. Tipperary; Lic. R. Coll. Surg. Irel. 1880, Lic. Apoth. Hall, Dub. 1881.

16th.—Brady, Edward; 17 Bridge Street, Cork; Lic. R. Coll. Phys. Edin. 1880, Lic. R. Coll. Surg. Edin. 1880.

21st.—Fritchard, Thomas; Scotthouse, Clones, co. Monaghan; M.D. Q. Univ. Irel. 1880.

22nd.—Furlong, Thomas Augustine; 17 Merrion Row, Dublin; Lic. Apoth. Hall, Dub. 1875.

22nd.—Jacob, Wm. Gardiner; Maryborough, Queen's co.; Lic. R. Coll. Surg. Irel. 1880.

## MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of February, 1881, pursuant to the 14th Section of the Medical

Act, no reply having been received to several letters of application, or as having been reported dead or ceased to practise, viz. :—

Dowdall, Edward; Banbridge, co. Down. Dead.  
Moylan, John Barry; Waterfall House, Richmond, co. Dublin. Dead.  
Beakey, Andrew Hyland; Arklow, co. Wicklow. Dead.  
Layng, William; Kanturk, co. Cork. Ceased to practise.  
Labatt, Hamilton; 1 Upper Fitzwilliam Street, Dublin. Dead.  
Tracey, Maurice Charles; Army Medical Department. Dead.

#### SPECIAL MEMORANDUM.

RESTORE to Medical Register (same having been erased in error on report of death), viz. :—

Registered June 17th, 1868.—Bradshaw, Benjamin Frederick; Kenhardt, Cape Colony; Lic. R. Coll. Surg. Irel. 1868, Lic. 1868 and Lic. Mid. 1868 K. Q. Coll. Phys. Irel.

### COLERANIE UNION.

#### THE EXAMINATION OF LUNATICS.

THE Chairman remarked that £8 had been charged by several of the dispensary medical officers of the Union for expenses incurred in the examination of persons supposed to be insane. The accounts had been certified by two of the magistrates resident in their respective districts.

Mr. Moody—I think in all those cases in which the friends are in a position to pay the fees, that it is unfair that the ratepayers should be called upon to pay the expenses.

The Clerk here produced the Act, and read the section bearing upon the point, as follows.—

Notwithstanding anything in Section 10 of the Act of the Session of Parliament held in the 30th and 31st year of the reign of her present Majesty, c. 118, to the contrary, it shall be lawful for any two Justices causing any person to be examined by any medical officer as therein mentioned, if they think fit so to do, to make an order under their hands and seals upon the Guardians of the Union to which such person belongs, for such reasonable remuneration to such Medical Officer, and for the payment of all other reasonable expenses in or about the examination of such person, not exceeding in the whole the sum of £2.

The Chairman—The magistrates having certified, we must pay; but I confess I thought the order was compulsory upon the Justices, not optional, as it appears from the Act.

The Clerk—Yes; but it would seem that the magistrates may not certify unless, after making inquiries into the circumstances of the people, they may think it right to do so.

[It seems to be anomalous that the rates should pay for the medical examination of a lunatic whose friends are able, and, perhaps, willing to bear the expense, but it is to be recollected that the committal of a lunatic under the Dangerous Lunatics Act is a procedure under the criminal law, effected through the agency of the police, and to compel the patients' friends to pay would be the same in principle as to oblige them to pay the expense of arresting an ordinary law-breaker and sending him to gaol. It is well worthy of consideration, however, that these committals under the Dangerous Lunatics Act are, in very many instances, used as a short cut instead of the troublesome, dilatory, and

expensive method of admitting harmless patients to the asylum. Not a few of the "dangerous" lunatics are very innocent of harm, but are certified on the same principle that coroners' juries always finds suicide to be temporary insanity. It is a strange anomaly that no legal method exists of certifying a harmless pauper in Ireland; the dispensary doctor—if served with a ticket—must examine and treat the patient, but it is none of his business to certify his condition of mind, and, in point of fact, the duty of certifying in such cases is performed by the Poor-law Medical Officers of Ireland purely out of compassion.—Ed. M. P. & C.]

### CASTLETOWN DISPENSARY DISTRICT.

At an extraordinary meeting of the committee, Dr. Owen P. Kerrigan was unanimously elected medical officer of the district in room of his brother, Dr. L. Kerrigan, resigned.

The following resolution was unanimously passed at the same meeting :—"We hereby express our marked approval of the manner in which our late medical officer, Dr. L. Kerrigan, discharged his duties towards the poor under his care—from the kindness and strict attention he invariably bestowed."

### WATERFORD UNION.

#### A SERIOUS STATEMENT.

On the application for admission of a man who was suffering from scrofula, the relieving officer said he had given seventy-two tickets to people for medical relief outside at the dispensary, and they were sent back to him with a statement that he should give these people tickets for the house hospital, though it is full.

The Clerk—You should do your duty, and make a report, so as to have the matter in order.

This boy, Hanlon, is suffering from scrofula, and the doctor outside, will not treat him for the disease. He insists upon having the boy sent to the house hospital, though the Local Government Board say these are cases for outside treatment.

The Clerk—I will take down Mr. Moloney's statement.

Mr. Fisher—There is no room at all in the hospital at present for these people.

### MULLAHONE DISPENSARY.

A MEETING of the committee was held on January 14, for the election of a medical officer to replace Dr. Going, who has retired after thirty years' faithful service. There were three candidates, viz., Dr. Ryan, New Pallas; Dr. Kenny, Carrick-on-Suir; and Dr. Hickey, Kilkee, county Clare. The voting was as under :—

For Dr. Ryan, seven; for Dr. Kenny, two; for Dr. Hickey, one.

Dr. Ryan was declared duly elected.

### SLIGO UNION.

READ the following note from the Collosney Dispensary Committee :—

The Committee took into consideration the well-founded complaints of their medical officer as to the abuse in the issue of tickets for medical relief. It appears

that some members of the Committee and wardens are in the habit of largely issuing tickets by deputy. This leads to great abuse, and prevents due caution and discernment being used by the party who alone is legally entitled to issue tickets, and the Committee hereby direct the doctor in no case to act on any ticket not duly filled up and signed personally by the party purporting to issue it. This resolution is taken in consequence of a letter from the Local Government Board calling our attention to this matter. The number of tickets issued in 1880 was 1,763, being an excess of nearly 1,000 over the yearly average of Dr. Malony's predecessor.

Upon this the following discussion took place:—

The Chairman said he considered it very wrong for members of the dispensary committee and wardens to be issuing tickets by deputy.

Mr. Simpson—Why does the doctor attend on them?

Chairman—He cannot tell at the time which is genuine and which is not. I think the committee are right to give their opinion upon it. They give good advice.

Major Wood-Martin—We should sanction what they have done.

Mr. Walsh considered it bad advice. It would be better for the doctor to go on any ticket he gets, and afterwards, if he finds the ticket was not properly issued, to prosecute the guilty parties.

Mr. Walker agreed with Mr. Walsh. Dispensary doctors were bound to attend on a red ticket when they got one; but, if they find out afterwards that the ticket was not a genuine one, they can sue for their fee. It was hard on the doctors, but it would be wrong to give them the power of questioning a ticket.

Mr. Barber—People having the power to issue tickets should be cautious how they do so.

Mr. Nelson—But it would be a serious matter if a doctor could question the genuineness of a ticket. He might make a mistake.

Mr. O'Connor considered it better not to give the advice suggested by the committee to the doctor. He was sure, when the matter was made public through the columns of the press, that people would be more cautious.

Mr. Tute considered that, so far from sanctioning the act of the committee, the guardians should repudiate it.

Mr. Walsh would not make any doctor the judge of the handwriting of a member of a dispensary committee.

Mr. Duke—But what remedy has the doctor? They cannot recover their fee from the person who signs a ticket for another.

Mr. Walker considered a doctor had a good action against a person who allowed tickets to be issued in this way, and if he attended a person who could pay a fee on such a ticket he could recover his fee.

Mr. Walsh—And I believe they would be made pay.

Mr. O'Connor asked how they could meet a case where a person went to the house of a committee man or warden, and asked for a ticket for a sick relative who was dangerously ill, and required instant attendance? If the tissue-issuer was not at home, surely it would be no harm for a member of a family to issue a ticket. If there was no other committee-man in the district, how could the thing be done? Or if the party made a wrong representation of their circumstances, surely the committee-man or warden was not to be held responsible?

Mr. Walker—They are bound to possess a knowledge of their locality.

Mr. O'Connor—But they may be living two miles away.

Mr. Walker—Even so. I think no member of a dispensary committee should sign a ticket for a patient not in his district, and in regard to whose circumstances he is totally ignorant. I have refused tickets to persons whom I considered able to pay for a doctor, and away the persons applying flew to Sligo, where they got accommodating gentlemen to give them a ticket in the shot of a gun.

Major Wood-Martin said that was his experience also. Country guardians refused to give tickets, knowing the circumstances of the people, but the tickets were soon got in Sligo town.

Mr. Collery—But is not a member of a committee living in Sligo just as capable of signing a ticket as a gentleman living in the country.

Mr. Walker—Yes, if he knows the circumstances of the people, as well as a person living in the district, which I deny.

Mr. Walker—I know people with plenty of land and six or seven cows, who try to get medical relief for nothing.

The chairman said the question now before the meeting was—would they sanction this minute of the dispensary committee?

Several guardians objected to doing so.

Major Wood-Martin—But we should do something to prevent a member of a dispensary committee signing his name to a block of tickets, and allowing some irresponsible person to issue them to whoever likes to ask for one.

The guardians made a minute approving of the action of the committee in regard to bringing the state of the old road before the grand jury; but, in regard to the other matter, they refused to endorse the action of the committee with reference to the direction given to the doctor not to act in certain cases of dispensary tickets.

#### THREATENED SUSPENSION OF BELFAST GUARDIANS.

ON Tuesday week, at a meeting of the Belfast Board of Guardians, Mr. David Taylor, J.P., presiding, a letter from the Local Government Board was read in reference to the proceedings at recent meetings, and the omission to discharge all the business which came before them. Their attention had been called to the minutes of the board of the 8th inst., in which was the following entry:—"At 6.40 the board adjourned, leaving a considerable portion of the ordinary business undisposed of." They requested their inspector, Mr. Hamilton, to obtain a statement giving the details of the business which was left unfinished, and he found that many important matters connected with the management of the union had not been disposed of. They also observed, from the reports in the public Press, that the proceedings of that meeting had been of a most disorderly and irregular character. Attention was also called to the meeting of the 22nd inst., and to the statement that the board rose at 3.18 p.m. leaving a portion of the business held over from last board day, and nearly all the business of this day undisposed of. The Local Government Board found that the omission to finish the business was caused by the disorderly nature of the proceedings and by the unseemly language of some of the members, and the Board have noticed from the reports in the public Press that the absence of decorum which has been so remarkable on the two days specially referred to has also characterized the proceedings of the guardians on many other recent occasions. The Local Government Board cannot allow this state of things to continue. They therefore must express an earnest hope that the guardians will on next board day endeavour to dispose of the business remaining over from previous meeting, as well as the ordinary business of the day, as the Local Government Board would regret to have to exercise the powers vested in them by sec. 18, 10 Vic., cap. 31, in order to secure the due and effectual execution of the Irish Poor Relief Acts in the Belfast Union. After a lengthened and animated discussion, in which, as usual, Mr. John Rea took the most prominent part, it was agreed to inform the Local Government Board that their letter would be discussed at an early day.

## DROMAHAIR SANITATION.

At last meeting of the guardians the clerk said Dr. Hamilton, of Dromahair, sent in a number of sanitary reports, in which it was stated some people in his district kept cattle in their houses. There was also a report from Dr. Mulloy, stating that there were houses in Manorhamilton having neither yards or ash pits. There were three houses on the Commons, a house in Church Lane, and a house in Castle Street, so circumstanced. He recommended that the board should provide the necessary accommodation, charging same to the owners of the houses.

Chairman—How can we do that ?

Mr. Algeo—As a sanitary body we have great powers.

Mr. Palmer—Has a sanitary officer power to force admission into premises in order to inspect it ?

Clerk—Certainly.

Mr. Palmer said the reason he asked was that he knew where the sanitary inspector was refused admission to houses in Dromahair, where it was known cattle were kept with the family, although those parties could well afford to build out-houses for their cattle. A good deal of filth would naturally be got in such houses, but what was the inspector to do when he could not get in to see it ? He also knew a case where the door was shut against Dr. Hamilton when he went to inspect a house. He (Mr. Palmer) did not see that any steps were taken to enforce the law. He personally witnessed him going to the house, knocking at the door, and being refused admission ; and I am also aware cattle were kept in that house, and that the people could afford to have out-houses for them.

Clerk—An order can be got to force an entrance to the premises. The forms are here.

The Clerk, at the suggestion of the Chairman, was directed to give the owners notice that if a sewer was not made within a specified time, it would be made by the guardians, and the cost charged to them.

## BALLINROBE DISPENSARY.

A MEETING of the members of the Committee of Management was held for the purpose of electing a medical officer for the Cappaghduff dispensary.

There were applications from three, but only two candidates attended, Dr. H. J. Ingram and Dr. Leslie Maturin.

On a division there appeared—

For Dr. Ingram, 13.

For Dr. Maturin, 4.

## CORRESPONDENCE.

## ABUSE OF TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—On the 20th of November I received a red ticket to attend a servant in the employment and residing in the house of a rich merchant and landlord, who lives not in, but on the verge of my district. The ticket was issued by a warden, and in order, I suppose, to compel me to see the man, he inserted in the ticket the patient's native townland, which is in my district. The messenger was the master's son, and as the servant had met with an accident, I thought it better to see him and take the chance of getting my fee ; but as this was not forthcoming, I had the ticket cancelled, and wrote to the warden demanding my fee, but got no reply. A little more than a year ago a man came to me on a very wet night, asking me to see his wife in her confinement. He had no ticket with him, and being a small farmer, I told him he would have to pay me a reasonable fee, and with this understanding, and the case being urgent, I went with him about three miles off. About six weeks afterwards this man came to the dispensary and presented a red ticket dated back to the day on which I had attended

his wife, as payment of my fee. I laid this ticket before my committee, and it was not cancelled. All that was done was to sympathise with me. I could relate numerous cases of abuse in the issue of tickets, and would be inclined to look sharply after those who issued them, were it not that my district is very extensive and mountainous, and knowing well if I were to do so I should be more than doubly punished by wardens who do not know the law, and who would by way of revenge give red tickets instead of black ones to all comers. I believe this is one of the reasons why medical officers are slow to take action in these matters.

Yours truly,

A DISPENSARY DOCTOR.

[If medical officers find it incumbent or politic to submit to these abuses they need not complain of the system, for no one is to blame but themselves, and no public department could teach certain dispensary committeemen to be gentlemen or make road-side farmers honest. We don't urge medical officers to engage in hostilities with their committee, but we expect them temperately and firmly to assert their rights; and, if they won't do so, they must suffer the penalty of being too easy-going and timid.—Ed. M. P. & C.]

## IRISH UNION DRUGS AND THE LOCAL GOVERNMENT BOARD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If it is not an impertinent question I should like to know what is the use of the L. G. B. for Ireland ? Is it their intention to ever alter the old lists of medicines in accordance with the New Pharmacopœia ? What chloric ether at present means I am at a loss to discover, and as to what the strength of half the drugs supplied me by the contractor is, I am utterly at sea. This is a nice state of affairs as far as the poor are concerned. God help them ! If they have confidence in their doctor under present arrangements he won't do them much good. Talk of the Church Disestablishment ; landlord disestablishment ; the body requiring immediate disestablishment is the Irish Local Government Board. In my dispensary practice I have to give coloured water well sweetened, because I do not know either the strength or right name of the medicines supplied. This is a very nice thing to be said of a body who takes £3,000 yearly from the poor and starving farmer.

I am Sir, yours &c.,

A DISPENSARY HACK.

## REGISTRATION PETTY EXPENDITURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the regulations for the registrars of births, deaths, and marriages, the following paragraph under the head of " Allowances and Expenses " occurs :—

II. " Postage on registration business. A detailed account of postage should be furnished on the forms supplied for the purpose, and the different items of expenditure should be carefully entered in the proper columns. The envelopes of unprepaid letters addressed to the registrars on registration business should be retained by him as vouchers until his account is paid." Was there ever a more contemptible regulation printed ?

It is not even decent English. To whom does " him " and " his " in the last sentence refer ? Would it not be better to abolish this troublesome and badly-written regulation altogether, and allow the hard working and responsible registrars, say, 5s. or 10s. per quarter for stationery, as is done in nearly all branches of the public service ? Fancy keeping old unstamped envelopes as vouchers !

## IRISH POOR-LAW INTELLIGENCE.

## FEES TO PRISON SURGEONS FOR INQUESTS.

THE liability of Irish prison surgeons to give evidence gratuitously at inquests upon the bodies of prisoners is likely to come up for legal decision before long, although it was considered to have been settled in favour of the prison surgeons by a recent precedent. The case stands thus: Up to fifteen years ago it was always the custom to remunerate prison surgeons for such duty, but, at that date, it pleased the Castle authorities to issue a mandate that no further fees be allowed on this score. At that time the validity of this order was contested before the Judge of Assize, by Dr. Little, of Lifford, and the right of the prison surgeon to be paid for this testimony was established by the payment of the fee under the Judge's direction. Nevertheless, the Castle autocrats carried their point, because other prison surgeons were either unaware of this decision, or else did not care to fight the point with their superiors, and, thenceforth, the payment of an inquest fee fell into abeyance. After the passing of the Irish Prison's Act of 1878, the question again cropped up, and the Council of the Irish Medical Association then issued a circular (*Medical Press Supplement*, April 23, 1879) letter to all prison surgeons, in which they set forth their view of the law of the case. They pointed out that the 32nd sec. of the Coroner's Act withholds a fee from "the medical officer, whose duty it may have been to attend the deceased person as a medical officer of such institution." The institution here referred to is defined by the section to be either *a*, "a public hospital or infirmary," or *b*, "a county or other lunatic asylum," or *c*, "any public infirmary or other public medical institution," and the Council expressed its opinion "that the sick-ward of a prison is not included, or intended to be included, within the operation of this section, and that the medical officer of the prison is, therefore, entitled to the statutory fee payable for medical testimony."

Last year the question was again raised by the refusal of the coroner for Galway to pay a fee to Dr. Kinkead, surgeon of the prison, for inquest evidence. Dr. Kinkead consulted the Council of the Irish Medical Association, and the Council requested him to take the necessary steps to assert his rights, and guaranteed to pay the legal expenses of doing so. This, Dr. Kinkead considered that he had sufficiently done as he had applied to the Grand Jury for the fee, and it had been paid in spite of the

protest of the coroner who, it appears, acted upon instructions from Dublin Castle. Another case has now cropped up, and the coroner, having again refused, the Council of the Irish Medical Association has determined to put the question out of dispute, by asserting the right to a fee before such a tribunal as may be competent to decide it finally, and they have, therefore, requested Dr. Kinkead to take the necessary steps for this purpose.

We have stated above the interpretation of the law upon which the Association depends, and considering that that interpretation is sustained by the opinion of the late Lord Chancellor of Ireland, it may be taken decisively in favour of the prison surgeons upon the Coroners' Act. But a question might possibly arise as to whether a change in the law had been effected by the Prisons (Ireland) Act of 1878, whether the duty of giving medical testimony at inquests was imposed by that Act, and whether the General Prisons Board might have power to add such duty, for the future, to the functions of the surgeons.

Upon examination of the Prisons Act ("Irish Medical Directory," page 610), and the regulations issued by the Prisons Board, under its authority (page 325), we are satisfied that the rights of the prison surgeons to inquest fees is not altered thereby, and cannot be altered by any new rule of the Board. By sec. 12 of the Act, the Board may alter rules for regulating the duties of the officers, so long as those rules are not inconsistent with the Act 7, Geo. 4, cap. 74, but by sec. 27, the duties of prison officers are declared to be the same, or analogous to those "performed previously to the commencement of the Act, and they shall perform the same duties, as nearly as may be, as they shall be performing at same date." Again, under sec. 53, "the surgeon shall, forthwith, on the death of any prisoner, enter in his journal," all particulars respecting the death, but nothing is said as to his inquest duty. Again, by sec. 56, the coroner is obliged to hold an inquest on every prisoner dying within the prison, but nothing is said as to any function to be discharged in connection therewith. Lastly, the duties of the surgeon set down by the Prisons Board (which would, of course, be illegal, if they went beyond the limits defined by the Act) do not require from that officer any such duty as that sought to be now imposed. They speak of a post-mortem examination, but do not make it part of his duty to be present, or to testify at the inquest. Thus



it would appear that the inquest duty of the prison surgeon is strictly limited to those arising under the Coroner's Act, and we have already given good reasons for our belief that under this law he is entitled to his fee for evidence. In any case it will be satisfactory that the subject shall be put beyond dispute, as the Irish Medical Association proposes by a competent legal decision.

## CORRESPONDENCE.

### DISPENSARY DRUGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I doubt very much the wisdom of publishing such a letter as the one signed "Dispensary Hack," in the last issue of the *Medical Press*.

A habit of exaggeration and hyperbole is one of the banes of this country. Men, who in the ordinary course of life are quiet, inexcitable people, no sooner stand up to address a public meeting, or even write a letter to a newspaper, than they seem to lose their heads altogether, and resort to language of which Mr. Boythorns, in "Bleak House," is only a faint and colourless example. I would wish to know if "Dispensary Hack" has ever had any difficulty in procuring whatever medicines or medical appliances he might want for the treatment of his dispensary patients? I have never had the slightest difficulty in getting anything I required. And instruments and medicines not on the List have been always supplied by the contractors at fair prices.

I am sure this is the experience of most medical officers, and I hope there are not many who are obliged to dispense coloured water to their patients, as "Dispensary Hack" acknowledges he has done.

One of the very few things we have reason to be proud of in Ireland is the superiority of the dispensary system over that of the sister country; and I am, therefore, glad that "Dispensary Hack's" letter appeared only in the sheet devoted to Irish Poor-law intelligence, and will not be seen by English and Scotch readers.

I am, Sir,

Your obedient servant,

A DISPENSARY MEDICAL OFFICER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of March 16th, 1881, "Dispensary Hack" makes himself a good example of the old proverb, "A bad workman quarrels with his tools;" and I may reply, in his own words, with regard to the patients under his care "God help them," for their "Hack" is as unlikely to do them good with the medicines he has at present at his disposal, as with any future supply.

Most Poor-law medical officers have long felt the want of a revision of the Medicine List to keep up to times we live in. Yet any medical man will find drugs enough in the old List to meet most cases of illness, and need not be forced to substitute "water coloured and sweetened" for the more potent, though less palatable, medicines he now possesses. I should strongly recommend "Dispensary Hack" to invest in some commentary on the B. P., and read it; or, if this is too much trouble, let him ask some respectable grocer in his neighbourhood what "chloric ether" is, and no longer boast of his ignorance and incompetence.

Yours, &c.,

J. C. HALL, Medical Officer,  
Monaghan Union Workhouse.

[We understand and appreciate the complaint of "A Dispensary Hack," though we do not identify ourselves

with his hyperbolic mode of expressing himself. We agree with him that, under the arrangements for drug supply now maintained by the Local Government Board a medical officer is relegated to the therapeutics of twenty-five years ago, and is not afforded the means of treating the sick poor which any physician may employ for the benefit of his private patient. Moreover, the complaint is perfectly legitimate that the L.G.B., by its system, permits and encourages the supply of fraudulent drugs, and thereby makes it impossible for the medical officer to treat his patient on any certain plan. For example, the theoretic dose of Dover's powder in a given case may, in one union, be efficient, while in an adjoining one it will be totally inert, because in the latter the drugs are supplied on the well-known contractors' dodge; or a dose of the medicines of one contractor, which has been proved barely sufficient for its purpose, may almost poison the patient when the contract is handed over to a more honest firm. There is no hyperbole about these facts, and we repeat that every "Dispensary Hack" in Ireland, and, moreover, every dispensary patient, has good reason to complain that the Local Government Board for Ireland, with full knowledge of this disgraceful state of things, presides over and tolerates the successful dishonesty of drug contractors.—Ed. M. P. & C.]

### ABUSE OF RED TICKETS.

WHAT is my best course to pursue under following circumstances? A policeman brings in a red ticket to visit a man four miles distant when he had his leg broken, but tells me you will be paid all right as he is a shopkeeper, living fifteen miles distant, and had no money with him, so he got a ticket from the relieving officer. I attend him and send him home, having been assured by him that he would pay me, though, of course, he never did so. I intend having the ticket cancelled at next committee meeting, and would be glad to know if my proper course then would be to summons the patient for my fee, and also if the production of the cancelled ticket in court will be sufficient without employing a solicitor.

[Sue the patient at Petty Sessions, after having had ticket cancelled. The production of the ticket, with proof that the patient is not a "poor" person within the meaning of the Medical Charities Act, ought to be sufficient without solicitor's services.—Ed. M. P. & C.]

### THE CERTIFYING OF LUNATICS.

In an editorial note last week we referred to what we might call the abuse of the Dangerous Lunatics Act, by which that law is frequently employed as a means of obtaining speedy and gratuitous admission to the district asylum, although the patient is not, in any true sense, dangerous. The subject is referred to by Dr. Oscar Woods, the resident medical superintendent of the Killarney Asylum, in his latest Report to the governors, and we think his remarks appropriate and worthy of quotation as a corollary to our own observations. He says:—

"In my Report of last year I referred to the large number of patients that were committed as dangerous and criminal lunatics. Since then I have inquired more fully into the working of the Act 30 and 31 Vic., c. 118. I find that fourteen of the Irish superintendents in their

answers to the Poor Law Union and Lunacy Inquiry Commission condemned this mode of admission. Most people, I believe, look on this as the proper, certainly the easiest mode of admission, whereas the Legislature intended that it should be but seldom resorted to. Of the patients admitted into Irish Asylums in 1879, 1,277 were committed as dangerous and criminal. Dr. Hancock, in one of his late reports, which he kindly sent me, says that only three patients were committed as dangerous lunatics in England and Wales in 1877, as contrasted with 1,204 committed to asylums in Ireland, and this, notwithstanding that the Irish Act is drawn up on the lines of the English one. The reason of this is that there is too great a delay necessitated by the *ordinary application form* in use in Ireland. In England this form is not used, but a magistrate is empowered, on the certificate of a medical man that the patient is insane, to commit him to an asylum. The inspectors in the Annual Reports for 1874 and 1877 draw attention, in forcible language, to the great abuse of the Criminal Warrant. The following are a few of the inconveniences caused by this form of admission:—Nervous and diseased patients are handed over to the care of the police, and in many instances their recovery is considerably retarded thereby; the patient is branded as a criminal through no fault of his own; it is impossible to obtain any reliable information respecting the patient, the accompanying police knowing nothing whatever about him, as he has only been in their charge for a few hours, and the friends seldom, if ever, come with the patient to the asylum, the medical officers are thus in the dark for several days as to how to treat the patient. No one is responsible for the filling up of the forms, and they are usually most inaccurately and imperfectly filled; rarely are *facts observed* by the examining medical man stated. Lord O'Hagan during the Session of 1879 introduced a Bill 'to extend to Ireland the provisions of English Law as to neglected Lunatics,' and only withdrew it to await the report of the Poor Law Union and Lunacy Inquiry Commission. The necessity for the Bill has, I believe, been long felt, and it will, I hope before long be passed into law."

#### WELL-TO-DO PATIENTS IN DISTRICT ASYLUMS.

At the last meeting of the Limerick grand jury, Mr. Lyons said he would like if the grand jury also directed their attention to the several large sums applied for in connection with alterations in the Limerick District Lunatic Asylum. Within the last two years over £13,000 had been borrowed for the purpose of making alterations in the buildings and increasing additions to them. He thought it would be very well for the committee to call the attention of the governors of the asylum to that enormous outlay.

Mr. O'Brien begged to call the attention of the committee to a fact that turned up at a meeting of the governors when he had been on the board. Accommodation was very badly wanted, and the governors thought to make the relations and friends of a number of incurable and harmless patients that were in the hospital remove them, in order to make room in the asylum, and save the county from the expense of keeping them. But when the governors went to examine the matter they found that the orders laid down by the Privy Council, or some body which had control over the places, had been such that the governors had no power to compel the friends of the patients to take them back. He did not know whether that order was still in existence, but if so it would be well for the committee who might consider the matter, to take it into consideration. When once a patient was sent into the asylum it was difficult to put him out again. For the past years there had been a great increase in the number of inmates, and

the present amount of accommodation was not at all too much.

Mr. Delmege said he would like to direct the attention of the committee to another fact, that of persons getting into the asylum as paupers who were well able to pay for their support. He himself had discovered a patient in the asylum who was the wife of a farmer that had been actually supplying the workhouse with milk, yet he had his wife there, though well able to pay for support.

The matter was then referred to the committee.

#### SLIGO UNION.

##### BEEF TEA A DRUG.

THE Local Government Board wrote in reference to a communication received from the guardians, stating that it was their intention, when they proposed that Liebig's essence should be kept in the dispensary, that it was to be dispensed as a medicine. The Local Government Board failed to see how nourishment could be made a medicine. Beef tea, they said, could only be given in the ordinary way under the Poor Law Act.

The Chairman considered it was a mistake to call Liebig's essence nourishment. They wanted to give it as medicine.

Mr. Higgins—But is it not given as nourishment?

Mr. Collery admitted it was, but the doctors were to be called on to administer it as medicine—just as brandy and wine were given.

The Clerk said brandy and port wine were given under the Poor Law Act, to dispensary patients, through the relieving officers.

Mr. Collery—I do not see the difference between a doctor ordering beef tea and a dose of salts and senna (laughter).

Mr. Lyons—But the effect would be very different (laughter).

Chairman—But this beef tea is allowed to be given in other places.

Mr. Collery—And it must be given as medicine, for it is the doctor who orders it.

Mr. Cogan—He orders gruel, too, and it is not considered medicine.

Mr. O'Brien—Or a leg of mutton.

Mr. MacGill—We might as well call a beefsteak medicine.

Mr. Hunter—We can only give this beef tea through a relieving officer.

Clerk—But the guardians' object is to get half the price of Liebig's essence by using it as medicine.

Mr. O'Brien—I believe it was not the doctors who suggested this thing.

The Chairman believed it was.

It was agreed to again inform the Local Government Board that it was as medicine this beef tea was to be used, and to tell them that it was so given in other unions.

#### A THY UNION.

##### SANITATION.

DR. DARBY, Medical Officer of Health for the Monasterevan dispensary district, called the attention of the guardians to the state of Drogheda Row, Monasterevan, and stated that twelve months ago he reported the matter, and that since the passing of the Public Health Act he had called attention to it three times. He also called attention to a gullet, which was the only means of preventing the houses of the poor being flooded. He had repeatedly written to the late clerk on the matter, but his letters were never laid before the board. In conclusion, Dr. Darby said typhus fever had now broken out in the Row, which he never knew to be in so unsanitary a state as it is at present.

The sanitary sub-officer for Monasterevan, in reply to the chairman, said nothing could be done to remedy the evils complained of by Dr. Darby, until means were devised to carry off the water. The people's houses were in a very bad state.

It was ordered that the sanitary sub-officer consult with the Medical Officer of Health as to the best means of abating the nuisance, and to have his suggestions carried out forthwith.

#### GRAND CANAL STREET DISPENSARY, DUBLIN.

THE election of medical officer for the Grand Canal Street Dispensary was concluded last week, the successful candidate being Dr. C. B. Ball, who obtained 38 votes. The voting for the other candidates was as follows:—

J. Barton, 32; J. D. Mullen, 31; J. K. Denham, 29; J. D. Pratt, 29; F. T. Porter, 28; David E. Flinn, 17; Robert B. M'Vittie, 9; George B. White, 5; H. J. Ingham, 4; R. N. Lyon, 3; W. Beatty, 1; B. F. Knight, 1.

#### KANTURK UNION.

AT the meeting of the Guardians of the Kanturk Union, the election of medical officer to the house, rendered vacant by the resignation of Dr. James P. O'Shaughnessy, was proceeded with. Mr. Daniel M'Cabe proposed the reduction of the officer's future salary from £130 to £90 per annum.

The Chairman would not express an opinion as to the justice of the proposed reduction, but would say there was no necessity for putting or discussing the notice of motion, because even though Mr. M'Cabe succeeded in carrying it, it would not, in his opinion, affect the present election or the position of the doctor. They could not get over the fact that the board had advertised for a doctor at a certain salary, to be appointed that day, and any ruling the sitting board would make as to salary could not interfere with the action of the last board (hear, hear).

On a division there voted—for the proposition 6; against it, 25.

The greatest excitement was evinced in the result of this election, as evidenced by a crowded room, one of the candidates being Dr. Barry, son of the late Dr. Barry, visiting physician to the house for 41 years; and the other Dr. Lebane, nephew of Mr. M'Cabe.

Mr. M'Cabe subsequently announced his nephew had withdrawn from the contest, he having obtained a more lucrative situation elsewhere.

Dr. Barry was then declared duly elected by the chairman.

Mr. Harding, J.P., Charleville, begged to move the following resolution—"That this board cannot pass over the resignation of Dr. O'Shaughnessy, their late medical officer, without expressing their regret on the event, and assuring him that he has merited their earnest thanks and gratitude for his kind and skilful treatment of the numerous sick in this workhouse since his appointment. The board wish Dr. O'Shaughnessy every success in life, and are sure he will reflect, in any new sphere he may be placed in, credit and honour on himself, and distinction on the profession to which he belongs, of which he is a zealous and competent member.

The resolution passed unanimously.

#### SANITATION IN IRELAND UNDER THE GUARDIANS AND LOCAL GOVERNMENT BOARD.

Excerpts from Registrar's Notes for the Past Quarter.

**ANTRIM; Crumlin.**—This district has been remarkably during the last quarter. Inflammatory sore

throat has been rather prevalent within the last month of a diphtheritic character, wanting, however, in the depression and prostration of strength which distinguishes the latter, and with little or no exudation, but still decidedly infectious, as in the instance of one family who received the infection from a casual visitor; when four or five of the members had more or less mild attacks—one only (the mother) suffering acutely, and with a tedious convalescence.

**TANDERAGEE.**—The sanitary condition of this district was most satisfactory up to the 10th December, but since that date about one hundred cases of enteric fever have occurred. I assign the epidemic to the pollution of one of the principal water supplies of the town with typhoid sewerage. This well was the source from which the employees in the Tanderagee Spinning Mill obtained their drinking water. All the cases which occurred during the first fourteen days of the epidemic were clearly traceable to this source; but since that period other centres of contamination are evident. The type of the epidemic is mild, as a rule, although cases of extreme virulence have occurred. Every sanitary precaution is being taken to check the spread of the fever, and provision is being made for the relief of those suffering from it. The dispensary duties have so increased that it has been found necessary to appoint a second medical officer to the district.

**DUNGANNON.**—District healthy; typhoid fever has disappeared since the old pumps in the town have been closed, the water from which was very impure.

**KILKEEL.**—Five cases of diphtheria died out of a total of nine cases which occurred in this district. All of them were in houses situated in low, damp, and ill-drained positions; and were in all cases fatal within eight days.

**AGHALEE.**—During the past quarter there have been two cases of fever and several of simple continued fever. Two deaths are registered as resulting from diarrhoea. The district otherwise very healthy. Sanitary condition of the district rather defective, the inhabitants in a good many cases being unwilling to make any improvement.

**MAGHERAFELT; Magherafelt, W.**—District healthy. No epidemic.

**MONEYMORD.**—The sanitary condition of the farmers' dwellings is passable, but the arrangement of their cottiers' houses are very unhealthy from overcrowding, bad ventilation, want of light, dampness, &c.

**ULLID.**—I again direct attention to the unsatisfactory sanitary condition of the village of Mooncoin.

**WATERFORD.**—I attribute the high death-rate to the cause already frequently pointed out in my reports, namely, the wretched unsanitary condition of the poor and their dwellings.

**CLASHMORE.**—Sanitary arrangements are at a standstill. No decided advance towards a better state of things is reasonably to be looked for, while the habitations of the labouring class, instead of being homes for the people, are a public danger.

**BANDON.**—Having ascertained that two fatal cases of typhoid fever occurred in one of a row of six houses lately erected in a very elevated situation at an out-part of the town, I inspected all the houses, yards, and surroundings, which were perfectly clean, but I discovered that the water-closets of all emptied into a large underground closed-up receptacle for the entire, and no possible escape for the excrementitious exhalations, but back into the houses through the water-closets. This on representation to the Sanitary Board is in process of correction.

**CARRIGALINE.**—Scarlatina has been epidemic here for the past four months; it is now nearly gone. The sanitary state of the town is not so good as it ought to be; it is very difficult to get the yards of small houses (where two or more families reside) kept clean. I forward notices regularly to the Sanitary Board, but it is difficult to get much done.

(To be continued.)

# IRISH POOR-LAW INTELLIGENCE.

## NOTIFICATION OF INFECTIOUS DISEASES.

THE following important petition has been presented to the House of Commons by the Irish Medical Association :—

*To the Honourable the Knights, Burgesses, and Commons in Parliament assembled.*

The petition of the President and Council of the Irish Medical Association humbly sheweth :

That your petitioners are the executive of an association devoted to representing the opinions and interests of the medical profession in Ireland, and includes amongst its members a large proportion of the legally qualified medical men in practice in Ireland. That your petitioners have fully considered the notification of Infectious Diseases (Ireland) Bill now standing for a second reading in your honourable House, and have obtained the opinion of a large majority of the medical practitioners of the city of Dublin upon the chief proposals contained in said Bill, which opinion has been expressed by a majority of nearly two to one against any proposal which would require the medical attendant to notify in writing the occurrence of infective disease either to the sanitary authority or to the house occupier.

Your petitioners confirm the opinion thus expressed, and consider that the provisions of said Bill are not calculated to effect with certainty the discovery of infective disease in those instances in which concealment is most probable, while they will, if passed into law, impose upon the medical profession new functions inconsistent with the efficient performance of their duties towards their patients, and seriously prejudicial to their interests as practitioners.

That your petitioners apprehend that if, as would occur under the operation of said Bill, the visit of the physician be followed by the immediate enforcement of sanitary precautions, a great inducement will be created, in all instances in which it is desired by the house occupier to avoid the application of the sanitary law, to omit sending for a medical attendant, or to defer doing so until the disease had reached a stage in which its treatment would be difficult and ineffective. Your petitioners, therefore, anticipate that the number of undetected cases of infective disease might rather increase than diminish under the operation of the proposed law, while in many instances the chances of restoration of the patient to health would be greatly prejudiced.

Your petitioners humbly submit that the professional and monetary relations existing in Ireland between the physician and his patient are altogether different from those which exist in other divisions of the kingdom, and furthermore, that the methods of application of sanitary law in Ireland are not fairly comparable with those

which exist elsewhere ; and your petitioners therefore submit that a system of notification of infective disease applicable to England and Scotland may prove altogether unsuitable to Ireland, and they are of opinion that any enactment which requires the medical attendant in Ireland to give a written certificate of the disease from which his patient is suffering will be inoperative in many instances, and will tend to increase the evil which it purports to remedy.

Your petitioners are furthermore strongly of opinion that in respect of the fee proposed to be paid for such notification, the penalty imposed for omission to notify, and in other details, the said Bill is altogether objectionable.

Your petitioners, therefore, humbly pray that your honourable House will not pass said Bill.

(Signed) J. CHAPMAN, President.  
R. BROWNE, Hon. Sec. of Council.

## LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MARCH, 1881.

- MARCH 1st.—Phillips, William ; Woodbrook, Portarlington, Queen's county ; Lic. Fac. Phys. and Surg. Glas. 1880.  
7th.—Smith, Michael ; Castlehill, Ballyrooy, co. Mayo ; Lic. R. Coll. Surg. Irel. 1879, Lic. Apoth. Hall Dub. 1879.  
8th.—Patterson, George de Joncourt ; Islanderry, Dromore, co. Down ; M.B. 1880 and B.Ch. 1881 Univ. Dub.  
8th.—Moore, Thomas Charles ; Middleton College, co. Cork ; M.B. 1881 and B.Ch. 1881 Univ. Dub.  
8th.—Gordon, William Spear ; The Elms, Blackrock, co. Dublin ; M.B. 1880 and B.Ch. 1880 Univ. Dub.  
9th.—Cockle, Austin John ; 17 Palmerston Road, Dublin ; M.B. 1880 and B.Ch. 1881 Univ. Dub.  
11th.—Brook, James Stuart ; Company's Agent, East Indian Railway Company, Calcutta ; Lic. R. Coll. Surg. Irel. 1880, Lic. K. Q. Coll. Phys. Irel. 1881.  
11th.—McKee, James Charles ; Crossnamuckly, Newtownards, co. Down ; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.  
23rd.—Studdert, Richard Charles ; 17 Merrion Square East, Dublin ; M.B. 1880 and B.Ch. 1881 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1881.  
24th.—Thunder, Edmund Joseph ; 6 Upper Mount Street, Dublin ; Lic. R. Coll. Surg. Irel. 1877, Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel.  
26th.—Dennis, Ffolliott Reginald ; Milltown Pass, Killucan, co. Westmeath ; Lic. R. Coll. Phys. Edin. 1879, Lic. R. Coll. Surg. Edin. 1879.  
29th.—Scriven, George ; 33 Stephen's Green, Dublin ; M.B. 1880 and B.Ch. 1881 Univ. Dub.

MEMORANDUM, 31st March, 1881.

The following names have been erased from the Register of

the Branch Medical Council (Ireland) during the month of March, 1881, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, or as having been reported dead or ceased to practise, viz.:-

Carey, Thomas; Limerick. Dead.  
Henev, Thomas Henry; Bathurst, West Africa. Dead.  
Price, John Roberts; 15 Upper Mount Pleasant Avenue, co. Dublin. Dead.  
Taylor, Adrian; Kenmare, co. Kerry. Ceased to practise.

### SLIGO UNION.

#### LIEBIG'S EXTRACT AS NOURISHMENT.

THE Local Government Board wrote in reference to the proposal to give Liebig's extract of beef as nourishment, and to leave pots of it in dispensaries as medicines, as follows:-

This cannot be legally administered as medicine by the medical officers, and any expenditure incurred for such a purpose would, consequently, be liable to disallowance by the auditor. The only manner in which legal effect could be given to the views of the guardians in the matter would be to recommend relieving officers to be guided, so far as possible, in the exercise of their powers under section 7 of the Poor Law Relief Extension Act, by the advice of the medical officer as to the most suitable form in which out-door relief by way of food should be administered to dispensary patients.

#### THE MEDICINE CONTRACT.

The Local Government Board directed the guardians' attention to the following extract from Dr. Roe's quarterly return, relating to Carney (No. 1) district:-"Great trouble given by contractor not sending the quantity ordered. Cannot say the medicines are of good quality—I should say inferior."

Mr. Higgins—I knew there were some complaints before from Dr. Roe.

Mr. Rowlett—Did any other of our dispensary doctors complain?

The Clerk did not know of any.

Mr. MacGill thought it strange that only one doctor should complain of the medicines.

Mr. Brennan—It proves Dr. Roe is doing his duty.

Mr. Walker did not look on it in that way. There were as good doctors in the Sligo dispensary district as there were in the union, and yet no complaints were made by them.

Chairman—It is better to let those who will select the medicine contract consider this letter.

Mr. Rowlett was for further inquiry. He considered Dr. Roe should point out in what particular the medicine contractors failed to discharge their contracts.

After some further discussion the matter was left over, as the contract for medicine was to be considered.

Messrs. Leslie were again declared contractor for medicines and medical appliances.

#### THE WHOLESALE ISSUING OF DISPENSARY TICKETS IN COLLOONEY.

The following letter was read:-

Collooney, March 7, 1881.

Sir,—With reference to the resolution passed by the Collooney Dispensary Committee, at their meeting on February 1st, 1881, directing their medical officer "not to act on any ticket not duly filled up and signed personally by the party authorised to do so," I beg to state that a similar resolution was passed by the Collooney Dispensary Committee on the 17th September, 1858, and again on June 2nd, 1873. During my first year of office in Collooney, the number of tickets issued was 1,520, more than half of that number being issued by deputy. The

second year (1880) the number rose to 1,742, nearly 1,300 of that number having been issued by persons not legally authorised to do so. The Local Government Board having asked for an explanation from the committee, the matter was considered, and the resolution above referred to was passed. In Sligo dispensary district, with four times the population of Collooney, with two medical officers and an apothecary to discharge the various medical duties of the district, the number of tickets issued is some hundreds below the number received by me. There has been no epidemic in the district of any kind that can account for the increase in the tickets. That the committee was not exceeding its duty in passing the resolution, nor do I infringe the rules of the Local Government Board when I refuse tickets not legally filled up, the accompanying copy of a circular will testify.

I am, sir, yours faithfully,

JOHN MOLONEY.

Mr. Maguire—That must have only reference to the district about Collooney, for in our district no such tickets are issued.

Mr. G. Simpson said that, as new dispensary committees would be shortly elected, it should be made a rule to knock off members who issued tickets in this way.

Several guardians said that with many it was the practice to sign a book of tickets and leave the blanks to be filled up when an applicant called in their absence.

Chairman—That is not fair.

Mr. Maguire—I know this much, that Dr. Moloney is trying to do his duty. I knew him to visit poor persons without a ticket at all.

Chairman—I always find him most attentive to his duties.

Mr. M'Loughlin—There could be no better man.

Chairman—What should we do now? It does seem a hardship on the doctor, and the dispensary committee declare it so.

Mr. Collery—But the board of guardians refused to adopt the resolution of the dispensary committee, and declined to give the doctor the discretion of attending on a patient or not as he liked. It was left to himself to take what action he pleased.

Mr. Maguire considered he would have a good cause of action if he attended a person on such a ticket who was not properly entitled to medical relief.

Mr. O'Brien—What is to be done if a man has to go away from home—to attend the assizes, for instance? Surely he should have the power to leave a few tickets after him signed for the convenience of the district. Perhaps a person may die for want of medical attendance if a ticket could not be procured.

Mr. Walker was sure there was no fear of that, for under such circumstances the clergyman of the parish could be appealed to, and a note from him would soon secure the doctor's attendance.

Mr. Maguire—And if one member of the committee is away others will be at home.

Mr. Walsh—I find some doctors will only attend once on a dispensary ticket, no matter if the patient requires a second visit.

Mr. G. Simpson—That is not the practice in our district, for the Riverstown doctor attends on the one ticket till the patient is—

A Guardian—Killed or cured.

Mr. Walsh—I know it is the practice in Sligo for a doctor to require a second ticket before he pays a patient, no matter how sick he is, a second visit.

The matter was referred to the dispensary committee

#### THE MEDICINES.

The Clerk reported that Dr. Roe, of Carney district wished that the medicines forwarded to him by the Messrs. Leslie should be analysed.

Mr. Collery considered it was only right that Dr. Roe's request should be acceded to.

Chairman—Certainly ; if he still adheres to his opinion he should be satisfied.

Mr. Brennan—He proved to us before he had good reason to complain of some of this medicine.

Chairman—He ought to specify what medicines he thinks are inferior.

Mt. Colliery said that when the contact for medicines was being last taken he and Mr. Nelson went over the list sent in by the contractors who tendered, and it was most extraordinary to see the difference in prices between some of the tenders. In some cases where the Messrs. Leslie charged only 6d. or 1s. the others charged 5s.

Mr. Walsh—Let Dr. Roe now pick out the medicines he thinks are not of good quality, and let them be analysed. I know he complained of certain medicines before when he wrote to the board on the subject.

Mr. Brennan—He showed where a spurious sort of medicine was sent in place of what he ordered.

Chairman—I think we should call on the doctor to specify some particular medicine.

Mr. Walsh—Let him supply a list of those he thinks are inferior.

Mr. Brennan—He also complained of being short of some medicines.

Mr. Colliery—There were about thirty medicines in the list. He should be asked does he mean all are of inferior quality, or will he be satisfied to have three or four of them tested.

The Chairman considered it would be unfair to ask the County Analyst, who only got a small salary, to analyse all the medicines. A few as a test, should do.

Mr. Walsh—I am of opinion he only complains of a few medicines.

The Clerk was directed to write to Dr. Roe, and the matter dropped.

### TRICHINOSIS.

THE following circular letter was transmitted last week from the Local Government Board to the clerk of each union in Ireland :—

Local Government Board, Dublin,  
23rd March, 1881.

SIR,—The Local Government Board for Ireland desire to state that their attention has been called to the disease which has been attributed to the consumption by human beings of the imperfectly cooked flesh of pigs infested by the worms known as Trichinae, and other similar parasites.

Some very serious diseases in man, of which the chief is named trichiniasis, result from eating the flesh of pigs that have become infested with minute parasitic worms.

It is upon the imported flesh of foreign pigs that suspicion of being thus infested has recently fallen ; but it will be prudent to regard all pigs as liable to parasitic disease, and to remember that the influence of it upon the animal is not nearly so evident as when the disease attacks man.

Under these circumstances the Board think it prudent that special precautions should be taken in regard to this matter, particularly where foreign pork and bacon are concerned ; and they wish to point out that the only known means of avoiding disease in man from this dangerous quality of meat from pigs is by very thorough and effective cooking. To be efficient for the required purpose, the cooking of pork, of hams and of bacon, should be prolonged for about half as much time again as is customary ; the smallest joint should be cooked for not less than an hour, and whatever be the size of the joint, it should not have less than half an hour's cooking for each pound of meat. But, if there is reason for thinking that a particular sample of meat contains the parasites, it ought not, on any account, to be eaten, no matter how it is cooked.

The Board would also remind the Sanitary Authority

of the powers which they possess under sections 132 & 136 of the Public Health (Ireland) Act, 1878, in relation to the sale of diseased, unsound, or unwholesome meat ; and to suggest that the Sanitary Authority should employ their Medical Officer of Health, and Sanitary Sub-officer, to use special vigilance in carrying out the provisions of those sections in relation to the descriptions of meat referred to.

By order of the Board,  
B. BANKS, SEC.

### DISEASED MEAT.

At the Enniskillen petty sessions recently, the Local Sanitary Authority had summoned a man named M'Kigney, for offering for sale in the Pork Market two pigs which were unsound and unfit for human food. Mr. Dundas, sub sanitary officer, proved that his attention had been directed to the animals, and, having seen them, he found they were unfit for human food. He informed Dr. Gamble, who went and saw the animals, and gave a certificate that they were unsound. Dr. Teevan, J.P., afterwards, on the production of the doctor's certificate, gave an order for their destruction. The animals were buried, and the owner of them summoned. The majority of the bench construed the Act to imply that the magistrate himself should have seen the animals before giving the order for their destruction. Mr. Wray read the section (33), and contended that the case might be dealt with either by the justice who saw the animals, or any other justice having jurisdiction. As the bench had a doubt as to the interpretation that should be put on the Act, it was allowed to stand over for opinion of the Law Adviser.

### ALLEGED CONCEALMENT OF DISEASE.

LAST week, Dr. Burke, Local Government Inspector, held an inquiry, at the Bailieborough Union, into the conduct of Dr. Clarke, dispensary doctor, and Mrs. Lancashire, a lady of property in the neighbourhood.

Mrs. Lancashire was charged with bringing a case of typhoid fever to the district.

Dr. Clarke stood charged with co-operating with Mrs. Lancashire.

The evidence went to show that on the 17th November last Mrs. Lancashire had a son in the employment of Mr. Acheson, Portadown, and this lad being affected with typhoid fever was sent home by his employer. It appeared that Mrs. Lancashire, who lived in a cottage between Cootehill and Bailieborough, about a mile outside the latter town, sent a carriage from Bailieborough to meet her son at Cootehill station. When the vehicle returned to the avenue that leads to Mrs. Lancashire's house, she stopped it and refused to admit the diseased boy to her house. Mrs. Lancashire is the landlady of house property in the town of Bailieborough. To one of these houses, a portion of which is unoccupied, the boy was sent by the order of his mother, and it was alleged upon the advice of Dr. Clarke, he was to remain there until he had recovered. These premises were let and sub-let, and were the abodes of several parties. When it became known that a case of typhoid fever was in the town, Dr. Clarke, who is also local sanitary inspector was noticed by a number of citizens to have the boy removed to hospital. Dr. Clarke paid no attention to the notice. Mr. Cooke communicated with the Board of Guardians, but notwithstanding this, it was alleged that the epidemic was permitted to spread.

After hearing the evidence, Dr. Burke said he would submit it to the Local Government Board, and that they would receive the decision of that body after the circumstance was considered.



## SANITATION IN IRELAND UNDER THE GUARDIANS AND LOCAL GOVERNMENT BOARD.

*Excerpts from Registrar's Notes for the Past Quarter.*

**CORK.**—There has been an increase in the number of cases of typhus fever, amounting nearly to an epidemic, during this quarter. The only cause assignable is the late dry, warm, autumn, and the overcrowded lanes in the urban portions of the district and the deplorably dirty habits of the people living in these lanes.

**ANASCAUL.**—Fever has occurred in eight families in the village in which it was prevalent during the summer months. The people of this locality are particularly negligent in carrying out any sanitary regulations.

**GOLEEN.**—It would be impossible that the sanitary state of the district could be worse. The surroundings of some of the drinking wells are disgusting to sight, offensive to smell, and the water is so polluted that in my opinion it is totally unfit for domestic use. The sewerage in the villages is extremely bad, and there are no privies attached to the houses, consequently the public streets are used for private purposes. The poor people surely have very bad dwellings, totally unfit to lodge even the lower animals much less human beings. A great deal of this is caused by poverty, yet improvements could be made, and for a very small public outlay, we could have good sewerage, and good and unpolluted water.

**BALLINA ; Crossmolina.**—There is an outbreak of whooping cough, but none of the cases have, up to the present, proved fatal. The district is free from disease except the above-mentioned. The sanitary laws in most cases are well attended to.

**IRVINESTOWN.**—I had seven cases of typhus in hospital from one house in the Ederney district in this union, all of whom recovered. The medical officer reported the unsanitary state of the place, and the guardians took the necessary steps to remedy it. No other case has occurred in the locality since, and I think the case is one clearly caused by the filthy condition of the house.

**BURT.**—The condition of many of the houses of the poor is by no means conducive to the successful treatment of whooping-cough, particularly when complicated with severe bronchitis. The occupants of these houses are badly protected against the severity of the weather. In some cases the wind gains easy access through the doors and windows, and the rain finds entrance through parts of the roofs, so that it is sometimes necessary to shift the beds to another part of the house to prevent the drops of water from falling on them.

**MANORHAMILTON.**—I brought before the Sanitary Board lately the fact that a pump should be placed over one of the wells in the town, but after passing a resolution to have a pump erected, one of the guardians at a meeting held since, proposed that the former resolution be rescinded, which was done.

**CAVAN ; Killeshandra.**—One widow of a labourer died of apoplexy, aged 105 years. The wretched sanitary condition of the town of Killeshandra has been frequently brought under the notice of the sanitary authorities I have recommended new sewers, and were it not for the natural healthy situation of the town we would never be free from fever and other infectious diseases, the result of filth, bad sewers and stench.

**MOHILL.**—Typhoid fever has been prevalent in the town of Mohill, and in some parts of the rural district during the quarter ; nine of the deaths registered were caused by it. I consider the outbreak in Mohill due to defective sanitary arrangements in the first instance, and also to the apathy and indifference shown by the

relatives of those afflicted in not calling in medical aid in time, and in not having the cases isolated from the rest of the family in the early stage, by removal to hospital. I may further add that the barbarous habit of waking the dead, which still exists, has had something to do with spreading the disease, as I distinctly traced the illness of an entire family to the fact of one of its members having attended the wake of a party who died of typhoid fever, where he caught his disease, from which they all subsequently suffered. I may observe with respect to the defective sanitary arrangements, that though my reports and suggestions have been to some extent carried out by the sanitary authority, yet still much remains to be done.

**KILLERORAN.**—The supply of clothing was the best disinfectant we have had. When we commenced distributing the bed clothes we had forty cases of fever, and the last case reported was in October last. There are other sanitary measures much required in the district ; if any possibility of carrying them out will show itself, we will be happy to suggest the remedy, but at present the hope of using them is remote.

**LOWPARK.**—The sanitary state of my district generally, but especially of Charlestown, is in a most defective condition. Last year there was an epidemic fever, and I very much fear its recurrence, unless precautionary measures are adopted. I am making a general inspection of the town with a view to a full report, but since my appointment have been so inundated with red tickets, that I have not had time to complete it yet. There are but two privies in the street where I reside, and no sewerage of any kind ; the smell sometimes, even in my own house is I have no doubt, sufficient to cause disease. During a recent inspection I saw lime which was given out for the purpose of whitewashing, when the fever was prevalent, lying unused in some of the houses.

**LOUISBURGH.**—The present satisfactory condition of the public health has been brought about chiefly by the improved circumstances of the people as to food. I regret that I cannot anticipate being able to make an equally satisfactory return next quarter, there being in the district a great number of persons who have failed to make sufficient provision for their maintenance during the spring and early summer.

**KILMACTHOMAS.**—I regret to say that the sanitary law is but very spasmodically and ineffectually put in force by the Sanitary Authority. The wretched state of the cabins occupied by the agricultural labourer is deplorable in the extreme. Manure heaps and cesspools, bad roofs, allowing the rain to come in, want of separate sleeping accommodation for the sexes. These are some of the many evils which contribute so powerfully to the social and moral degradation of our poor people, and which, I trust, a wise legislature will endeavour to remedy by compelling owners of land to keep suitable abodes (at least wind- and water-tight) for the use of the agricultural labourers. The water supply in the village of Newton, alluded to in my last report, is still deficient. Two remarkable cases of longevity occurred during the quarter, one old man being 106 years, and another 112. Making allowance for exaggeration, they must have been, indeed, very old, one of them having taken an active part in what he called the "risin," or the rebellion of 1798.

**TRALEE.**—Eighteen cases of fever came under my notice during the quarter. Five deaths from it were registered. I cannot say much for the sanitary improvements. About twelve months ago I drew the attention of the authorities to the wretched crowded habitations of the labouring classes, badly constructed houses with filthy back-yards, many of them mere cess-pools. I also reported on the vile habit of slaughtering animals in dwelling-houses, and on the general want of drainage in the town ; these nuisances are still in existence.

# IRISH POOR-LAW INTELLIGENCE.

## THE LUNACY LAWS ASSIMILATION (IRELAND) BILL.

THIS important measure, intended to extend to Ireland some provisions of English and Scotch law as to the care of lunatics, has been introduced by Mr. Litton, M.P., Mr. Findlater, M.P., and Sir Thomas M'Clure. It is practically the same as Lord O'Hagan's Bill of 1879, which got its second reading in the Lords, but which Lord O'Hagan did not proceed with, as he became Lord Chancellor for Ireland shortly afterwards, and its object is fourfold :—

1. To provide for the boarding out of harmless lunatics, so as to relieve the asylums, and thus make room in those institutions for curable cases.
2. To enable lunatics in the incipient stage to be sent to asylums before the malady has become confirmed, and before the lunatic has become so intent on committing a crime as to be brought under the operation of the Dangerous Lunatics' Acts.
3. To provide for periodical supervision of those "boarded-out" lunatics by the dispensary medical officer of the district, in order that their proper and orderly maintenance may be ensured.
4. To give power to the guardians to vote outdoor relief to a family when one of its members is a lunatic or idiot, the existing power being restricted to the head of the household.

This fourfold object the Bill seeks to achieve by extending to Ireland 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 in counties and boroughs, and for the maintenance and care of pauper lunatics."

These sections are (in abstract) as follows :—

Every pauper lunatic not in an asylum . . . shall be visited once in every quarter of a year by the medical officer of the parish (dispensary district), and such medical officer shall be paid the sum of 2s. 6d. 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 of all such lunatics, and shall state therein whether 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 deliver or send such list to the (inspector). . . .

Every medical officer who shall have knowledge that any pauper resident within the district is a proper person to be sent to an asylum, shall within three days give notice thereof to a justice of the peace, and thereupon the said justice shall require such relieving officer to bring such pauper before him, 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, and if such justice be satisfied that such pauper is a proper person to be detained under care and treatment, he shall direct such pauper to be received into the asylum.

Every constable and every relieving officer who shall have knowledge that any person wandering at large (whether or not such person be a pauper) is deemed to be a lunatic, shall immediately cause such person to be apprehended and taken before a justice, and every constable and every relieving officer who shall have knowledge that any person not a pauper and not wandering at large is deemed to be a lunatic, and is not under proper care or control, or is cruelly treated or neglected, shall within three days give information thereof upon oath visit to a justice, and such justice shall either himself and examine such person, or by an order under his hand and seal direct and authorise some physician, surgeon, or apothecary to visit and examine such person, and make such inquiry, and to report in writing ; 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 or any relieving officer to bring him before any two justices, 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 it necessary, and it shall be lawful for the said justices to direct such person to be received into such asylum as hereinafter mentioned.

If any medical officer omit for more than three days . . . to give such notice thereof as is hereinbefore required, such medical officer shall . . . forfeit . . . ten pounds.

If any relieving officer refuse or wilfully neglect to execute orders with all reasonable expedition, he shall forfeit . . . ten pounds.

Where application is made to the inspector by any relative of the pauper lunatic confined therein, requiring that he shall be delivered into the custody and care of such relative or friend, it shall be lawful for them, upon the undertaking in writing of such relative . . . that such lunatic 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 inspectors, 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 terms as follows :

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, other than quarterly visitations of pauper lunatics, 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.

### ABUSE OF DISTRICT LUNATIC ASYLUMS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the *Medical Press* of the 16th inst., I have observed the proceedings of the Coleraine Board of Guardians respecting the grievance of a board of guardians being called upon to pay the fees to the medical officers for the examination of dangerous lunatics, in persons who were in good circumstances, and as there is some misconception on this point, I think it advisable to draw attention to the fact that the law amply provides against an imposition of the kind. The 16th Section of the 38 and 39 Vic., cap. 67, is as follows :—

#### LUNATIC ASYLUMS (IRELAND).

38 and 39 Vic., cap. 67.

Sec. 16.—Where any person shall be confined in any district lunatic asylum as a patient, it shall be lawful for a court of summary jurisdiction, in case it shall be proved to the satisfaction of such court, that such patient has an estate applicable to his maintenance, and more than sufficient to maintain his family (if any) by order to require the relation, or other, the person in receipt of the income of such patient, within one month after the service of such order to pay the charges, of the examination, removal, lodging, maintenance, clothing, medicine, and care of such patient, and within one month from the time in such order respectively specified to continue to pay, so long as such patient shall remain in such district lunatic asylum, and in case such charges shall not be paid within the times respectively prescribed, it shall be lawful for the resident medical superintendent of such district lunatic asylum to make such application under the Lunacy Regulation (Ireland) Act, 1871, to the Lord Chancellor of Ireland . . . as he may be advised to apply to the court of summary jurisdiction, and thereupon it shall be lawful for such court, on proof of the service of such order, and of the non-payment of such charges respectively in accordance with the terms of such order by an order to direct the superintendent, or an officer of such district lunatic asylum, to seize so much of any money . . . goods and chattels, and so take and receive so much of the rents and profits of the lands and tenements of such patients . . . as may be necessary to pay such charges.

I may observe that in 1874, the attention of Sir Michael Beach was prominently drawn to the very great abuse of persons with available means being treated as patients in district asylums gratuitously. And on these representations, the late Chief Secretary for Ireland adopted the principle of liability for maintenance in his bill, which soon after became law.

The question may reasonably be asked, is the law put into force, regarding that class who avail themselves of treatment in a district asylum, and who are properly made liable for the expenditure incurred? The attention of the inspectors of lunatic asylums to this matter is desirable with a view to checking this abuse, and thus lessen the burthen on both the ratepayers and the Government, who give a large capitation grant.

I am, yours, &c.,

OBSERVER.

26th March, 1881.

### BOYCOTTING BY RED TICKETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—It has been said, "A rose by any other name smells as sweet," so I conclude "Boycotting" under any other form is just as bitter; and a form of it has long existed, and often been exposed in the pages of the *Medical Press and Circular*, where the dispensary medical officer has been Boycotted by unlimited abuse of red tickets, &c.; and though I have regularly studied your pages for nigh thirteen years, and read accounts of numerous, and often merely whimsical, reports of neglect, which showed the animus, if they had the opportunity, against medical men, which were duly received and examined into by the Local Government Board, I cannot remember a single case where the Board have interfered for the abuse of their authority by guardians and other members of committees—or, have the Board any power to interfere?

I believe I am—lately, especially—made a target for this sort of injustice by a few members of the now universal Land League, not having joined that aristocratic body, and having done some few acts not agreeable to them, they doubtless look on me as the wrong man in the wrong place, as, by a metamorphosed committee, and that freedom or control from their betters Mr. Gladstone is bestowing, they could now elect a man to their choice in political and religious sentiment, which is generally the necessary qualification for office. There are now four members (three of whom I have crossed during my term of office; the fourth is a relative) on the committee. One of them collected a large heap of offensive manure near my residence, which I had to get rectified. Another committed a grievous assault, and on my evidence was mulcted in £100 damages. The third I reprimanded for poaching on my premises. For these offences on my part, and other independent acts, I have received a red ticket brought to my house by the patient (this is not quite a new thing); I have also been supplied with a red ticket marked "urgent" for a case of sub-acute rheumatism I was in attendance on. I may say I have had tickets marked "urgent" for chronic cases before. The poor people stated afterwards they did not ask for the ticket, and would not have come for me so soon only it was brought to them, and they were told I would be made to go. I believe the reason it was issued was because I happened to be from home. The party refused to go for my substitute (I believe the issuer thought I had none), a few miles further, which did not exhibit much anxiety on their part. On my man driving for my substitute, and bringing him to the case, he has recorded his opinion there was no urgency in it. Doubtless this is only the commencement of a combined attack. Most of the other members have declined to join this league against me, but they will not attend, or take any part in redressing grievances, so I let them lie in abeyance at present. Although of such long

experience in discharging my duties, I should be glad of any advice you can afford, to try and rectify such matters, if such can be given—or is it “a disease past cure,” bred and born of the system of which the law, as at present, allows advantage to be taken.

Yours truly,

IGNORAMUS.

### THE LATE POOR-LAW INQUIRY AT BAILLIEBOROUGH.

THE Local Government Board have addressed a letter of which the following is an abstract to the Guardians of the Baillieborough Union :—

“SIR—The Local Government Board desire to inform the Guardians that they have received from their Inspector, Dr. Burke, his report of the inquiry respecting the cases of fever in the town of Baillieborough, and the apparent cause of the outbreak of the disease, and into the charge that Dr. Clarke co-operated with Mrs. Lancashire in placing her son, when suffering from fever in a house situated in the town, and occupied at the time by other persons.

“It appears from the evidence that Mrs. Lancashire was informed by telegram that her son, Heuston, was being sent home ill from Portadown, and not having sufficient accommodation in her own house she determined on placing him in an unoccupied shop on the ground floor of a house owned by her in Baillieborough, the upper part of which house was occupied by an Acting-constable and his wife; having so determined Mrs. Lancashire made arrangements for the conveyance of her son from the railway station. She proceeded with him to Baillieborough accompanied by Dr. Clarke—who in compliance with a request received from her that day had reached her residence at the same time as her son, and to whom she then communicated her intention of sending her son for treatment to Baillieborough. At this time Mrs. Lancashire was not aware of the actual nature of her son's illness, the disease not having sufficiently developed itself to enable Dr. Clarke to offer a decided opinion, but she ‘feared it would turn into fever,’ that disease being at the time prevalent at Portadown. Dr. Clarke pronounced the disease to be typhoid fever, and young Lancashire remained in the house during the entire course of the fever, which extended over a period of three or four weeks when it terminated in his recovery.

“Meanwhile, Dr. Clarke was served with notice requiring him to ‘have Mrs. Lancashire's son removed to the proper place for treating such contagious and dangerous diseases.’ He at once informed Mrs. Lancashire of this notice, but she refused to have her son removed stating that the house in which he was being treated was her own property and in her own possession and in submitting the case to the Guardians for their instructions Dr. Clarke was, it appears, informed by them that he had no power to interfere with Mrs. Lancashire in the exercise of her discretion; and here it is observed that in removing her son into Baillieborough for treatment in the first instance, Mrs. Lancashire most distinctly declares that she acted solely on her own responsibility. Her evidence generally, therefore, corroborated as it is by that of Dr. Clarke is, in the opinion of the Local Government Board, sufficient to prove that the latter did as alleged ‘co-operate with Mrs. Lancashire in placing her son when suffering from fever in a house occupied by other persons,’ and Dr. Clarke must therefore be held exonerated from culpability in regard to his action in the matter as medical officer of health.

“With respect to the alleged connection between the introduction of young Lancashire's case, and the subsequent outbreak of fever, the medical gentlemen examined

are unanimous in declaring that the defective condition of sewerage and water predisposed the inhabitants to suffer from typhoid fever.

“The Local Government Board feel therefore that they cannot too strongly impress upon the Guardians the great necessity of their immediately considering as to the best means of providing a remedy for these defects. The present would appear a most suitable season for the execution of such works as may be determined on for the purpose, and no time should be lost in the execution of the requisite preliminaries.

“You will be good enough to return the evidence when no longer required by the Guardians.

“By order of the board,

“B. BANKS, Sec.”

### SOUTH DUBLIN UNION.

DR. MACCABE, L.G.I., mentioned that the medical officer of the Meath Street Dispensary had complained to the Local Government Board of the condition of the premises. He had appealed to the Local Government Board to use their influence with the Board of Guardians, who are the custodians of the premises, and he thought as long as the condition of management required the medical officer to be resident, and that his family were there, the Board should see that the premises be not injurious to health.

Sir G. Owen said the premises were now under observation and were being looked after.

Mr. Shackleton said he was acquainted with the premises, and undoubtedly they wanted cleaning and painting, but if the place was gilt he did not think it would be suited to its purpose. As for its condition now, the house was wholly unfit for the business to which it was applied.

Mr. Callow, explained that the premises were about to be improved pending the selection of a site for a new building.

The following letter was received from Dr. George Owens :—

GENTLEMEN,—I beg respectfully to call your attention to the case of an inmate named Esther O'Neill, at present in the union. The facts of the case are as follows—She was admitted into this house some years ago, and during the past three years on several occasions did attempt to commit suicide. She was convicted before the magistrate of the offence, and she was also sent as a dangerous lunatic to the Richmond Asylum. She was discharged and sent under my care, I had her placed under strict observation, and I observed her getting into a dangerous form of mania. I thoroughly examined her and found she was a dangerous lunatic. I had her transferred to the lunatic department, where there is every accommodation for her, but Dr. Jennings refused to admit her, and on other occasions has done a similar thing. I submit for your approval what I have done, and ask you to advise what further steps I am to take.

I am, &c,

GEORGE OWENS.

After some conversation, it was resolved that Dr. Jennings be called upon to explain to the board why he acted as described by Dr. Owens.

At the following meeting of the board the clerk read a letter from Dr. Jennings in answer to the request of the board that he would let them know his reason for refusing to admit a woman named Esther O'Neill, who had on several occasions made attempts to commit suicide. Dr. Jennings said he had examined the woman. She had at intervals, during the many years she was in the house, shown a violent temper, but when she was sent to him by Dr. Owens she was not accompanied with any certificate of insanity. He (Dr. Jennings) considered she was per-

fectly rational, and being unacquainted with her history, he was of opinion that he should not consign her to a confinement amongst lunatics, and which he believed would have a most injurious effect on her mind, as the woman was of a very melancholy disposition, and suffered sorrow on account of her ill-spent life. This made her peculiarly unfitted for detention amongst lunatics. The Central Asylum should receive all dangerous lunatics, the work-house asylum being only intended for harmless imbeciles.

Mr. Shackleton had seen the woman, and thought Dr. Jennings had acted properly, and was of opinion that, although in some of her replies to his questions she appeared to be under a delusion, she was perfectly quiet, and he thought she should not be sent to the lunatic department, but kept under supervision in No. 2 Ward. He thought the affairs of the house should be under the control of one medical officer.

It was then resolved to send O'Neill to be kept under supervision.

### MOUNTMELICK UNION.

#### THE ANTICIPATED RESIGNATION OF THE MEDICAL OFFICER.

MR. CULLEN mentioned that he had been canvassed already by several medical officers for the position of medical officer in the house. Now, he thought it would be very wrong for that board to encourage "plurality." It would be right, he thought, to let these candidates know that the board would not sanction or approve of giving two appointments to one man. It was in the interest of the ratepayers that he said so.

Mr. Cobbe proposed the following resolution:—

"That we find several dispensary doctors are seeking the influence and vote of the guardians of the Mountmellick union, we ask the Local Government Board to signify their intention on the subject, viz.: whether the Local Government Board will sanction the wishes of the said guardians of said union in dividing the medical situations of the house and of the Mountmellick dispensary, so as that it will be more in the interest of the poor of a large district of mountain range; so that the said medical officers may not be led into the belief that they may have friends enough to carry both situations, by appointing one officer to the public detriment."

Mr. Sheane did not know how the resolution would bind the dispensary committee.

Mr. Cobbe said it did not bind any one. They were asking for an expression of opinion from the Local Government Board.

The resolution was passed.

#### THE WORKHOUSE AND DISPENSARY MEDICAL APPOINTMENTS.

The following letter was then read:—

"Dublin, 22nd April, 1881.

"SIR,—The Local Government Board for Ireland acknowledge the receipt of minutes of proceedings of the board of guardians of Mountmellick union on the 16th inst., containing a resolution inquiring whether the Local Government Board would sanction a proposal to separate the offices of medical officer of the workhouse and medical officer of the Mountmellick dispensary district, and in reference thereto, the Board desire to state that inasmuch as neither of the offices in question is at present vacant, they are not prepared to offer an opinion on the subject.

"By order of the Board.

"B. BANKS, Sec."

### CAVAN UNION.

#### PAYMENT OF SUBSTITUTES.

The Chairman next read the following letter:—

"SIR,—I enclose a receipt for £23 2s received from the

Cavan Board of Guardians on account, for my services as *locum tenens* to the Arva Dispensary District. I beg leave to say that as I got no intimation from the Board of their intention of only paying me at the rate of £1 1s per week (from the 7th of March until the 4th of April), until my time had nearly expired. I therefore trust the Board will reconsider the matter, and not oblige me to use more stringent measures to recover the balance.

"I remain, truly yours,

"JOHN J. EGAN"

"Coranary Lodge,

"April 18th, 1881.

"DEAR SIR,—At a meeting of the Committee of Management of the Arvagh Dispensary District it was resolved unanimously that it is the opinion of the Committee, that under all circumstances of the case, and considering the satisfaction he afforded while in charge of the Dispensary District as *locum tenens* during the severe illness of Dr. Buchanan, we consider that Dr. Egan should be paid at the rate of £2 2s instead of £1 1s for the last four weeks of his appointment; and we earnestly hope the Board of Guardians will accede to this our request as we were gratified to be able to obtain the services of one who could devote the entire of his time to the duties of the office.

"By order,

"LOUIS GREER, Hon. Sec."

The Clerk said he wrote to the Secretary on the Thursday after the Board decided upon paying him only £1 1s per week.

The Chairman suggested that they should make some rule as to the payment of *locum tenens*; he thought they should give them only 21s. per week and let the Doctor pay the balance; last year they cost the Union close upon £100.

Mr. Duignan approved of the suggestion.

Mr. M'Cann—If we had a fixed rule it would save us a great deal of trouble.

Mr. Faris believed Dr. Egan will certainly process the Board unless they pay his claim.

### SLIGO UNION.

#### PRECAUTIONS AGAINST EPIDEMIC.

THE Committee discussed the out-break of fever in the district.

It appeared that this girl was, with others, a work girl in the employment of a dressmaker, who recently died of fever.

Mr. Walker said it was important that proper steps should be taken to prevent fever being treated in crowded houses or streets.

Mr. Gillmor—This case was seven days in existence before it was reported to the doctor.

Mr. Woods—Everything the Corporation could do, as a sanitary authority, has been done, and the Mayor has got instructions to lay out any sum which may be necessary to prevent contagion.

Dr. Murray said that when there was fever in a house the parties kept it secret.

Mr. Walker—But, when it is found out, have we no power to remove a patient to prevent contagion?

Chairman—We have power to proscribe the place, and prevent any communication with it.

Dr. Laird—I think that when a case is dangerous to health you can remove a patient upon a magistrate's warrant.

Mr. Gillmor—You must have a sworn information first. Mr. Walker was sure the doctors, when necessary, would not refuse to swear such an information.

Dr. Murray said he would, while acting as dispensary doctor, prefer to have such cases removed to the fever hospital.

The members of the committee considered that the doctor had done all he could do under the circumstances.

# IRISH POOR-LAW INTELLIGENCE.

## CORRESPONDENCE.

### LUNACY FEES.

THE following official communication has been recently sent to the Magistrates at Petty Sessions, Drogheda, in reply to their inquiry as to whether the certifying of dangerous lunatics is within the official duty of the dispensary medical officer :—

Dublin Castle,  
March 9th, 1881.

GENTLEMEN,—I am directed by the Lord Lieutenant to inform you, that your letter of the 28th ultimo, relative to payment of fee demanded by medical officer for signing medical certificate, having been submitted to the law adviser, he has given the following opinion thereon :

“The magistrates in this case ought to make an order under 38 and 39 Vic., chap 87, for payment to Dr. Murtagh of a reasonable fee, I do not think he can be legally compelled to give a certificate unless this be done.”

I am, gentlemen,

Your obedient servant,

T. H. BURKE.

### SUCCESSFUL RE-VACCINATION.

THE following letter appeared in the Dublin morning papers of Friday last :—

SIR,—From the report of the judgment delivered by the Court of Queen's Bench in the case of *Duncan v. the Guardians of the Omagh Union*, as reported in your issue of Thursday, it would naturally be supposed that Dr. Duncan had claimed payment for a number of unsuccessful vaccinations, and, upon a point of law had recovered from the guardians fees to which he was not equitably entitled, inasmuch as his operations had failed. As this misconception of the facts would place in a false position before the public both Dr. Duncan and the Irish Medical Association, at whose instance he contested the point, I take leave to explain the sense in which the word “successful” is used in connection with re-vaccination.

A primary vaccination of a child who had not been effectively vaccinated before ought to produce a characteristic vesicle, and a primary vaccination is, therefore, not paid for unless it produces the test of success. A re-vaccination, however, in every case in which the protective influence of the first vaccination continues to exist, produces either no vesicle at all or an abortive one. Therefore a re-vaccination, though it is not and is not expected to be “successful” in the sense of producing a vaccine vesicle is quite effective for the purpose for which it is performed, i.e., to prove that the patient is still under the influence of the original vacci-

nation. It is to prove the security of the patient and to protect anew those whose protection had become weakened that re-vaccination is performed, and it is quite successful when it effects either of these objects. The Act of Parliament, as pointed out by the learned judges, fully recognises, and was constructed to recognise this distinction between success in vaccination and in re-vaccination, and the Local Government Board has carefully pointed out that if a vesicle be not developed, the vaccination is not the less successful in the object for which it is performed. It is needless to observe that if the law were as the Omagh guardians thought it to be, vaccination would cease and small-pox would flourish, because the public vaccinator would certainly not trouble himself to re-vaccinate knowing that in nine cases out of ten no vesicle would appear, and, if this were the test of success, he would in such cases get no fee. The judgment of the court establishes the law that a re-vaccination performed satisfactorily entitles the operator to his fee whether or not it is successful in producing a vesicle.

I am, Sir, yours, &c.,

ARCHIBALD H. JACOB.

23 Ely Place, May 19, 1881.

### DROMORE WEST UNION.

#### DRUG CONTRACT.

THERE were four tenders for medicine, three from Dublin, and one from Messrs Hoffe and Co., Ballina. They were referred to Drs. Mahon and Scott for comparison and report, who reported in favour of Messrs Hoffe.

Dr. Scott—I find in some of the tenders articles seldom or never used put down almost nil, while the articles in chief use are pretty high. These latter articles are charged for more moderately by Mr. Hoffe.

Mr. Boyd said he knew instances where medicines given out were useless.

Messrs. Hoffe's tender was then accepted.

### DRUMQUIN DISPENSARY.

A MEETING of this committee was recently held for the purpose of making a temporary appointment to the vacancy created by the death of Dr. Johnston; Dr. Corry, Carrickmore, received the appointment.

The following resolution expressive of sympathy for Mrs. Johnston was unanimously adopted by the Committee, and copy of same directed to be sent to her—  
“Resolved, that we, the members of the Drumquin Dispensary Committee beg to convey to Mrs. Johnston our heartfelt sympathy in her present sad bereavement in the loss she has sustained by the very sudden and unexpected death of her beloved and affectionate husband. We also



desire to express that by the death of Dr. Johnston the committee have been deprived of the services of an efficient and dutiful medical officer, and the poor of the district in which he resided of a kind hearted and benevolent gentleman."

LIST OF ENTRIES IN THE REGISTER OF THE  
BRANCH MEDICAL COUNCIL (IRELAND) FOR THE  
MONTH OF APRIL, 1881.

APRIL 8th.—Caldwell, Wm. Hamilton; Coleraine, co. Derry; M.D. 1880 and M.Ch. 1880 Q. Univ. Irel.

12th.—Reid, Godfrey Forrest; The Elms, Londonderry; M.B. 1881 and B.Ch. 1881 Univ. Dub., Lic. Mid. K. Q. Coll. Phys. Irel. 1881.

14th.—Martyn, Geoffrey Theodore; Spanish Town, Jamaica; Member R. Coll. Surg. Eng. 1869, Lic. 1870 and Lic. Mid. 1870 K. Q. Coll. Phys. Irel.

14th.—Aird, Thor. Wilson; Templetown, South Shields, co. Durham; Lic. Apoth. Hall, Dub. 1880.

21st.—Wallace, Thomas; Mortalstown, Kilfinane, co. Limerick; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.

21st.—Daly, Patrick Arthur; 83 Leinster Road, co. Dublin; Lic. R. Coll. Surg. Irel. 1880, Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel.

MEMORANDUM.

The following name was omitted in error from the General Register for 1881, viz.:

June 29th, 1859.—Willis, Thomas; 34 Upper Ormond Quay, Dublin; Member R. Coll. Surg. Eng. 1851, Lic. Apoth. Hall, Dub. 1854, M.D. St. Andrews 1867.

MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of April, 1881, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, or as having been reported dead or ceased to practise, viz.:

1872.—Kelly, Peter; Seafield Walls, Shetland. Dead.

1858.—Cryan, Robert; 54 Rutland Square, W., Dublin. Dead.

1876.—Gorman, Patrick; Carrickmacross, co. Monaghan. Dead.

1859.—Taylor, Adrian; Clonlough, Kenmare, co. Kerry. Ceased to practise.

1858.—Twigg, Richard; Clogher, co. Tyrone. Ceased to practise.

1859.—Ryan, John; Ballinacolly, Ennis, co. Clare. Ceased to practise.

1859.—Hamilton, Wm. Richard; Delgany, co. Wicklow. Ceased to practise.

1868.—Sharpe, William; Army Medical Department. Ceased to practise.

1859.—Willis, Thomas; 18 Fortescue Terrace, Rathmines, co. Dublin. Dead.

1867.—MacMullen, Richard; Army Medical Department. Dead.

1872.—Peele, Edward; 41 Lower Baggot Street, Dublin. Dead.

1880.—Moloney, Denis; Brozna, co. Kerry. Dead.

1864.—Horan, Patrick Callan; Whitehaven. Dead.

1859.—Long, Oliver Joseph; Portarlinton, Queen's co. Dead.

1859.—Tydd, Benjamin; Army Medical Department. Dead.

1858.—McManus, James Henry; New Street, Longford. Dead.

1880.—Foley, Michael Doyle; Killorglin; co. Kerry. Dead.

1858.—Stokes, Gabriel; Mullingar, co. Westmeath. Dead.

1872.—Stanistreet, Thomas Dawson; Cowbridge, Glamorganshire. Dead.

1866.—Longheed, William; Army Medical Department. Dead.

MEMORANDUM.

The following names have been restored to the Register per order of Council, viz.:

July 24th, 1864.—McCarthy, John Winspeare; 1 Clarendon Terrace, Leytonstone Road, Stratford; M.D. Q. Univ. Irel. 1864, Lic. R. Coll. Surg. Edin. 1864.

Dec. 24th, 1877.—Dedrickson, Robert Forrest; 4 Chouinghee, Calcutta; Lic. R. Coll. Phys. Edin. 1877, Lic. R. Coll. Surg. Edin. 1877.

August 3rd, 1874.—Forster, John Burke; Rinroe, Corofin, co. Clare; Lic. R. Coll. Surg. Irel. 1873.

IRISH MEDICAL ASSOCIATION.

REPORT OF THE COMMITTEE OF COUNCIL,  
For the Quarter ended 25th March, 1881.

(Read and adopted at the Meeting of Council held 25th March, 1881.)

DR. J. W. MOORE, President of Council, in the chair.

MR. CHAIRMAN AND GENTLEMEN,—During the past quarter one Special General Meeting of the Association and one Special Meeting of the Council have been held; the Committee of Council have held sixteen meetings, and eight new names were added to the list of members.

SUPERANNUATION OF MEDICAL OFFICERS.

A special general meeting of the Association was held on 15th January last, to consider the subject of superannuation of medical officers of the Poor-law service, when the following resolutions were adopted:—

1. "That a superannuation allowance of the full pay and emoluments should be claimable as a matter of right, upon retirement, by all medical officers of the Poor-law service who have served forty years."

2. "That a superannuation allowance of two-thirds of the salary and emoluments should be claimable as a matter of right, upon retirement, by all medical officers of the Poor-law service who have served thirty years, or who have become incapable of performing their duties with efficiency by reason of old age (such age being not less than sixty years), or permanent infirmity of mind or body."

3. "That any medical officer in the Poor-law service not qualified, as aforesaid, to claim the maximal pension, shall be entitled upon retirement, at any time after a period of ten years' service, to a retiring allowance of one-fortieth of his salaries and emoluments at the time of his retirement for every year served."

4. "That the period of service of a medical officer in the Poor-law service shall comprise all the years he held office as such, whether in one or more unions, and that his superannuation allowance shall be computed thereon; the Local Government Board having power (in the event of such officer having served in more than one union) to decide whether his pension shall be payable wholly by the union in which said officer last served, or partly by each said union, proportionately or otherwise, as the said board shall deem expedient."

5. "That the Committee of Council do take immediate steps to have a Bill embodying these resolutions, drafted by counsel and submitted to Parliament; and that the Committee of Council are hereby authorised to accept on behalf of this Association the best terms obtainable, after due exertion, for a system of compulsory superannuation on the lines above laid down, or as near thereto as may be."

A deputation from the Committee of Council waited upon Mr. Meldon, M.P., within the past few days, to consult with him on the subject of compulsory superannuation of Poor-law medical officers, when he suggested the advisability of an interview with the Chief Secretary, and the Committee of Council are now seeking for the receipt of a deputation to the Chief Secretary, to discuss with

him the merits of a Bill to provide for compulsory super-annuation of Poor-law medical officers, based upon the terms of the above resolutions.

The Committee of Council consider that a measure containing such provisions would, if enacted, prove thoroughly satisfactory to the medical officers of the Poor-law service, and although every effort shall be made to obtain such desirable terms the Committee of Council, nevertheless, consider that as the proposal of the first resolution is unprecedented as a legislative enactment, it can hardly be considered obtainable.

**MEDICAL REFORM.**

In the last report of the Committee of Council it was stated that they had been successful in bringing about a conference of the various organisations representative of professional opinion, and that that conference had arrived, with unanimity, at a series of resolutions, upon which it was intended to frame a Bill for introduction to Parliament, to express the opinions of medical practitioners throughout the kingdom. That Bill, of which a copy lies on the table for your inspection, has since been introduced by Mr. Hardcastle, Dr. Farquharson, and Sir Trevor Lawrence, and stands for a second reading on the 29th of June. Its provisions are in complete conformity with the policy adopted by this Association, the principles of which have been confirmed and accepted by the leading representative organisations in England with an unanimity which cannot fail to be gratifying to the Council. Shortly after the introduction of the Bill, the Vice-President of the Privy Council, Mr. Mundella, was interrogated by Mr. Errington, M.P., as to the intentions of the Government upon the Medical Reform question, when he stated that it was not their intention to deal with the matter, but they would consider the propriety of submitting it to a Royal Commission, which course has been since decided upon. The Commission has not yet been appointed, nevertheless the effect of this determination will be to postpone until next session all projects of medical reform, and to re-open the inquiry which had been partially held before the Select Committee of the House of Commons last year. The Committee of Council—while approving of the fullest inquiry into the state of our profession, the medico-educational system, and the execution of their functions by the General Medical Council, and feels confident that minute examination of the question will confirm the policy adopted by the Association—nevertheless, are of opinion that the facts which justify a thorough reform of the system are already so fully recognised and understood that a further inquiry by a Royal Commission will produce no beneficial result, while it will cause a regrettable delay in the settlement of the medical reform question. When the Commission is appointed, the Committee of Council will apply for leave to be heard in evidence before it; and in case that application be granted, the influence of the Association will be exerted to advance its policy.

**NOTIFICATION OF INFECTIOUS DISEASES (IRELAND) BILL.**

A Bill to provide for registration of infectious diseases in Ireland has been brought in by Messrs. Gray, Brooks, and Barry, which empowers the Local Government Board, upon the application of any sanitary authority, to declare its provisions in operation within the district of such authority.

That Bill proposes that the duty of giving notice to the sanitary authority shall be compulsorily imposed on the medical attendant, who, for his certificate, is to be paid a fee of one shilling, but nothing for any case of the same disease occurring in the same house within thirty days of the date of the first certificate.

The Committee of Council deemed it advisable to take a plebiscite of the medical practitioners residing in the Dublin sanitary district on this question, and accordingly issued a circular containing certain queries as to the mode of notification, if any, preferred, the result of which was:—

1. Do you approve of the medical attendant being,

directly or indirectly, the informant, in writing, of the sanitary authority?

Affirmatives ... .. 60  
Negatives ... .. 104

2. If you approve, which proposition (a or b) do you prefer?

(a) Either that the medical attendant shall, on recognising an infectious disease, fill up, sign, and hand to the custodian of the patient, or to the occupier of the house, a printed notice containing the name and address of the patient, and a statement as to the nature of the disease, which notice the recipient shall be bound to bring or send forthwith to the clerk of the sanitary authority;

(b) Or that the medical attendant shall, himself, transmit such notice to the clerk of the sanitary authority, immediately after he has left the patient.

Affirmatives { "a" 31 }  
Negatives { "b" 29 } Negative, 49

3. If you do not approve of a or b, do you approve of c?

(c) Or that the custodian of the patient, or house occupier, solely, shall be made directly responsible to ascertain, from a registered medical practitioner, the nature of the sickness, and to report same to the sanitary authority, subject to penalties for omission to do so.

Affirmatives ... .. 109  
Negatives ... .. 23

371 circulars were issued, and 201 replies received; three of the gentlemen to whom the circular was issued were absent, and 167 did not reply.

The Bill was brought under the notice of a special meeting of the Council, held 25th January last, when it was discussed, and the following series of resolutions adopted, viz:—

I.—“That this Association, while re-affirming the resolutions of the Council adopted on the 27th July, 1880, as to the advantages of early notification of infectious disease, is of opinion, that the proposal to compel the physician to make a formal written notification, either to the sanitary authority or to the custodian of the patient, would, if carried into effect, be of doubtful advantage to the public, and be oppressive upon the medical profession.”

II.—“That this Association does not admit the principle that a physician should be required to apply to public uses the information obtained by him in his capacity of a private practitioner; and the Association, furthermore, apprehends that if it be declared that the visit of a physician to a patient suffering from an infective disease shall be, of necessity, followed by the putting in motion of the sanitary law with regard to the infected house, a great inducement will, thereby, be afforded to defer calling in a physician until the disease has acquired such intensity that it can no longer be concealed, and must therefore be treated under great disadvantages.”

III. That the Association cannot assent to the sacrifice of professional principles and medical interests which the Bill, now before Parliament, involves until the custodian of the patient has been made fully responsible, under penalties, both to ascertain from a medical practitioner the nature of the disease, and to report the same to the sanitary authority; and until, after an effort made to enforce such responsibility, with vigilance and firmness, it has been found to be impracticable to do so.”

IV. That, irrespective of the objectionable principles of the Bill already referred to, the proposals—to pay to the physician one shilling for thirty days' notification of cases occurring in an infected house, to pay no fee whatever for such services in a public institution, to compel the physician to attend in court without fee to prove his certificate if necessary, and to impose a penalty of £5 upon him for such omission to notify—are altogether unacceptable to the profession.”

V. That, therefore, the Committee of this Association be instructed to take all necessary steps to cause the Bill to be modified in its passage through Parliament, or to oppose its passing if necessary.”

A petition to have the Bill modified has been sent to the House of Commons, and Dr. Lyons, M.P., has been

requested to endeavour to have the views of this Association carried out with regard to it.

The following is the petition which was forwarded :—

*To the Honourable the Knights, Burgesses, and Commons,  
in Parliament assembled.*

The Petition of the President of the Council of the Irish Medical Association humbly sheweth that your petitioners are the executive of an Association devoted to representing the opinions and interests of the medical profession in Ireland, and including amongst its members a large proportion of the legally qualified medical men in practice in Ireland. That your petitioners have fully considered the Notification of Infectious Diseases (Ireland) Bill, now standing for a second reading in your honourable House, and have obtained the opinion of a large majority of the medical practitioners of the city of Dublin upon the chief proposals contained in said Bill, which opinion has been expressed by a majority of nearly two to one against any proposal which would require the medical attendant to notify, in writing, the occurrence of infectious disease, either to the sanitary authority or to the house occupier.

Your petitioners confirm the opinion thus expressed, and consider that the provisions of said Bill are not calculated to effect, with certainty, the discovery of infective disease in those instances in which concealment is most probable, while they will, if passed into law, impose upon the medical profession new functions inconsistent with the efficient performance of their duty towards their patients, and seriously prejudicial to their interests as practitioners.

That your petitioners apprehend that if, as would occur under the operation of said Bill, the visit of the physician be followed by the immediate enforcement of sanitary precautions, a great inducement will be created, in all instances in which it is desired by the house occupier to avoid the application of the sanitary law, to omit sending for a medical attendant, or to defer doing so until the disease had reached a stage in which its treatment would be difficult and ineffective. Your petitioners, therefore, anticipate that the number of undetected cases of infective disease might rather increase than diminish under the operation of the proposed law, while, in many instances, the chances of restoration of the patient to health would be greatly prejudiced.

Your petitioners humbly submit that the professional and monetary relations existing in Ireland between the physician and his patient are altogether different from those which exist in other divisions of the kingdom, and furthermore that the methods of application of sanitary laws in Ireland are not fairly comparable with those which exist elsewhere, and your petitioners, therefore, submit that a system of notification of infective disease, applicable to England and Scotland, may prove altogether unsuitable to Ireland, and they are of opinion that any enactment which requires the medical attendant in Ireland to give a written certificate of the disease from which his patient is suffering, will be inoperative in many instances, and will tend to increase the evil which it purports to remedy.

Your petitioners are furthermore strongly of opinion that, in respect of the fee proposed to be paid for such notification, the penalty imposed for omission to notify, and in other details, the said Bill is altogether objectionable.

Your petitioners, therefore, humbly pray that your honourable House will not pass said Bill.

(Signed)

JOHN H. CHAPMAN, President.

ROBERT BROWNE, Hon. Sec. of Council.

#### PETITIONS TO PARLIAMENT.

The following petitions to the House of Commons have also been recently forwarded, viz. :—

A petition in favour of medical reform.

A petition praying for extension to Ireland of the English system of awards for excellence in vaccination.

A petition praying that the medical officers of health may either be equitably remunerated for their services, or be relieved from compulsory acceptance of the position.

#### CORONERS' BILL.

A new Bill to amend the Coroners' Acts of Ireland is now before Parliament, and has been referred to a Select Committee.

The measure, so far as it goes, is not unsatisfactory, and if there be a reasonable prospect of its advancing further, the Committee of Council will seek to have inserted in its clauses, to provide more satisfactorily than the existing law does, for the selection of medical witnesses, and for payment of fees to physicians and surgeons attached to hospitals and other public institutions.

The Committee of Council are informed that a coroner who, on a former occasion, refused to pay a prison surgeon for his evidence as to the cause of death of an executed convict, again denies the legality of a similar claim made by the same surgeon, although, in the first instance, the question was argued before the Grand Jury who presented for the surgeon's fees which were paid (see report for quarter ended 21st April, 1879, p. 31 to 34).

The Committee of Council have just learned, with satisfaction, that the Grand Jury, having been informed of the facts of the new case, at once agreed to present for payment of the fee.

#### DISPENSARY MEDICAL OFFICERS.

The Board of Guardians of Granard Union having advertised that a medical officer would be appointed to a dispensary district within that union, and that no additional fees would be paid for attendance at Petty Sessions to give evidence in sanitary or vaccination prosecutions, the Committee of Council directed the attention of the Local Government Board to the terms of the advertisement, and requested that an appointment made under such conditions, with regard to fees in cases of vaccination prosecutions, should not be sanctioned, and in reply, the Local Government Board stated that the medical officer will be entitled to the prescribed fees.

The guardians, however, have power to impose the above condition as regards attendance in sanitary prosecutions, provided it be agreed to by the medical officer of health.

#### ASSESSMENT OF SUPERANNUATION ALLOWANCES.

A letter has been addressed to the Right Honourable the Chief Secretary for Ireland, asking whether the opinion of the law officers had been taken with regard to the question of assessment of superannuation allowances of dispensary medical officers, which had been brought under his notice by the deputation which waited upon him on the 1st November last (see last report, pp. 11-15), but no reply has yet been received.

#### MEDICAL OFFICERS OF HEALTH.

The Committee of Council not having received any reply to the memorial forwarded to the Treasury, on 22nd November last (see last report, pp. 15-20), again communicated with that department, and were informed that the memorial had been sent for consideration to the Irish Government, who had not replied.

The Committee of Council thereupon addressed a letter to His Excellency the Lord Lieutenant, inquiring if any decision had been arrived at relative to the prayer of the memorial, but, as yet, have received no reply.

(To be continued.)

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

ANNUAL GENERAL MEETING,  
6th June, 1881.

*Report of Council for the Year ending 31st May, 1881.*

Mr. PRESIDENT AND GENTLEMEN,

During the past year your Council held seven meetings, and the Committee of Council fifty-three meetings.

As customary in the annual reports, your Council give precedence to matters relating to legislation, referring first to those already disposed of, and subsequently to those still under the consideration of Parliament.

### REGISTRATION OF BIRTHS AND DEATHS.

Since the last annual report was submitted, "The Registration of Births and Deaths Amendment (Ireland) Act" has become law. The Bill as originally introduced was drawn up by your Council some years ago with the object of removing many harassing and unnecessary requirements, which, while causing great and useless trouble to the public as well as to the registrars, at the same time seriously interfered with the objects of the law. Your Council, while regretting that some important clauses in the Bill were struck out, regard the new Act—which affords a much more perfect system of registration—as a decided improvement in the law, which is now more nearly assimilated to that in force in England, compared with which it is, however, in some respects more satisfactory.

A special report on the new Act and the changes made by it appeared as an appendix to the Report of the Committee of Council for the half-year ended last December.

The new Act came into operation on the 1st January of this year, and although the changes necessarily involved for a time considerable extra work to the registrars, your Council believe that the Act will be more satisfactory to the public, while it will diminish the labours of the registrars without reducing their emoluments. Your Council gratefully acknowledge the valuable services rendered to this Association and the public by the Right Hon. the Viscount Powerscourt and Mr. Meldon, M.P., who undertook charge of the Bill in the Houses of Parliament to which they respectively belong, and the thanks of your Council have been duly conveyed to them.

### THE MEDICAL CHARITIES AMENDMENT BILL.

The Bill to amend the law relating to Medical Charities in Ireland, to which reference was made in the last annual report as having been introduced, was

not favourably received in the House of Commons; your Council therefore deemed it better to have the Bill withdrawn until the legislature was more fully informed as to the nature and extent of the abuses to which the present system of Poor-law medical relief is subject. It is to be hoped that a measure will then be enacted which shall, as equitably as possible, define clearly who are to be eligible to receive dispensary medical relief, the term "poor person," now adopted, being too vague for the purpose: and that thus a stop shall be put to "well-to-do," or comparatively wealthy, ratepayers obtaining medicines and medical attendance gratuitously at the expense of others who have higher ideas of self-respect and honour. The imposture thus referred to presses very heavily especially on the medical officers, who, in consequence, are compelled to give valuable time and services gratuitously to persons who can well afford to pay for them; it also causes a serious misappropriation of the poor-rates. But the unworthy recipients of such relief are not the only persons to blame; quite as much so are the persons authorised to issue tickets, who carelessly, and often for gain, abuse the privileges conferred upon them. Your Council trust that an amendment of the law may soon be made which shall attach reasonable liabilities to persons who either improperly issue such tickets, or who, through wilful misrepresentation, obtain them, and they further trust that better regulations may soon be enacted to secure that pure drugs shall be provided for the treatment of the sick poor of the dispensary districts of Ireland.

### AMENDMENT OF VACCINATION ACT.

Late in the last Session of Parliament a Bill was introduced in the House of Commons by Mr. Dodson, M.P., to abolish cumulative penalties for default of vaccination, and your Council, being convinced that the Bill, if passed, would have a disastrous effect upon the public health, though probably not affect medical interests appreciably, forwarded to Parliament a strong petition against the proposed alteration of the law, whereby vaccination would practically cease to be compulsory.

Your Council gladly report that the Bill was withdrawn, and they trust that no further attempt may be made to introduce such a measure.

### MEDICAL REFORM BILLS.

The subject of medical reform received the attention of your Council, who considered it very desirable that an effort should be made to arrive at a general agreement amongst medical reformers upon a single bill which would fully represent the views of the profession before the opening of the present session of Parliament. It was, therefore, proposed by your Council that a conference of those who took an active part in putting forward legislative measures should be held in London.

With this object, and the suggestion having been accepted with much cordiality by the representatives of the Medical Reform Committee of the British Medical Association, the Medical Alliance Association, by the proprietors of the *Lancet*, and by other influential members of the profession, a conference was held in London, at which this Association was represented by Dr. A. H. Jacob.

At that conference the various bills which were before Parliament last session were considered, and a series of resolutions adopted as the basis of a bill to be introduced as early as possible after the assembly of Parliament.

The Bill then agreed upon has since been introduced by Mr. Hardcastle, Dr. Farquharson, and Sir Trevor Lawrence, and stands for a second reading on the 29th of June. Its provisions are in complete conformity with the policy adopted by this Association, the principles of which have been confirmed and accepted by the leading representative organisations in England with an unanimity which cannot fail to be gratifying to this Association. Shortly after the introduction of the Bill, the Vice-President of the Privy Council, Mr. Mundella, was interrogated by Mr. Errington, M.P., as to the intentions of the Government upon the Medical Reform question, when he stated that it was not their intention to deal with the matter, but they would consider the propriety of submitting it to a Royal Commission, which course has been since decided upon. The Commission has recently been appointed; nevertheless, the effect of that course of procedure will be to postpone until next session all projects of Medical Reform, and to re-open the inquiry which had been partially held before the Select Committee of the House of Commons last year. Your Council—while approving of the fullest inquiry into the state of the profession, the medico-educational system, and the execution of their functions by the General Medical Council, and feeling confident that minute examination of the question will confirm the policy adopted by this Association—nevertheless, are of opinion that the facts which justify a thorough reform of the system are already so fully recognised and understood that a further inquiry by a Royal Commission will produce no beneficial result, while it will cause a regrettable delay in the settlement of the Medical Reform question. Your Council have applied for leave to be heard in evidence before the Commission; and expect that they will be soon called upon to send their delegate to give evidence, when Dr. J. W. Moore, the outgoing Chairman of Council, who has long since carefully prepared his evidence on behalf of this Association, will be requested to present himself before the Royal Commission for the purpose of submitting it.

The following are the reforms to which this Association has already pledged itself, viz. :—

1. A revision of the constitution of the General Medical Council—
  - (a) By a more equitable distribution of seats amongst the licensing authorities.
  - (b) By widening the constituencies which elect the representatives of several of those bodies.
  - (c) By a more direct representation of the general body of the profession.
2. The grant to the Medical Council of complete control over the education and examination of candidates for admission to the profession.
3. The compulsory establishment of a single conjoint examination for each division of the United Kingdom, which examination should be essential for admission to the licence or degrees of any of the medical authorities.
4. The enforcement of absolute uniformity in standard of examination, extent of curriculum, and amount of fees payable, required by each and all of the conjoint examining bodies.

#### SUPERANNUATION.

During the past year unceasing attention has been bestowed by your Council on the very important subject of superannuation, and they have pleasure in reporting that their exertions appear to have had much good effect.

At the instance of your Council a very grave example of recent injustice was brought under the notice of Parliament by Mr. Meldon, M.P., who, on the 10th August last, gave notice of the following question in the House of Commons, viz. :—

“To ask the Chief Secretary to the Lord Lieutenant of Ireland if it is the case that the Medical Officer of the Crossgar Dispensary District, in the Union of Banbridge, having, after forty years' service, applied for superannuation on the ground of broken-down health, the Guardians, at a meeting, passed a resolution ‘to record on the minutes their approval of the manner in which the Medical Officer has filled such office for a period of forty years, but that the Guardians cannot add to the rates by granting any retiring allowance.’ Whether the passing of such a resolution, under the circumstances, fairly carries out the principle of the Medical Officers' Superannuation Act. If the Local Government Board can or will interfere in the matter; and if the Government will promote or support a measure to make the superannuation of the Poor-law medical officers in proper cases compulsory on boards of guardians.”

To this question the following reply was made by the Right. Hon. W. E. Forster, Chief Secretary for Ireland, viz. :—

“Sir, the facts, as stated by the hon. and learned gentleman, are true. It is, no doubt, a case of great hardship; but the Guardians did not think fit to make the allowance, and the Local Government Board have no power to interfere in the matter. I think I have stated before, in reference to an inquiry as to the superannuation of those officers, that the subject was one which occupied largely the attention of the Government, and I hope we may be able to deal with it next year.”

On the same day Mr. Meldon, M.P., obtained an order of the House of Commons for a return to be made giving the names of all medical officers of workhouses and dispensaries in Ireland who, since the passing of the Medical Officers' Superannuation Act, 32 and 33 Vic., c. 50, have resigned their offices, and applied to their boards of guardians for superannuation allowances under that Act, with the causes for such resignation, the ages, and length of service of Poor-law medical officers, of each person at date of resignation; the result of such application to the guardians, and the reason, if any, given by the said guardians for refusing the application.

The return showed several cases of great hardship owing to refusal of some boards of guardians to recognise, by the award of a well-merited pension, long and faithful services. But it referred only to cases in which application for retiring allowances had been made, and of course did not afford information as to the very numerous instances in which medical officers after long service, knowing it to be utterly useless to ask for a retiring allowance, never even made an application for it. Many such medical officers were not only incapable of further work, owing to advanced age or bodily infirmity, but in greatly straitened circumstances, if not absolute penury.

The proceedings of that most estimable institution, the Royal Medical Benevolent Fund Society of Ireland—a Society truly worthy of the warm support of the profession and the public—abundantly prove the inability of the medical officers to make sufficient provision for themselves and their families, and their poverty when they have been rendered unable to discharge their duties any longer.

A deputation from a large and influential meeting of the Irish union officers, held in Dublin, waited on the Committee of Council to confer with them as to the

possibility of agreeing to a general scheme of superannuation for all union officers, including all medical officers in the Poor-law service; and subsequently several other conferences were held between representatives of the union officers and of the Committee of Council, which resulted in the drafting of a Bill for further consideration.

On the 15th January a special general meeting of the Association was held to consider what amendment of the Superannuation Acts would meet the requirements of the Poor law medical officers and be at the same time consistent with the public interest. At that meeting a series of resolutions, which were published in the report for the quarter ending 25th March last, were adopted to form the basis of a new Bill. Your Council without delay formulated the recommendations of the meeting, and on Easter Monday a deputation from the Council had the honour of an interview with the Right Hon. W. E. Forster, Chief Secretary for Ireland, to whom they were submitted.

The Chief Secretary, having heard the views of the deputation, admitted that a strong case had been made out for amendment of the present law; and acting upon his suggestion, your Council drew up a Bill for presentation to Parliament, which has since been handed to Mr. Meldon and other members to introduce.

The proposed Bill simply seeks that the provisions of the Superannuation Act of 1859 (better known as the Civil Servants' Superannuation Act) shall be extended in a slightly modified manner, without, however, any infringement of its principles, to the medical officers of the Poor-law Service, to whom your Council are convinced it will prove satisfactory; and they are glad to be able to report that they understand the proposed Bill has been already favourably considered by the Government and the Local Government Board for Ireland.

The following are the terms of the proposed Bill, to which references showing the existing precedents for each clause have been added for convenience and explanation.

POOR LAW MEDICAL OFFICERS' SUPERANNUATION  
(IRELAND) BILL.

Whereas it is expedient to alter the law providing superannuation allowances for medical officers of unions and dispensaries in Ireland.

Be it, therefore, enacted by the Queen's Most Excellent Majesty, by and with the advice and consent of the Lords, Spiritual and Temporal, and Commons in Parliament assembled, and with the authority of the same, as follows:—

I. Repeal—

32 and 33 Vic., chap. 50, the whole Act;  
35 and 36 Vic., chap. 89, part of sec. 2, viz. :—the words "Registrars of Births and Deaths," and "Registrars of Marriages."

but such repeal shall not affect any superannuation allowance granted, or act done, before the passing of this Act.

cf. "The Superannuation Act, 1859," 22 Vic., cap. 26, sec. 2.

II. The board of guardians of any union in Ireland shall, with the consent of the Local Government Board for Ireland, grant to any medical officer of said union, or any medical officer of a dispensary district in said union, an annual allowance, upon his retirement from said office, at the following rates, that is to say—

To any medical officer who shall have served ten years and upwards, and less than eleven years, an annual allowance of ten-sixtieths of the annual salary and emoluments of his office.

For eleven years, and less than twelve years, an annual allowance of eleven-sixtieths of such salary and emoluments:

And in like manner a further addition to the allowance of one sixtieth in respect of each additional year of such service, until the completion of a

period of service of forty years, when the annual allowance of forty-sixtieths may be granted, and no addition shall be made in respect of any service beyond forty years.

cf. Medical Officers' Superannuation (Ireland) Act, 32 and 33 Vic., cap. 50, sec. 1.

III. The board of guardians of any union in Ireland shall, with the consent of the Local Government Board for Ireland, grant to any medical officer of said union, or any medical officer of a dispensary district in said union, who, after ten years' service, shall have become incapable of discharging the duties of his office with efficiency, by reason of permanent infirmity of mind or body, or of old age (such age being not less than sixty years), upon his resigning, or otherwise ceasing to hold his office, an annual allowance of two thirds of his salary and emoluments at the time of his retirement.

cf. The Superannuation Act, 1859, 22 Vic., cap. 26, sec. 4.

IV. A number of years, not less than ten or exceeding twenty, according as the Local Government Board shall see fit and direct, shall be added to the number of years during which any medical officer shall have actually served in the Poor-law service, and the amount of superannuation or retiring allowance to be granted to such medical officer shall be computed thereon.

cf. "The Superannuation Act, 1859," 22 Vic., cap. 26, sections 5 and 6.

V. It shall be lawful for the Local Government Board, upon any medical officer being compelled by reason of severe bodily injury occasioned (without his own default) in the discharge of his public duty, or constrained from infirmity of mind or body, to vacate his office before the completion of the period of service which would entitle him to a superannuation allowance, to direct that the guardians of the union in which said officer served shall pay him such sum of money, by way of gratuity, as the said Local Government Board may think proper, but no such gratuity shall exceed the amount of one month's pay and emoluments for each year of service.

cf. Union Officers' Superannuation (Ireland) Act, 28 Vic., cap. 26, sec. 2.

VI. All allowances payable under the provisions of this Act shall be payable to, or in trust for such medical officer only, and shall not be assignable or chargeable with his debts or other liabilities.

VII. The term salary and emolument shall include all salaries, fees, allowances, and emoluments receivable by said medical officer in virtue of his office, and from every office connected therewith by statute.

NOTIFICATION OF INFECTIOUS DISEASES.

The attention of your Council has been seriously engaged concerning the subject of notification of infectious diseases.

On the 27th July of last year a special meeting of the Council was held to consider the question, and a series of resolutions were then adopted which were published in the report for the half year ended 7th December last, recognising the advantage of an efficient system of early and compulsory notification of infectious diseases, while emphatically protesting against the onus of such notification being compulsorily imposed upon medical practitioners, and suggesting that such duty should attach to the householders, for whose benefit the advantages of the proposition were intended.

The subject was soon brought under the notice of the Right Hon. the late Lord Mayor of Dublin, Mr. Edmund Dwyer Gray, M.P., Chairman of the Public Health Committee of the Corporation of Dublin, by whom, and Messrs. Brooks and Barry, a Bill was introduced in Parliament this Session to provide for notification of infectious diseases in Ireland, and to empower the Local Government Board, upon the application of any sanitary authority to declare its



provisions in operation within the district of such authority.

The Bill proposed that the duty of giving notice to the sanitary authority as to every case of infectious disease should be compulsorily imposed, under penalty of five pounds, on the medical attendant, who for his certificate was to be paid one shilling, but nothing for any further case of the same disease occurring in the same house within thirty days of the date of the first certificate.

Your Council, feeling that such a measure would not be approved by the profession, took a plebiscite of the views of the medical profession of Dublin with regard to the whole question; the result of which was disapproval, by a large majority, of the terms of the Bill.

A further special meeting of the Council was held on 25th January last, when the resolutions adopted on the 27th July were re-affirmed, and directions were given to the Committee of Council to endeavour to have the Bill modified, or rejected if necessary. A deputation from the Council waited on Dr. Lyons, M.P., who undertook to represent in the House of Commons the views of your Council with regard to the measure. Your Council also addressed a letter to Mr. Gray, M.P., conveying to him a copy of their resolutions, and requesting him to have the terms of his Bill amended accordingly; and a petition, similar in effect, was forwarded to the House of Commons.

Your Council greatly regret that a measure so desirable in object should, owing to the very objectionable terms of its details, have required to be met with opposition on the part of this Association. In the interest of the public they, however, trust that a Bill to provide for early notification of infectious disease in Ireland may soon be passed which will not be objectionable to the members of the medical profession.

Your Council conceive that such a measure, with the duty of giving notice imposed upon the householders, in whose interest it is proposed, would not be objected to by the members of the medical profession, even though it must of necessity be antagonistic to their own, as they invariably evince a spirit of philanthropy in such matters, but it cannot be expected that they will quietly submit to so ruthless an infringement of their interests as Mr. Gray's Bill proposes.

#### THE LUNACY LAW ASSIMILATION (IRELAND) BILL.

A bill under this title, introduced in the House of Commons by Mr. Litton, Mr. Findlater, and Sir Thomas McClure, now awaits second reading. The measure is almost identical with that introduced last year in the House of Peers by Lord O'Hagan, which was referred to in a former Report. Its purpose is:—

1. To provide for the boarding out of harmless lunatics, so as to relieve the asylums, and thus make room in those institutions for curable cases.

2. To enable lunatics in the incipient state to be sent to asylums before the malady has become confirmed, and before the lunatic has become so intent on committing a crime as to be brought under the operations of the Dangerous Lunatics' Acts.

3. To provide for periodical supervision of those "boarded-out" lunatics by the dispensary medical officers of the district, in order that their proper and orderly maintenance may be ensured.

4. To give power to the guardians to vote outdoor relief to a family when one of its members is a lunatic or idiot, the existing power being restricted to the head of the household.

Under the terms of the Bill, every pauper lunatic not in an asylum is to be visited once in every quarter by the medical officer of the dispensary district, who is to be paid 2s. 6d. for each visit to any pauper lunatic not being in a workhouse; and after the end of every quarter the medical officer is to prepare a list of all such lunatics, and state therein whether they properly remain out of an asylum.

Every medical officer, relieving officer, or constable, who comes to know of the existence of an uncared-for lunatic, whether pauper or not, is to notify the matter to the nearest magistrate, who is to have the lunatic brought before him and medically examined, and is thereupon to send the patient, if certified to be insane, to an asylum, or under proper care and custody.

Your Council consider the Bill deserving of support, if amended in certain details. The proposal of the Bill that medical fees shall be paid in the same way as fees for examination of dangerous lunatics are now paid (*i.e.*, at the discretion of the magistrate) your Council consider objectionable, as they hold that the examining physician is entitled to payment as a matter of right. They have also availed themselves of the opportunity to seek for an assimilation of the Irish law in reference to superannuation of medical officers of asylums to that in force in England. The English officer may, at present, receive a pension of two-thirds of his salary and emoluments after fifteen years service in one or more asylums, whereas the Irish officer must serve forty years in *one asylum* before he can obtain the same allowance—an arrangement which has caused much discontentment and produced stagnation in promotion. These two points your Council have embodied in a petition which they have prepared for presentation to Parliament, and which now lies on the table for signatures.

#### CORONERS' (IRELAND) BILL.

A Bill to amend the Coroners' (Ireland) Act is now under the consideration of Parliament, and your Council, having given careful attention to its clauses, see nothing in them to which they can reasonably object. They, however, have taken advantage of the opportunity thus afforded, and are seeking to have some new clauses added to the Bill to provide more satisfactorily for the qualification and remuneration of medical witnesses at coroners' inquests.

Under the law at present in force, a coroner is required, when medical testimony is necessary, to call to his assistance a duly qualified medical practitioner who is at the time in actual practice at or near the place where the death occurred, and although, very properly, the coroners have usually called in the medical practitioner, if any, who was in recent attendance upon the deceased, some coroners, when holding inquests on bodies of persons not recently under medical care (and these form the great majority of subjects for inquests), evade the spirit of the law and call in only their relatives or special favourites who certainly are not in actual practice at the place or at all near to it, the vagueness of meaning of the word "near" admitting of such practices.

In country districts, especially, your Council consider that the dispensary medical officers, who are charged with gratuitous attendance on police cases, have the best claim to be called in to give evidence as to the cause of death of persons who were not under medical treatment; in cities and large towns, where there is greater scope for selection of medical witnesses, your Council see no reason to so limit the coroner's discretion, provided he strictly observes the spirit of the law.

There is another point, which, in justice, requires to be amended, *viz.*: the liability of hospital physicians and surgeons to be summoned by the coroner to give evidence. It is most unreasonable that medical practitioners holding honorary appointments should, in consequence, be compelled, at great loss of valuable time, to give gratuitous services to the State, and it is not in harmony with the public interest that such a system should be continued, inasmuch as it has led to the testimony of unqualified students in such cases being almost invariably given.

Your Council have forwarded observations to the above effect to the Select Committee appointed by the House of Commons to report on the Bill.

# IRISH POOR-LAW INTELLIGENCE.

## IRISH MEDICAL ASSOCIATION.

The Annual General Meeting of the Association was held on Monday, the 6th inst., at the Royal College of Surgeons in Ireland, and was attended by a very large assembly of both metropolitan and provincial practitioners. The chair was taken at 12 o'clock, p.m., by Dr. J. H. CHAPMAN, President of the Association.

The minutes having been read and signed, the Assistant-Secretary read the Report of Council, which appeared in *extenso* in our last issue. Its adoption was moved by Dr. Nugent Duncan, and seconded by Dr. Jacob.

Dr. ROBERT MACDONNELL moved, as an amendment, the omission of the paragraphs of the report which expressed the policy of the Council of the Association as in opposition to the Notification of Infectious Diseases Bill. He referred to the fact that all parties agreed in opinion that notification of infectious disease by someone was desirable, and considered that the policy of opposition adopted by the Council was wrong, inasmuch as he thought it might be amended, and made a satisfactory measure if allowed to go before a select committee. It was, nevertheless, his opinion that the householder was the proper person to notify, and to suffer the penalty if he omitted to do so; and he did not think it reasonable to impose fines and prosecutions upon the medical attendant, who was not legally or personally responsible for the case.

Dr. J. W. MOORE seconded the amendment. This subject had been considered both by the Committee of Council and by the Council generally, and there was no second opinion as to the utility of some system of notification. The only question was how was it to be done. In his opinion the only satisfactory course would be for the physician, as soon as he recognised a case of infectious disease, to at once communicate the facts relating to it to the sanitary authority, and it should be done in writing. Otherwise there would be no such thing as notification. Mr. Gray had already in an enlightened spirit accepted an amendment of his bill, to the effect that there should be a fee of 2s. 6d. in each case, and altogether withdrawn the objectionable limit of the fee to one house and for thirty days. Objection had been made to the medical man being made liable to prove his certificate in a court of justice under a penalty of £5. But he would not be called on to do so more than once in a thousand cases. For years they had been giving certificates of death; and yet how seldom had they been brought into courts of justice about them. In the course of his (Dr. Moore's) practice he had always notified infectious disease to the sanitary authorities, and that course on his part had always met with the approval of the heads of families. Mr. Gray's Bill had received the earnest support of the sixty members of the Corporation, who were all heads of families. If all medical men were bound to notify by an Act of Parliament, they would be all in the same position as regards the public. It might tell hardly on individuals, but sacrifices must be made for the public weal, and if they arrested the ravages of epidemic disease they would have done a great work. The system of notification by medical men had been established in England and Scotland, and however medical men here might shut their eyes to the fact, there was a cry for it on the part of the public which would surely be answered. They should take care that that cry was not

answered against the views of the profession. It was better for them to make a compromise with the leaders of public opinion. There was a golden opportunity for doing that now. Mr. Gray had shown an enlightened spirit in accepting some important amendments. Mr. Meldon had some important amendments on the books of the house on the part of the Dublin Sanitary Association. The King and Queen's College of Physicians also had supported the proposal to send the Bill to a select committee.

The President of the College of Surgeons (Dr. M'CLINTOCK) said he entirely concurred in the amendment, and in the views expressed by Dr. Moore. It was a great mistake on the part of the Association and the profession to put themselves in a position antagonistic to a measure which was incontestably calculated to render important and essential public service (hear, hear), and from mere regard for personal interest and convenience to place themselves in the position of obstructives of the Bill. He objected to some of the details of Mr. Gray's Bill as strongly as anyone, but that was no reason why they should knock over the whole coach. The public had not said anywhere that the notification of infectious diseases by their medical attendants would be a breach of the confidential relations between them.

Dr. DARBY did not see why medical men should be forced by Act of Parliament to violate the relations between themselves and their patients. He believed that the sanitarians of the present day were running a rig.

Dr. JACOB opposed the amendment. He did not think gentlemen were aware of the provisions of the Bill. The district in which a gentleman practised might be placed under the operation of the Bill by the board of guardians at any moment. Where the medical man diagnosed an infectious disease one course was to serve a notification of it on the head of the family, which was the most pleasing why. The other alternative was, with or without the consent of the head of the family, to send the document itself to the sanitary authority. If the former course were adopted, the custodian of the patient was bound to report the matter to the clerk of the union. Then the sanitary authorities were to go to the premises and see if they were disinfected; and if necessary they could cart away the patient to hospital, and do a variety of other things which no one could say would be grateful to the patient or the people in charge of him. If these things were not done, the custodian of the patient could be summoned to the police court, and the physician would have to give evidence against his own patient. He entirely protested against medical men being put in such a position, even if it were to get £1 instead of 2s. 6d. Calculating that there were about 114,000 cases of zymotic diseases in the country in a year, the remuneration to each member of the profession for notifying them would be about 28s. a year. A medical man who proclaimed a case of scarlatina in a school would be likely to get his *conge*. He (Dr. Jacob) did not say that there was a man to be found in the profession who would be so dishonest as to say what was really a case of scarlatina was not scarlatina; but if there were, the effect of this Bill would be to give a large practice at the expense of more honest people. The profession in England were averse to the system of notification by medical men. The Committee of the Association had rejected the proposal to refer the matter to a select committee because they felt that with the precedent against them of

seventeen English towns in which the system existed, and with the little knowledge of Irish medical affairs which most English and Scotch legislators possessed, the verdict of such Committee would be almost certainly against the profession. Amendments had been drafted by the Council of the Association and sent to Mr. Gray, and he was offered the Parliamentary support of the Association if he accepted them. He answered the letter in such a way that it did not reach the Committee of the Association until the evening when the Bill was down for Committee, so that the Executive of the Association were driven to the necessity of taking up a strong position. That position was a triumphant one so far. The whole profession was with them. Both the College of Surgeons and the College of Physicians had decided in their favour. The profession in Dublin had declared two to one against the Bill. He himself, on behalf of the *Medical Press*, had sent circulars to every medical man in Ireland; and he had already received forty-seven replies, not one of which approved of notification by the physician. The Bill was now *in articulo mortis*. If the profession budged from their position, it would be made law. There was no analogy between England and Ireland in the matter. The people of the latter country did not in general understand sanitary matters. What he contended for was that the responsibility of reporting a case of infectious disease lay upon the occupant of the house in which it occurred; just in the same way as the responsibility of reporting pleuro-pneumonia lay upon the owner of the animal that got it.

Dr. TAGGART thought it was the head of the family who should report, but that the medical man should inform him of the nature of the disease; and the medical man should be at liberty to report according to his discretion to the sanitary authority; but without being compelled to do so under a penalty. He could not swallow Mr. Gray's Bill. It was disgusting and nauseous to him, but he did not go the length of thinking with Dr. Jacob that medical men, if forced to report, would lose their patients.

Dr. CAMERON could not understand how Dr. Jacob took up the strong opposition he had in regard to this matter, for, on carefully listening to his observations that day, and reading the articles he had published in his journal, it appeared to him (Dr. Cameron) that he was a one-sided advocate. He spoke entirely on behalf of the medical profession, while at the same time he tried to show that if the medical men did as he suggested they would act for the public at large. Dr. Jacob said that the public would object to medical men giving information of disease being in a house, and in that way that the medical men would be placed in an invidious position and lose their patients. It appeared to him (Dr. Cameron) that there were only two classes of the general public they had to deal with in this matter. First, those persons who had comfortable houses in which the patients could be nursed at home; and, secondly, persons occupying tenement and humble cabins in country places. With regard to the first class he was satisfied from his lengthened experience that the householder was anxious of the earliest notification to the public authorities. When that intimation was given the public authorities could not interfere further than expressing their willingness to disinfect either the house or the clothes of the patient. The patient himself could not be taken away to hospital, as the parents would have the means of nursing him. On the other hand, when a medical man was called upon to attend a case in a tenement house, was it not to be considered what the medical man owed to the Commonwealth at large, and not his own narrow profession, and the responsibility he would incur if he did not at once notify to the public health authority the existence of a disease which would spread from family to family. If the notification was only made to heads of families, and to be by them reported to the authorities, he knew from experience it would not be made by the parents, or if it were it would be so tardy as to be productive of no good at all. He thought that it would appear to the public that the position medical men took up in this matter had a selfish aspect, and that was an impression they should guard against getting abroad. If notification was of use at all it should be the clear object of the medical profession, regardless of themselves entirely, that the notification should be as efficacious as possible.

Dr. QUINLAN said he was, he believed, the first medical man in this city to object to this proposal; and on the occasion, about sixteen months ago, when it was introduced to the notice of the Dublin Branch of the British Medical Association by his friend Dr. John William Moore, he was the

only person present who protested against it as a breach of professional confidence between the physician and his patient. Since that time he had carefully considered all that had been published and said upon the subject, and did not now see any reason to alter his opinion that the physician should not be the direct or even the indirect informant; and he believed that such was now the feeling of the vast majority of the profession. If such notification by the medical attendant to the sanitary authority is to be the rule of the future he did not see why the advocates of the system should confine it to purely infectious diseases; in fact, as an attentive student of pathology, he very much doubted if there be any real difference between infection and contagion. In the one case the germs reach the infected person by direct contact, and in the other by being breathed or otherwise wafted on the patient; and as both, therefore, are simple modifications of touch, he preferred the term of Dr. B. W. Richardson, of London, viz., "communicable diseases." He asked, therefore, why if one or more communicable diseases are to be notified to the sanitary authority to prevent their spreading among the public, all communicable diseases should not be so notified; and why, if the attending physician is to notify a case of measles or small-pox occurring to his private patient and regardless of that patient's wishes or interests, he should not be equally bound to notify a case of syphilis or of gonorrhoea. He had not the slightest doubt that if every case of venereal disease occurring in the whole country could be immediately notified and published to the world, the spread of such disease would be much diminished, and these maladies would ultimately and entirely be stamped out. This idea might appear startling, but it was after all merely the full extension of the notification plan. He hardly thought that the most advanced sanitarians were as yet ripe for compulsory venereal notification; but he had little doubt that, if they should carry their present proposal, they would soon become educated to the venereal one. Equally certain was he that should the medical profession, unfortunately, allow themselves to be converted into a corps of sanitary detectives, at present of infectious, or in future of contagious diseases, private patients suffering from such maladies, and who desired for their own good reasons and interests to keep such troubles private, would seek non-medical aid and advice. To notification by the householder to the sanitary authority he did not object, provided that the medical attendant has nothing to say to it beyond informing the head of the family, as he always does at present, of the nature of the disease and of its infective character. If Parliament in its wisdom should decide that such head of the family should then notify to the sanitary authority, it would be a matter solely between the householder and the State, and one with which the medical profession would have nothing to do. To do or not to do was in the hands of the general public through their Parliamentary representatives; and, if they decided on doing it, they would simply be adding another to the many compulsory acts, many of them disagreeable enough, which are incumbent on every citizen. For the general community, however, to ask a professional body to commit a breach of professional propriety would be a different matter; he did not believe, however, that the general community had any such desire. It was his opinion that the whole movement originated from a small but active body of sanitary enthusiasts who would push theoretical views to the most extreme lengths, and without due or, in fact, any consideration of their practical consequences.

Dr. STOKES said he had heard with deep regret the observations of Dr. Jacob. If his views should be generally adopted by the profession in Ireland, it would lead to their being placed in the painful and humiliating position of being compelled by the State to do that which they had now an opportunity of being foremost in aiding the State to do. It was inevitable that a law would be passed compelling the notification of infectious disease to be carried out by the medical man. There was no serious opposition to it in either England or Scotland. He had learned that gentlemen who at first opposed the system there were now foremost in assisting the medical officers of health to carry it out. Hardly a week passed that some centre in England did not apply to be put under the act there.

Dr. DAVYS approved of the principle of the bill, but certainly disapproved of putting another incubus on the medical officers by obliging them to notify to the local board the ailments of his patients. The heads of families were the proper parties to do so.

DR. MACNAGHTEN JONES (Cork) supported the attitude assumed by the council of the association towards the bill.

DR. CORLEY, alluding to the statements made about this being a breach of confidence between physician and patient, said he thought it would be a greater breach of confidence in many instances to notify the disease to the householder than it would be to the sanitary officer.

After some further discussion,

The Chairman then put the amendment, which was rejected by 23 votes to 11.

The report was then adopted.

DR. MARTIN (Portlaw) moved—

That this association reaffirms its approval of the principles enunciated by the council in reference to the Medical Act (1858) Amendment Bills now before Parliament; and declares its opinion that no alteration of the existing law can be satisfactory which does not provide for a sufficient degree of professional competency, guaranteed by a uniform curriculum of study and examination, as well as by similarity of fees, throughout the kingdom; and the association furthermore believes that no such reform could be effectively carried out unless the General Medical Council be reconstituted, and adequate provision be made for the representation of the profession at large in that body.

DR. MACNAGHTEN JONES seconded the resolution. There was no doubt that the general body of the profession was not represented on the Medical Council.

The resolution was agreed to.

DR. TAGGART moved—

That, inasmuch as the poor-law medical officers of Ireland are liable at all times to be called upon to perform public duties in priority to their business, however urgent, they are equitable entitled in respect to superannuation, as other paid servants. That this association approves of the terms of the bill now before Parliament to amend the law relating to superannuation, the present permissive system having failed to ensure justice to the medical officers being afforded, while, at the same time proving detrimental to the public interests.

He served as a poor law medical officer for thirty-six years, and at the end of that time was allowed to walk away without a shilling. Mr. Meldon, M.P., to whom they owed a great deal, had the matter in hand, and they trusted that he would bring it to a successful issue.

DR. CORLEY seconded the resolution.

DR. WALSH thought some of the funds of the disestablished church might be used to help out the superannuation of poor-law medical officers.

DR. BRODIE said he had been allowed a superannuation of £200 a year by the Limerick board of guardians; and in four or five other applications for superannuation they had done ample justice.

The resolution was agreed to.

DR. SMITH moved—

That the existing system under which medical relief tickets are granted operates most unjustly towards medical officers of dispensaries, and has been productive of gross abuses. That the indiscriminate granting of medical relief, at the public expense, to persons who can afford to pay for it imposes upon the ratepayers heavy expense, and upon the medical officer much unrequited labour, and at the same time tends to demoralise very many of the independent middle classes. That the council be requested to seek a legislative remedy for the abuse of the present system.

DR. SUPPLE seconded the above, which was agreed to.

DR. DARBY moved—

That this association reiterates its opinion that it is desirable that poor-law medical officers should be enabled to make provision for their widows and orphans; that the scheme proposed by the council is hereby approved, and that the council be requested to endeavour to cause it to be enacted.

DR. CARLETON seconded the resolution, which was agreed to.

DR. DAVID JACOB, of Maryborough, moved—

That this association is satisfied that the extension to Ireland of the English system of inspection of vaccination, and the granting of awards for excellence in results, is practicable and desirable, and would, in effect, prove highly advantageous to the public interest.

There was no doubt that inspection, such as existed in England, would be most useful. In England, however, there was a sum of £8,000 a year available for distribution, in

the shape of rewards for proficiency and success in vaccination.

DR. FLETCHER, of Ballinasloe, seconded the resolution which was agreed to.

The following officers and council for the ensuing year were elected:—

President—Dr. Banks, Dublin. Vice-Presidents—Leinster—Dr. Bellow Kelly, Drogheda. Ulster—Sir William Miller, Derry. Munster—Dr. Parsons Berry, Mallow. Connaught—Dr. H. O'Farrell, Boyle. Council—Drs. Boyce J. Wallace, Stillorgan; R. Browne, Rathmines; J. H. Chapman, Dublin; H. G. Croly, Dublin; Darby, Bray; Drapes, Ennisecorthy; Filson, Portaferry; R. Gray, Armagh; J. R. Harvey, Dublin; Hayes, Naas; A. H. Jacob, Dublin; David Jacob, Maryborough; Kidd, Dublin; Kinkead, Galway; James Martin, Portlaw; R. M'Donnell, Dublin; F. V. M'Dowell, Baltinglass; Molony, Tulla; G. Morrogh, Dublin; Nolan, Gort; C. Norman, Monaghan; Perceval, Stradbally; Pollock, Blackrock; George H. Porter, Dublin; T. Purcell, Dublin; J. Ridley, Tullamore; Sharkey, Ballinasloe; H. J. Smith, Donaghmore; Spencer, Dungloe; Tagert, Monkstown; W. Thompson, Dublin; Walshe, Kilmacthomas, Auditors—Dr. Albert Croly, Rathfarnham; Dr. H. Colpoys Tweedy.

On the motion of Dr. Wall, seconded by Dr. O'Kelly, thanks were voted to the professional and general press for their support of the fair claims of medical men and their reports of the proceedings of the association.

DR. DARBY was then called to the chair, and on the motion of DR. MALONEY seconded by Dr. Jacob, a vote of thanks was passed to the outgoing president, Dr. Chapman, with which the proceedings terminated.

THE DINNER.

The annual dinner of the Irish Medical Association was held on the same evening in the Albert Hall, Royal College of Surgeons. About sixty-five sat down dinner.

• DR. BANKS president of the association presided.

On the Chairman's right were—The Right Hon. the Lord Mayor, the Right Hon. W. E. Gibson, M.P., Mr. C. H. Meldon, M.P., Dr. Hayden, Mr. T. A. Purcell, Q.C., Dr. G. E. Duffey, Dr. Darby, Dr. Brodie, Dr. W. Thompson, Dr. Maloney, Dr. Nixon, Dr. Jacob, Dr. Little, Dr. Patton, Surgeon Ormsby, Dr. Browne, Dr. Minchin, Dr. Baker, jun. Dr. Davy, Dr. Martin, Dr. Croly, Rathfarnham.

On the left were—Sir George Owens, Dr. Chaplin, President of the Royal College of Surgeons, Dr. M'Clintock, Mr. M. Brooks, M.P., Dr. Croker King, Surgeon Porter, Dr. W. P. O'Brien, Dr. Nolan, Dr. Croly, Dr. Kidd, Dr. Quinlan, Dr. A. O. Speedy, Surgeon Hamilton, Dr. Pollock, Surgeon Preston, Dr. Chapman, Dr. O'Reilly, Surgeon—Major Speedy, Surgeon Daly, Dr. Ferguson, Dr. Carleton, Dr. Meldon, Dr. O'Kelly, Dr. Stack, Dr. Lawlor, &c.,

The proceedings were enlivened by music contributed by some talented amateurs.

The Chairman gave the usual loyal toasts, which were duly honoured.

The Chairman then proposed "The House of Lords and Commons." They expected the members of the House of Commons would support everything the profession thought right and proper, and they would oppose whatever the profession objected to, and there was a bill pending which the profession expected they would oppose, at least some clauses of it (applause).

The Right Hon. W. E. GIBSON, M.P., in responding, said the House of Lords had shown an earnest and anxious desire to consider from a broad and enlightened standpoint every measure calculated to promote anything connected with the learned professions. At present, owing to a variety of circumstances, the House of Commons was subjected to some peculiar criticism; it might be said, in many particulars, to be at present upon its trial. He could only say, for himself—and he was sure for his hon. friends who were there with them—that they could not but think that ultimately public opinion would arrive at the conclusion that notwithstanding all its faults, all its shortcomings, it would still retain the public opinion of the nation, and would be regarded throughout Europe as an assembly well worthy of admiration from all those who regarded deliberative assemblies (hear, hear). It was to them, during this very short Whitsuntide recess, a source of very great gratification to find themselves here in this assembly. It was, in the first place, most gratifying to find that they could have something of a change of face, of a change of associations, and of a change of topics. It was to

the last extent agreeable to himself, and he was sure to his hon. friends, to find that they could escape for a night from the Land Bill (laughter and applause), and to find that they could meet a very learned and distinguished profession, and find out, from close association and companionship, somewhat of their thoughts, somewhat of their opinions, and somewhat of their wishes. He knew for himself of nothing more gratifying than to find himself, as he had the honour that evening to be, the guest of a distinguished and great profession like the medical profession, and it was a comfort to reflect that, at all events, that profession, however its measures might, when introduced into Parliament, excite some differences of opinion, they were always regarded from a standpoint which was not one of politics. One measure had been referred to by the president which, he was told, was a subject involving some difference of opinion even in the medical profession, and who should decide when doctors disagreed (laughter). He understood that his hon. friend, the member for the city, had his name equally associated with this toast, and as his name was upon the back of this bill (laughter and applause), and as he understood he (Mr. Brooks) thought that in some quarter or other there was certain unanimity of sentiment about it, he (Mr. Gibson) would leave to him the discussion of that interesting question (laughter and applause). He could only say that any measure introduced, even by the Government, no matter what Government, after the Whitsuntide recess, had but a very sorry chance of success (laughter); and most unquestionably a measure which was not fathered by the Government, or—if he might say so, with great deference—by what he might call the responsible Opposition, but was introduced by a private member—if that was opposed by any private member with anything like resolution it had but a very uncertain hope of life. Should any opportunity in the vicinities of Parliamentary life occur for this measure coming under review, he hoped it would pass through committee with such amendments as would secure the legitimate self-respect of the medical profession (hear, hear); and, at all events, save from the ignominy of being asked to receive 1s. fees for doing anything (applause). He was not sure that they were likely to have for the rest of the session any other bill directly connected with the medical profession. He would be glad himself if he could see any chance of any other than the one bill being before the house for any considerable time. He believed that the great question of medical education and some of the more important questions connected with the medical profession which had been brought before the House of Commons during the last three years of the session, had now been sent to another tribunal, which he was sure, would investigate it with attention, with diligence, and with a conscientious determination to arrive at a wise conclusion. (Hear, hear.) The House of Commons, he thought, might very fairly suggest to the anxious medical student a grave topic for diligent and useful study. How it was, having regard to the anxiety and perplexities of political life, that members of the house managed to have any appearance of health, was a problem which, he thought, might well occupy the attention of anxious medical men. He had always heard since he was very young—he could not say that he was credited at any time of his life with being young—but still he had always heard that there were three things most essential to a thoroughly healthy life—dining at regular times, going to bed at a tolerably regular time, and having regular habits. He was bound to say that any man who looked to success in the House of Commons must learn how to dine at uncertain hours, must learn how to go to bed at all hours, and must acquire the habit of having grossly irregular habits. (Laughter.) And how was it that in place of these necessary conditions of health—how was it that they managed when they came among their friends and constituents they could not hope to be healthy (laughter)—but how they managed to simulate the appearance of health was one of the most startling questions that he thought could very well be submitted to any learned profession. (Laughter and applause.) He himself had often considered this position, and he could only tell them that he thought they managed to do it in a very extraordinary way, because members that worked the hardest hardly took any exercise at all, they had to dine out a good deal, an ordeal to which they submitted with a great deal of resignation (laughter), but at the same time it must be borne in mind that never under any circumstances whatever did members of the House of Commons take supper (laughter), and invariably, no matter how late they sat up, they walked home instead of driving home. He was not at all acquainted with medical science, and having given to them the conditions of the life of a member of Parliament, and stated how they

lived, he left them to consider how it was that his friend Mr. Brooks and his friend Mr. Meldon and himself looked so healthy. (Loud laughter and applause.)

Mr. M. BROOKS, M.P., in responding, said it was true that his name was on the back of a Bill which did propose, as he understood, to interfere with certain privileges of the medical profession, and some of the manners of controlling and regulating the public health. Well, he comforted himself with the knowledge that when doctors disagreed others might do the same. It had been pointed out to him that this was a subject upon which there was much difference of opinion, and he was bound to say that where there was a variety of opinions much allowance must be made for those whose duty it would be to prepare a proper and impartial and full inquiry before a select committee. He should always bear in mind it was his duty to do that. Nowhere could be found so just or so accurate an opinion upon this subject as the Irish Medical Association. (Hear, hear.) He should endeavour to follow in the footsteps of his right hon. and learned friend, the Attorney-General. (Laughter and applause.) He could assure them that in the British House of Commons—where Irish oratory and Irish patriotism were held in the highest regard—the eloquence of his right hon. and learned friend was greatly esteemed, and his right hon. friend kept alive the best traditions of the Irish representatives. (Applause.)

Mr. C. H. MELDON, Q.C., M.P., said he felt entirely overshadowed by the eloquence of his right hon. friend. He was, however, glad that his right hon. friend's speech had been productive already of good, for from the speech of his friend the member for Dublin, he saw that on a certain subject there did exist a difference of opinion. He thought that was an important omission, as the last time he heard Mr. Brooks speak on this speech he represented that the unanimity in Ireland was very considerable indeed. (Laughter.) Now, Mr. Brooks admitted that it was a subject suitable for discussion at all events, and so far he thought the speech of his right hon. friend had been successful. (Applause.) In the House of Commons they had been very much indebted to the medical profession for the last few years for giving them something to do. (Laughter.) From 1874 down to the present time the medical profession had treated the House of Commons with a great amount of confidence, for they had asked them to legislate for them on different points, and if the House of Commons had given them satisfaction it was quite sufficient recompense for the members of the house. (Applause.)

The CHAIRMAN next gave "The Army and Navy," which was responded to by Surgeon-Major Speedy and Surgeon-Major Preston.

The CHAIRMAN proposed "The College of Physicians," to which Dr. Hayden responded. "The College of Surgeons," to which Dr. Chaplin responded; and "The British Medical Association," to which Dr. Hayden responded.

Dr. CHAPLIN proposed "The Health of the Chairman," which was suitably acknowledged.

The CHAIRMAN then gave "The Guests," the Lord Mayor, Mr. Purcell, Q.C., and Dr. Croker King.

Other toasts were given, and the proceedings concluded at a late hour.

#### THE RE-VACCINATION FEE CASE.

##### OMAGH GUARDIANS.

MR. LAMMY inquired if any correspondence had come from the Local Government Board in reference to the above case. The Clerk replied in the negative.

A discussion occurred relative to the area of charge of the expenses attending the law suit.

Mr. Lammy said that, even though the law was that the Dispensary District should bear the cost, yet under all the circumstances of the case it would be more generous if the whole union would pay, as the question was one affecting the whole union, and indeed every union in Ireland.

Mr. Clements made some observation to the effect that the late small-pox scare, which was the origin of the whole case, had been encouraged in Fintona, and this would be a lesson to them in future, when they paid all the costs.

It was agreed to ask the Local Government Board if the expenses already incurred, and to be incurred in any further litigation could be charged to the union at large, as otherwise the Guardians would not feel justified in increasing the expenditure.

# IRISH POOR-LAW INTELLIGENCE.

## ROYAL MEDICAL BENEVOLENT FUND SOCIETY.

THE annual meeting of the Royal Medical Benevolent Fund Society of Ireland was held in the Royal College of Surgeons on Monday week last.

There was a very large attendance, including the Registrar-General, Rev. A. C. Thiselton, Drs. Patton, Cameron, Knipe, Wm. Thompson, hon. treasurer; Benson, hon. secretary; Marks, M'Clintock, President Royal College of Surgeons; Brunker, Tagert, Surgeon-Major Nash, Drs. Athill, A. H. Benson, Nolan, H. Kennedy, Duncan, Finny, Martin, James Brady, Morrogh, Bank, President I. M. A.; Maloney, Churchill, Barker, J. R. Kirkpatrick, Buchanan, Fitzpatrick, Darby, Chapman, ex-President I. A. M.; Hamilton, Surgeon Ormsby, Drs. Hawtrey, Benson, Brodie, Macnamara, Pope, Professor Moore, M. Eustace, Lynch, J. Eustace, Wharton, M'Cllelland, Gordon, Willes, Wheeler, Denham, O'Donovan, Montgomery, Cameron, Shannon, Story, Kidd, Jones, Duffey, Quinlan, J. W. Moore, J. R. Ferguson, Pollock, Smith, Jacob, Surgeon H. G. Croly, Drs. Minchin and Browne.

The chair was taken by DR. M'CLINTOCK, President of the Royal College of Surgeons, who, in opening the proceedings, said the object of this Society must commend itself to everyone. It was eminently Christian and charitable (hear, hear.) It was wholly unsectarian. Want and indigence, together with deserving character, were the claims to which they looked; and in its mode of operation the Society was conducted with the strictest regard to economy (hear, hear). He thought it should never be forgotten, and it deserved to be stated over and over again to the credit of the Society, that the names of these unfortunate brethren, or the widows or brethren, who are compelled by various circumstances and the exigencies of the occasion to seek help from the society, were never made public, (hear). This was not the rule with regard to kindred societies in England, where the names of the applicants and the details of each case were printed and circulated amongst the members. In Ireland they did not think the painful circumstances in which the applicants were placed should be made more painful by publishing them, (hear) and in that way they paid a proper and becoming regard to the feelings of the applicants, (hear).

DR. BENSON, honorary secretary, read the annual report, of which the following is an abstract:—

"The obituary list is this year unusually long, and contains the names of many old and trusty friends and liberal benefactors of the fund, amongst whom the committee may mention those of Dr. Albert Walsh, an original subscriber and a liberal donor, who for some time fulfilled the duties of honorary secretary, and was for many years an assiduous member of the Central Committee; of Dr. Alfred Hudson, who for more than

twenty years was a member of the Central Committee, and by the example of his munificent contributions, and also by his present influence, was a most valuable friend to the Society; of Dr. Christopher Fleming, for many years a subscriber, and member of the committee. Death too has deprived the Society of generous supporters in the widows of Dr. Charles Johnson and Surgeon James W. Cusack. But death is not the only enemy with which the committee has to contend. It has to contend with deplorable apathy amongst those from whom it should naturally expect the warmest sympathy, namely, the provincial medical men. The committee would, therefore, most strongly urge on such the importance of the work in which the society is engaged. Since its foundation in 1842 up to the present day, it has yearly relieved from the most urgent need many a brother practitioner who, from the pressure of adverse circumstances, has been driven to the verge of starvation. Within the past year one medical man has been granted the sum of £50 to assist him to emigrate. Another, who was found literally starving, has, by a grant of £25 been kept from entering the workhouse or dying of want. Owing to the disturbed state of the country, and the unsettled condition of property in general, and to the numerous foreign wars in which the United Kingdom has been engaged, the subscriptions during the last year show a falling-off both in the home and foreign list, whilst the same causes have tended to increase the number and indigence of those seeking aid from the society. The total amount of cash in the banker's hands to the credit of the Society on the 25th of May, the last day for making awards, was £1,143 16s. 7d. of which £110 10s. being donations, must be added to the society's funded capital, in accordance with the direct wish of the donors. Anticipatory grants to urgent cases have been given to the amount of £153. Of these claimants, three were medical men, and vouched to be in absolute distress. Your committee have now allocated further grants to the amount of £976, making the total amount of awards recommended since last report £1,129, of which £340 is to medical men, £691 to widows, and £98 to orphans. The number of central applications has diminished from forty-two to twenty-five, whilst that of the branches has increased from seventy-two to seventy-seven. The deaths of three beneficiaries of the fund has been reported to the committee, viz, that of a medical man who in three years received £240; that of a lady who in twenty-four years received £230 15s.; and one other lady who in four years received £29 from the fund. The desirability of forming branches in other British possessions, besides India is a subject which deserves the consideration of every friend of the society. A very large proportion of the medical men in all the public services, both at home and in the Colonies, are Irishmen, and numbers of other Irish medical men



have settled in various parts of our vast Colonial Empire. The first annual distribution of money by the society took place in June 1848, six years after its foundation; and consisted of £132 divided amongst sixteen widows. Since then, year by year, the Society has laboured, and not in vain, to relieve the most deserving applicants, so far as its funds would admit, and so much has the Society increased, that since then they have actually distributed the sum of £25,300, to which, if we add the sum allocated this year, makes the magnificent total of £26,429."

DR. WM. THOMPSON, (hon. treasurer,) submitted the balance sheet, and, in doing so, mentioned that of the 2,265 medical men in Ireland about one fourth subscribed to the funds of that Society. Spreading the income of the Society over the whole of the medical men of the country, it gave an average contribution of 5s. 1½d. per head; but really the income was subscribed by something less than a fourth of the whole number.

DR. MARTIN moved the adoption of the report and financial statement, and that 1,750 copies of the same be printed for circulation. He said it had been his happy lot to obtain from her gracious Majesty permission to place the word "Royal" before the title of the Society, and he could assure them that the queen was not in the habit of doing such a thing without due thought and consideration (hear hear). When the matter was placed before her and the Prince Consort nothing struck them more forcibly than the small expense at which the considerable amount of the funds of the Society was distributed (hear, hear). Her Majesty gave this as one of the reasons for promptly giving the title of "Royal" to the Society, and her gracious gift of £100 (hear, hear). Those who looked at the accounts would see that the same principles of economy still existed, owing to the unceasing care and watchfulness of the officers of the Society (hear, hear).

DR. MOLONY seconded the resolution, and expressed his satisfaction that the Society had not adopted the suggestion thrown out at the last meeting of appropriating large sums of the donations to the general purposes of the Society. In all cases he believed the wishes of the donors should be religiously respected (hear, hear).

The motion was adopted.

The REGISTRAR GENERAL (Dr. Grimshaw) moved, "That this meeting desires to convey its warmest thanks to the committee and officers of the parent Society, as well as to those of the provincial and Indian branches, for their hearty zeal in the society's beneficent work, and also to the student brethren, who have contributed a tangible proof of their generous sympathy in the cause." He thought that was a favourable opportunity, while thanking the provincial officials, to ask them to do a little more in whipping up the medical men throughout the country who did not subscribe to the Society.

DR. HENRY KENNEDY seconded the motion.

DR. STEELE said he might mention that one-third of the medical men who graduated in Ireland settled in England, and if there were any way of reaching them he was sure the society would be largely benefited by it (hear, hear).

The CAIRMAN concurred with Dr. Steele, and said what struck him was, that those men who settled in England were, nearly one and all, successful in practice (hear, hear).

The motion was passed.

DR. NOLAN, of Gort, moved—

"The disturbed state of the resources of the country having imposed much additional privation and embarrassment upon our necessitous brethren and their families, the committee feel it their duty to urge strongly upon the profession, and especially upon the poor-law medical members of it, that even a moderate annual contribution to this fund would enable it to assist more adequately the numerous cases of sore want and

misery which seek its aid, and which the committee, with the means at their command, can only relieve in a very stinted manner."

DR. DUFFY seconded the motion, which was adopted.

Professor MACNAUGHTEN JONES (Cork), moved the appointment of the committee and officers for the ensuing year, and referred with regret to the losses the society had sustained by the death of Dr. Albert Walsh, Dr. Alfred Hudson, and Dr. Christopher Fleming.

DR. PATTON seconded the motion which was passed.

A vote of thanks having been passed to the Press,

DR. DARBY was called to the second chair, and a cordial vote of thanks was passed to Dr. M'Clintock. In returning thanks Dr. M'Clintock mentioned that telegrams expressing regret at their inability to be present had been received from Dr. Wilberforce Arnold, President, and Mr. Browne, hon. treasurer of the Belfast branch of the Society.

The proceedings then terminated.

## IRISH MEDICAL ASSOCIATION.

### ANNUAL GENERAL MEETING, 8th June, 1881.

Report of Council for the Year, ending 31st May, 1881.

(Continued from page 40.)

#### PROVISION FOR WIDOWS AND ORPHANS.

In accordance with the terms of a resolution adopted at the last annual general meeting, your Council have to report that earnest attention has been given to the subject of providing annuities for the widows and orphans of Poor-law medical officers, resulting in the drafting of a scheme which proposes that all new entrants into the Poor-law medical service under the age of forty years shall be obliged to contribute a small annual payment to a fund from which an annuity to each widow and orphan shall be payable, with an optional power to those at present holding office to become contributors to the fund on certain conditions; and your Council beg to submit, as the outcome of their deliberations, the Draft Bill, which is printed to-day in another part of our issue.

A deputation from your Council recently waited upon the Local Government Board, and submitted the above measure, which for convenience was drawn up in the form of a Bill in Parliament—the form it must necessarily assume before it becomes law. The deputation was most courteously and kindly received by the Local Government Board, who, having made some valuable suggestions, expressed approval of the principle of the scheme, and a desire to co-operate with the Association and assist in an endeavour to secure the passing of a satisfactory measure which would enable provision to be made for the widows and orphans of Poor-law medical officers.

#### PETITIONS TO PARLIAMENT.

The following petitions to the House of Commons have been forwarded, viz:—

A petition in favour of Medical Reform.

A petition praying for extension to Ireland of the English system of awards for excellence in vaccination.

A petition praying that the medical officers of health may either be equitably remunerated for their services, or be relieved from compulsory acceptance of the position.

#### MEDICAL OFFICERS OF HEALTH.

Having failed to obtain from the authorities any recognition of the amendment made in the law by the passing of the Public Health Act of 1878 in favour of the Medical Officers of Health, whereby the maximal scale of salaries was expunged—an amendment made at the instance of this Association, and solely on account

of which the new Act was allowed to pass—a deputation from your Council, supported by Mr. Meldon, M.P., waited upon the Right Hon. W. E. Forster, Chief Secretary for Ireland, on the 1st November, and represented to him the unsatisfactory state of the administration of that Act as the natural result of the unjust treatment of the Medical Officers of Health, who have not even yet been awarded equitable salaries.

A report of the interview was published in the Report for half-year ending last December, as also the Memorial to the Lords Commissioners of Her Majesty's Treasury, which, at the suggestion of the Chief Secretary, was sent on the 22nd of November last, but no reply has been received except an intimation, in reply to a further letter, that the memorial had been sent for consideration to the Irish Government, who had not replied. Your Council thereupon addressed His Excellency the Lord Lieutenant, inquiring if any decision had been arrived at relative to the prayer of the memorial, but as yet they have received no reply, though several months have since elapsed.

#### FEEs FOR RE-VACCINATION.

A Dispensary Medical Officer of the Omagh Union having, in accordance with his duty, sent to the Board of Guardians his account for successful vaccinations and re-vaccinations which was duly certified for payment by his Dispensary Committee, was surprised to find that the Guardians questioned their liability to pay for cases of re-vaccination unless certified to have been successful, and that the Guardians, upon appealing, were advised by the Local Government Board to the effect that re-vaccination should not be paid for unless certified to be successful.

Small-pox broke out in the neighbourhood adjoining the said Dispensary Medical Officer's District, and in a most praiseworthy manner he promptly took active measures to protect, as far as he could, the inhabitants of his district by re-vaccination; consequently, an unusually large number of re-vaccinations was performed. But instead of his meritorious zeal being commended by the Guardians, who, as the Sanitary Authority of the District, are the guardians also of its public health, they refused to pay his bare legal claims.

The subject then came under the notice of your Council, who entertaining no doubt whatever as to the legality of the demand, directed proceedings to be taken against the guardians, at the expense of this Association, and after many legal formalities had been gone through the Court of Queen's Bench lately delivered judgment establishing the legality of the claim.

The following extract from a circular issued by the Poor Law Commission (now the Local Government Board for Ireland) puts the case of this Association with regard to this matter so forcibly and clearly that your Council desires to reproduce it for the information of the dispensary medical officers. At the same time they cannot refrain from expressing great surprise at the course taken by the Guardians, and the advice given by the Local Government Board with regard to it, viz:—

*“Extract from Circular on Small-pox—re-vaccination.*

*“No. 50, M/71—Miscellaneous.*

POOR-LAW COMMISSION OFFICE,  
Dublin, 2nd March, 1871.

3rd paragraph, *verbatim*.—“In their last circular the Commissioners recommended re-vaccination after an interval of about ten years from the time of successful primary vaccination, as essential to thorough security from attack. Every dispensary medical officer is aware that he is bound to vaccinate every person who applies to him for that purpose whether previously vaccinated or not; but a question has arisen whether the payment allowed for each case of successful primary vaccination is payable for a case of re-vaccination in which no effect has been exhibited.”

4th paragraph, *verbatim*.—“In answer to many inquiries addressed to them on that point the Commissioners have stated, that the non-appearance of a vesicle in cases of this class is no criterion of success or non-success, if the operation has been properly performed; the result in the latter case showing satisfactorily that the former vaccination is still protective, and that the operation must be therefore considered to have been successful, and should be included as such by the medical officer in his report (Form H) to the guardians.”

The circular was addressed

“To the Clerk of each Union.”

The 6th section of “The Vaccination Amendment (Ireland) Act, 1879,” provides that “The Board of Guardians shall pay to every such medical officer for every person successfully vaccinated or every person re-vaccinated by him within his dispensary district, the sum of two shillings.” To the Council for the time being of this Association who drafted the Vaccination Amendment Bill, which became the Act of 1879, is due much credit for having so carefully worded the section as to leave no reasonable room for doubt as to the legality of payment for all cases of re-vaccination irrespective of result; and your Council desire again to remind the dispensary medical officers that it is not necessary that persons successfully vaccinated or persons re-vaccinated shall reside in the medical officer's district, but merely that the operation shall have been performed within his district, to entitle him to payment.

#### PRISON SURGEONS.

A Coroner who, on a former occasion, refused to pay a prison surgeon for his evidence as to the cause of death of an executed convict, again denied the legality of a similar claim made by the same surgeon, although, in the first instance, the question was argued before the Grand Jury who presented for the surgeon's fees which were paid (see report for quarter ended 21st April, 1879, p. 31 to 34).

Your Council have learned, with satisfaction, that the Grand Jury, having been informed of the facts of the new case, at once agreed to present for payment of the fee.

#### ASSESSMENT OF SUPERANNUATION ALLOWANCES.

A letter was forwarded to the Right Honourable the Chief Secretary for Ireland, asking whether the opinion of the Law Officers had been taken with regard to the question of Assessment of Superannuation Allowances of Dispensary Medical Officers, which had been brought under his notice by the deputation which waited upon him on the 1st of November last (see last report, pp. 11—15), but no reply has yet been received.

#### INCORPORATION OF THE ASSOCIATION.

Your Council have to report that the steps necessary to have the Association made an Incorporated Society are now being taken, instructions having been given to Mr. Clifford Lloyd, Solicitor to the Association, to make the necessary arrangements without delay, in accordance with the resolution of last annual general meeting. In a short time your Council expect that the oft-expressed desire of the Association on this subject will be an accomplished fact.

It may be well, now, to remind the members, lest they should be taken by surprise and not understand the movement, that certain legal formalities have to be gone through, one of which requires the Association to be nominally dissolved, while at the same time, being re-formed without any change of name or any period of non-existence; for this purpose it will be necessary that each member shall sign the roll when submitted to him. Your Council desire to make it clearly understood that one of the effects of incorporation will be to terminate the liability of any one member to be made responsible

for the debts, if any, of the Association; when the Association is incorporated no individual member can, at any time, be held liable for more than the sum of five shillings, beyond the amount of his annual subscription.

The advantages to be derived from having the Association incorporated have so frequently been brought under notice, that your Council see no necessity for recapitulating them on this occasion.

#### IMPROPER ASSUMPTION OF MEDICAL TITLES.

Your Council having become aware of two instances in which Medical Titles were improperly assumed by unqualified persons, directed that notice be sent to those gentlemen to desist, or they would be held liable for the penalties specified in the Medical Act.

#### CANCELING OF TICKETS AND RECOVERY OF FEES.

A case has recently come under the notice of your Council in which a Dispensary Medical Officer got cancelled an improperly issued ticket for dispensary Medical attendance at the patient's residence, and afterwards successfully used the patient for £1 19s. 11d. at Petty Sessions. The amount of the fee is thus explained: the medical officer was entitled to two guineas, but as a sum of two pounds is beyond the limit recoverable at Petty Sessions, he thought it would simplify matters to claim only the above mentioned amount.

#### MEMBERS.

During the year just ended forty-two new names have been added to the list of Members, and in the same period fourteen resignations was accepted.

#### DEFAULTERS.

Your Council have to submit, with this report, a list of defaulters whose subscriptions for two or more years still remain unpaid, and to whom very numerous applications have been made; and they regret to feel called upon to recommend this meeting to direct that all the names on the list now to be submitted be removed from the list of members of the Association in accordance with Rule V., due notice having been given to each of the defaulters that this course would be taken.

#### OBITUARY.

Your Council, with deep-felt sorrow, have to report the loss by death of eleven members during the past year, viz:—Drs. Abbot (Bray), J. Brady, jun. (Dublin), Elliott (Waterford), Faussett (Clontarf), Hegarty (Kinsale), Hudson (Dublin), Jencken (Kingstown), Morewood (Draperstown), Morrison (Dublin), O'Connell (Templemore), and Peele (Dublin).

The late Dr. Hudson, one of the most distinguished and able physicians of our time, was lately a Vice-President of this Association, as was also the much respected Dr. Elliott, of Waterford. Dr. Faussett was for many years a member of the Council, and Dr. Edward Peele, whose untimely death is deeply deplored, was one of the most zealous and active members of the Committee of Council.

#### LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND) FOR THE MONTH OF MAY, 1881.

MAY 2nd.—Browne, Augustus James Arthur; Browne Hall, Balla, co. Mayo; Lic. R. Coll. Surg. Irel. 1880, 3rd.—Sullivan, John Philip; Queen's College, Cork; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.  
4th.—Sproule, Hamilton Magennis; Merville, co. Donegal; M.B. 1881 and B.Ch. 1881 Univ. Dub.  
5th.—Mallagh, Alexander; Dromore, co. Down; Lic. R. Coll. Surg. Edin. 1881.

7th.—Yeates, Edward Tongue; Grangemount, Balbriggan, co. Dublin; Lic. R. Coll. Surg. Irel. 1873.

7th.—Williamson, Macnamara Morgan; 18 Crow Street, Dublin; Lic. R. Coll. Surg. Irel. 1881.

9th.—Cronyn, John George; 69 Marlboro' Road, Dublin; Lic. R. Coll. Surg. Irel. 1880, Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel.

10th.—Brady, John Joseph; British and African Steam Navigation Company's Service, Liverpool; Lic. R. Coll. Surg. Irel. 1881.

11th.—O'Carroll, Joseph, Francis; 78 Rathgar Road, co. Dublin; Lic. R. Coll. Surg. Irel. 1881.

12th.—Rynne, John; Brookville, Ennis, co. Clare; M.B. 1881 and B.Ch. 1881 Univ. Dub.

12th.—Ross, Alexander; Bessbrook, co. Armagh; Lic. Apoth. Hall, Dub. 1879, Lic. R. Coll. Surg. Irel. 1881.

13th.—Bullock, John George Wright; Drumcondra Terrace, Dublin; Lic. R. Coll. Surg. Irel. 1881.

14th.—Geary, Eugene Joseph; 12 Mulgrave Street, Cork; Lic. R. Coll. Phys. Edin. 1881, Lic. R. Coll. Surg. Edin. 1881.

17th.—Quirke, James; Wallslough, co. Kilkenny; Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1881.

18th.—Jacobs, William Wall; Turf Lodge, Curragh Camp, co. Kildare; Lic. R. Coll. Surg. Irel. 1880, Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel.

19th.—Lynch, Francis John; Armagh; Lic. R. Coll. Surg. Irel. 1875.

20th.—Barrett, Charles Dillon; Carrick-on-Shannon, co. Leitrim; Lic. 1881 and Lic. Mid. 1881 K. Q. Coll. Phys. Irel., Lic. R. Coll. Surg. Irel. 1881.

27th.—Henry, Thomas; Pomeoy, co. Tyrone; Lic. R. Coll. Surg. Edin. 1881, Lic. R. Coll. Phys. Edin. 1881.

#### MEMORANDUM.

The following names have been erased from the Register of the Branch Medical Council (Ireland) during the month of May, 1881, pursuant to the 14th Section of the Medical Act, no reply having been received to several letters of application, or as having been reported dead or ceased to practise, viz:—

Haines, Charles; Army Medical Department. Dead.

Blake, Walter Joseph; Army Medical Department. Dead.

Bernard, Michael Charles; Dundrum, co. Dublin. Dead.

Johnstone, John; Drumquin, Newtown Stewart. Dead.

Peppard, John; Piltown, co. Kilkenny. Dead.

Parker, Joseph; Limerick. Dead.

Warren, William Henry; P. and O. S. N. Company. Dead.

Bishop, Edward; Kinsale, co. Cork. Dead.

McMunn, Robert; Port Royal, Dromard. Dead.

Moylan, William Joseph; Army Medical Department. Dead.

#### VINEGAR ADULTERATION.

IN Glasgow recently, the Sheriff gave decision in a case under the Food and Drugs Act. The accused, one Lindsay, grocer and provision merchant, was charged with having sold to the sanitary inspector, a bottle of malt vinegar, which on analysis was found did not contain any of the constituents of malt vinegar, with the exception of 5.48 per cent. of glacial acetic acid, water, and a trace of saccharine matter. Sheriff Balfour, in passing sentence, said malt vinegar was asked for, but he held it was not malt vinegar that was sold. If he did not convict, the result would simply be that people would go on defying the Act of Parliament and deliver to parties asking for malt vinegar an article which was not malt vinegar. The mere fact of the practice having crept into the trade in Glasgow was certainly no reason why he should not convict in this case, but rather a reason that the practice, which was a bad one, should be put a stop to. His lordship then imposed a penalty of £1.













